Day in the life of a community matron
Insight into community services
Staff engagement
You can make a difference
Welcome to your Summer 2014 issue of ‘Your Trust’.

We are pleased to focus on our recent staff engagement initiatives and on demonstrating the very real difference that staff at all levels can make to creating change for the better and improving their services for the benefit of patients.

This issue also provides the opportunity to raise awareness of the Trust’s annual plan 2014-15, of our excellent community services with a ‘Day in the life of a community matron’, as well as other key services, such as the intensive therapy unit and community falls team.

All members are warmly invited to the Trust’s Annual General Meeting, which will be held on 17 September at the Hardwick Hall Hotel near Sedgefield, including our health market place covering some of the many healthcare services that we provide.

We are once again sending ‘Your Trust’ to all staff, as well as our public members. It is vital that we keep in touch with our staff and keep you up to date on all that the Trust is doing.

Tony Waites, Chairman

Breast clinic review holds first meeting

The first meeting of a review of outpatient breast cancer clinics has been held at Darlington Memorial Hospital.

The meeting was chaired by Trust chief executive, Sue Jacques, together with representatives of the local clinical commissioning groups, NHS England, Healthwatch Darlington and members of the Trust’s clinical teams.

The Trust made changes to breast clinics as a temporary measure to maintain a clinically safe and sustainable breast surgery out-patient service. This has arisen because of a shortage of key staff which has been making it difficult for the service to see all of our urgent GP referrals within two weeks, and to begin treatment within 62 days of GP referral with our service spread over several sites.

Sue Jacques said, “We had a useful first meeting of the breast review group. A group will be convening to look at options for the future, and we will be working with Healthwatch to make sure that the views of service users are taken into account. The review group will be meeting again in September.”

Michelle Thompson, chair of Healthwatch Darlington, added, “We will continue to be fully involved with the review group and working groups to ensure patients, carers and the public of Darlington are represented.

“If you would like to have your say, to tell us about your experiences of the service or express your feelings about the move and how you would like to see the service in the future, please contact Healthwatch Darlington on 01325 380145, email info@healthwatchdarlington.co.uk, write to us at Healthwatch Darlington, eVOLution Building, Church Row, Darlington, DL1 1QD. Alternatively we are gathering data via a survey, if you would like to complete the survey please do so at https://www.surveymonkey.com/s/BCServiceDton - paper copies of the survey can be obtained from the office on the contact details above.”
Safer staffing initiative

All hospitals are now required to publish information about the number of registered nurses, registered midwives and care assistants working on each ward and each shift. This is one of a number of actions arising from Robert Francis QC’s report into Mid-Staffordshire Hospitals NHS Trust.

As part of our response to these national requirements, the Trust is displaying noticeboards at the entrance to our wards which show the planned and actual staffing available for every shift.

You can find more information on how we are responding to the ‘Safer staffing’ agenda at www.cddft.nhs.uk/about-the-trust/safer-staffing.aspx

Multi-million pound project to revolutionise medicines prescribing

The Trust is implementing a multi-million pound ‘e-prescribing’ project to enable the electronic prescribing and administration of medicines and replace the current paper based drug charts.

The Trust is improving its existing clinical management systems to enable it to deliver a complete electronic prescribing and medicines administration (ePMA) service to day case and inpatients across all the acute and community sites. This will provide a safer and more efficient way of prescribing and administering medicines.

Chief pharmacist Graeme Kirkpatrick said, “The present system for the prescribing and administration of medicines in the Trust is based on a model set up over 40 years ago. Since then, medication use has grown in number and complexity, with a resulting potential for greater risk to patients.”

Benefits for patients and clinicians include:
- Increased quality of patient care and services.
- Reduction in the risk of medication errors.
- Decision support will enable clinicians to make more informed, safer decisions so that patients receive the most effective treatments in a more timely fashion.
- Faster processing of discharge prescriptions, meaning patients are able to leave promptly when discharged.
- Accurate up to date information available to clinicians in real time.

Graeme added, “The Trust is receiving £823,000 of funding from the NHS England Safer Hospitals Safer Wards Technology Fund towards the project, which will be rolled out across the Trust over the next two years following a pilot phase due to begin in early 2015.”

The ePMA project is a key part of the Safer Hospitals Safer Wards Strategy which has been successfully implemented in major hospitals around the country.

Save the day - launch of Deciding Right

The Trust is committed to supporting high quality end of life care. All our employees who come into contact with patients at the end of life, or their carers, have a role in supporting delivery of high quality care, but in order to do this, require foundation knowledge and skills.

National and regional initiatives have defined standards and frameworks for care but there have been recent changes, including the discontinuation of the Liverpool Care Pathway. Deciding Right is a new regional toolkit supporting individualised care of those patients who are approaching the end of their life. It facilitates:
- Shared decision making
- Advance planning
- Appropriate use of acute services
- Effective communication with patients/carers
- Effective sharing of information between providers of care
- Appropriate consideration of the Mental Capacity Act.

Julie Clennell, head of clinical governance / lead nurse, says, “With the adoption of Deciding Right by all NHS Trusts in the Northern Region, we’re holding a training day to launch the framework on 10 October 2014 at the Excel Centre in Newton Aycliffe. This study day will also update staff on core issues in end of life care, including care in the last days.”

A programme for the day will be circulated in September, followed by further training days open to all Trust employees.
Right first time 24/7 – thinking outside the hospital walls

Over 100 staff took part on 14 July 2014 in an event looking at the range of services provided by the Trust in the community, and at the contribution made by our social care, primary care and third sector partners.

Introducing the event, ‘Thinking outside the hospital walls’, chairman Tony Waites said, “Today is another in a series of events to engage staff in developing our clinical and quality strategy – Right first time 24/7 – as an integrated provider of both acute and community services. A strong message from the last event on 14 February, was that hospital based staff did not understand the services that have traditionally been provided in the community, and the new services being developed. Today is about seeing what integration and care closer to home looks like; what does that mean for patients, and what does that mean for staff.”

Delegates were shown a range of presentations which demonstrated the many and varied services available to patients in the community setting. Among the speakers were Geraldine Waugh, Durham County Council’s strategic manager for operations, older people and people with physical disabilities, and two well received presentations from third sector organisations – Val Steel from the Red Cross, and Gillian Peel from Age UK Darlington.

Trust medical director Chris Gray summed up the day from the patients’ perspective: “It’s about reducing dependency on hospitals, providing better care in the community, and supporting their discharge into the community.”

Staff were able to leave messages on a ‘graffiti wall’, with suggestions on how to get the best out of the integration of acute and community services.

The pressures on the acute hospital sector are clear. For example, the emergency department at University Hospital of North Durham was designed for 30,000 attendances yet deals with 60,000 annually. A programme of improvements is in place for unscheduled care, and it’s hoped that events like this one will continue to change the culture and approach to care.

You can view a short video of the event ‘Right first time 24/7 – thinking outside the hospital walls’ on the Trust’s YouTube site.
Three steps to support innovation

Following the staff clinical and quality strategy event ‘Thinking outside the hospital walls’, the Trust has launched three initiatives to make it easier for staff to get the organisation behind their ideas:

A ‘Dragons’ Den’ – similar to the TV show – where staff can take their ideas and go face to face with a group of Trust “experts” to seek support in the form of finance and mentorship for implementation.

Innovation scouts – we will be looking for “innovation scouts” to identify and then develop new ideas, working with front line staff. The scouts will be staff volunteers, working in the role around two days each month, with backfill funding.

Business case master class – some staff find the process of developing and producing a business case frustrating and challenging – particularly when they believe they have a great idea that isn’t getting the support it needs. The business case master class will help clinicians and business managers to create compelling and persuasive business cases which demonstrate sustainability and high quality for services.

Chief executive Sue Jacques said, “Most great ideas come from staff who have direct contact with the patient or service user, so these three initiatives to support innovation are aimed at the front line.”
Improving emergency care

The Trust has identified improving care for the emergency patient as its top priority.

Steps are now being taken to start doing this ahead of the winter – with a particular focus on University Hospital of North Durham.

Diane Murphy, clinical director of service transformation says, “The Trust’s accident and emergency services see and treat over 120,000 patients each year, which is way beyond the capacity the departments were built for.

“This means that there are times when patients have long waits for treatment, and are waiting longer than necessary in ambulances to come into the departments. This means they have a poor experience of care.”

This is a particular issue at Durham, but, as a single Trust, also has a significant impact on Darlington Memorial Hospital. Around 800 patients a year are transferred from UHND to Darlington.

UHND receives more patients by emergency ambulance than any other hospital in the North East. During the summer, discussions among clinical teams have intensified around changes that need to be made to provide better care for the emergency patient.

Diane says, “Although the challenge is mostly around medical patients, this also affects how we manage surgical patients.”

This September, a series of actions is being rolled out to improve the service we offer, which include:

- Converting a surgical ward at UHND (ward 14) to medicine to increase medical beds more in line with the numbers of patients requiring inpatient care – and reduce the medical patients who are treated on surgical wards.
- Extending our medical assessment unit (for patients in the first hours of their admission) to cover two wards (wards 3 and 4) instead of one.
- Creating a clinical decision unit (on ward 13) where patients who may need surgery can be seen and assessed, and decisions made about their care.
- Changing some patient pathways to ensure that patients are seen in the most appropriate speciality, cutting out duplication and in line with our ‘Right place, right time, first time’ strategy.

Over the coming months, further changes will be rolled out, including extending space in both ED departments.

Diane Murphy added, “We believe these changes will significantly improve our service. But it isn’t just about the facilities, it’s also about having the right staff in place, and the right ways of workings to make sure that patients get the right care at the right time.”

NEWS IN BRIEF

Minister calling

Healthcare assistant David McAloon is leaving to become a Methodist Minister, after 25 years with the Trust.

David works in eye surgery in Bishop Auckland Hospital and Darlington Memorial Hospital and has been accepted for Presbyteral Training in the Methodist Church after much hard work and dedication. He and his wife will be moving to Birmingham in early September for him to begin two years’ full time training.

David’s colleagues are sorry to lose such a valued member of the team, and wish him well as he follows his vocation.
The Trust recently welcomed two healthcare professionals from Slovenia and Spain as part of an exchange programme aimed at improving healthcare across Europe. Dr Empar Carbonell, specialist in preventative medicine and public health at the Hospital Arnau de Vilanova de Valencia in Spain, and Peter Pustatičnik, head of economic sector at the University Medical Centre Ljubljana in Slovenia, spent three weeks with the Trust as part of the Hope International Exchange Programme.

Looking back over their visit, Empar was pleasantly surprised at how polite people are in the UK and how open and transparent staff had been in sharing their experiences of the Trust. Peter added, “I've found the Trust to be very well organised and similar in many ways to my own organisation. I have also been surprised at how beautiful the trust is.”

Sharing best healthcare practice across Europe

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The aim of the exchange is to promote improvements in the health of citizens throughout Europe, and high standards of hospital care and efficiency, with over 100 healthcare personnel from across Europe involved in the programme.

Keep us on the right track: complete your 2014 staff survey

All Trust staff will be invited to participate in the national NHS staff survey 2014, which runs from 22 September until 3 December 2014 and asks for your views on your job and the organisation you work for. The results are benchmarked against other acute trusts locally and nationally, and provide an important indication of progress or otherwise in staff satisfaction and engagement.

Last year we carried out a sample survey of 800 staff. Based on your feedback, this year we will be carrying out a full census, and sending the survey to all staff - so make sure you take the opportunity to share your views.

What we’ve done since last year’s staff survey:
- We are running ‘Great line management’ training for a third year to make sure managers have the skills to support staff working on the front line.
- Updated staff appraisal process to help managers in addressing staff concerns and ensure all staff have a personal development plan.
- We have put on a series of personal resilience courses to give you ways to cope with stress at work during times of pressure and change.
- Communications – strengthened our head of department meetings to make sure information about the Trust is reaching the frontline. Ask your manager who is representing your team at SMHOD each month.
- Strong focus on areas within the Trust under pressure, such as investing in more staff in emergency medicine and making changes (see page 6).
- Trust ranked 5th nationally in the Stonewall Healthcare Equality Index 2014, demonstrating our commitment to equality and diversity, plus achieving the Stonewall Top 100 employers 2014 listing.
- We have also held over 30 staff engagement events so you can feed into our clinical strategy - and hundreds of staff have taken part.

Sue Jacques, Trust chief executive, said, “Over the last three years, the Trust has gone from bronze standard to ‘continuing excellence’ in the ‘Better health at work’ awards. This shows how far we have come since integration in improving staff health and wellbeing.

“Overall we’ve made great progress recently and are determined to continue improving, so please make sure that you take part in the survey and tell us what is better, and what needs to improve.”
Day in the life of a community matron

Your Trust recently accompanied community matron Linda Bright for the day for an insight into the services the Trust provides across the community.

Our community matrons are highly experienced nurses who work closely with patients and their GPs to plan and organise care for patients who suffer with complex long term conditions and have a very high intensity use of healthcare. This allows patients to remain at home longer and to have more choice about the care they receive.

The community matron coordinates all of the patients’ health and social care needs, ensuring they get the right help at the right time, and resulting in less duplication and fewer unnecessary trips to the hospital or GP.

Medical admissions board update with clinical colleagues on ward 3, including, left, acute physician Dr Zahid Chowdhury, and right, occupational therapist Judith Liddle, discussing which patients can be discharged and treated at home by community services.
www.cddft.nhs.uk

Next stop St Aidan’s Nursing Home in Durham, Linda visits patient Isobella Blanch, aged 100.

A home visit with patient Eunice Hubber in Chester-le-Street, to check on Eunice’s health and give advice on inhalers.

Checking the ‘Concerns file’ with Judith Liddle in A&E, Linda can help to identify patients who attend frequently and provide care closer to home if appropriate.

A car is essential

Time to review patient matters with nursing home staff and make those phone calls.

Ending the day at the integrated team’s office to catch up on correspondence and record the day’s activities, pictured here with community staff nurse Debbie Winter.

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Operation shadowing

Helen Lisle, the Trust’s new associate director of procurement, recently spent some time shadowing staff in theatres at Darlington Memorial Hospital. She describes the experience to ‘Your Trust’.

“I was very privileged to spend time in the theatres,” said Helen. “Like in many disciplines, the establishment of solid relationships for procurement is essential. The reality is that the work we do cuts across and touches every single department of the Trust and at times many other stakeholders, so everything we do has an impact somewhere. Obviously, it is my absolute want to ensure that wherever possible that impact is a positive one, but we cannot do this alone, we need to achieve this is in partnership with colleagues across and within care groups and directorates, breaking boundaries and working collaboratively. What better way to building understanding and relationships than to see, first hand, how clinical staff work?

“The theatre staff went to great lengths to explain the procedures being carried out. We discussed the complexities of the equipment, the products and the associated consumables. One of the consultants took the time to explain how he had reduced the use of a particular product through a slight process re-engineering and the on-going benefits being realised. I also took away a long list of questions which I was delighted about. I had spent the day with some amazingly skilled and dedicated staff, I was blown away by the ‘team’ work. I can only liken the experience to a military operation, the atmosphere was so calm and everything was so precise and regimented. It was a real recognition of the skilled professionals we have working with us.

“I have always been really interested in understanding what makes an organisation tick and using the knowledge to enhance working relationships and build confidence across the boundaries of departments. Secretly, I think I have always wanted to be involved in some way in a real life patient operation, so you can imagine how ridiculously excited I was when the opportunity presented itself to spend some time with the fabulous theatre staff at DMH and observe their work.

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“I have taken so much from this shadowing experience. What I really hope is that this is the start of the journey we need to take together, to forge relationships with the alacrity we need to provide this Trust and its patients with the service they deserve.”

Lesley Fowler, perioperative matron:

“The theatre team was delighted to have Helen visit and observe an elective orthopaedic operating session. Helen was shown round the department prior to the list start and saw the challenges faced in storing the complex systems, instrumentation and prosthetic requirements needed to deliver a fully functioning orthopaedic theatre.

“Helen ‘got it’ very quickly, how the systems worked together and how interdependent each element was to ensure successful surgical outcomes for patients. Very positive and constructive discussions followed on how the procurement department and the clinical department could work together more closely to ensure best quality and that best value items are available for the benefit of patients and teams working in clinical environments. Helen’s knowledge regarding storage systems and stock processes was invaluable, and the team picked up lots of ideas and solutions from the discussions held.

“Helen’s visit has had a marked effect for staff in receiving positive feedback for the skills and enthusiasm they show in delivering care within the operating department.”
**Rehabilitation service for intensive care**

The Trust’s Intensive Therapy Unit (ITU) looks after patients whose condition is life-threatening and who need constant and close monitoring and support. The support these patients receive is to be further enhanced with a rehabilitation and follow up service.

Critical care patients can experience post-traumatic stress disorder following admission to a critical care unit and can suffer long lasting cognitive dysfunction. The rehabilitation service will work to reduce the psychological impact of a critical care experience and enhance physical recovery. The transfer of a patient on to a general ward, as a less intense and resourced environment, can also be a sudden and unsettling change.

Dawn Cameron, a sister in the ITU at Darlington Memorial Hospital, has been developing this area of practice. To explore the local need for such a service, eight former ITU patients were invited to a patient experience event.

“The former patients very much wanted to be there and all had a story to tell,” said Dawn. “They saw the day as an opportunity to give back to the unit, and found the event useful in helping them to understand the trauma of their experience in ITU.

“One of the most significant findings was how they knew if staff members were interested in them as a person within 30 seconds of meeting.”

Staff open a diary for critically ill patients in which pictures and descriptions of what happened to them whilst in critical care are recorded. Everyone is encouraged to write in the diary, especially family.

Lesley Fowler, perioperative matron, added “Dawn has taken her own enthusiasm and professional and personal approach to patient care, and applied them to a structured rehabilitation service which sets the standard from critical care through to helping the patient to resume their life outside of hospital.

“The rehabilitation service will not only build on the NICE guidelines on rehabilitation and patient discharge, but will also help to further integrate the critical care unit with the other departments and services within the Trust.”

**NEWS IN BRIEF**

Credit unions help

The Trust has linked up with local credit unions to help staff who may be struggling with their personal finances.

Darlington Credit Union and NEFirst CU (formerly County Durham Credit Union) are now able to offer Trust employees the opportunity to save and make loan payments direct from salary.

We can all face periods of financial difficulty, and NHS staff are not immune. We are therefore working with the local credit unions to signpost our staff to places where they can get reasonable loans at reasonable rates of interest, so that staff do not get into a position where a difficult situation is made even worse.

The credit unions are keen to point out that they are also safe havens for savings. All individual accounts are protected up to £85k under Compensation the Financial Services Scheme. They would encourage all staff to consider setting up a savings account through payroll deduction.

For those with a DL postcode, please ring 01325 520 005 or email info@darlingtoncreditunion.co.uk and for a DH postcode, 0191 375 7677 or email durham@nefirstcu.co.uk
Looking ahead - our plans

Over the last few months, the Trust has submitted a two year operational plan and a five year strategic plan to our regulator Monitor.

Our priority is unscheduled care which includes accident and emergency and in particular care of the frail and the elderly. We have identified three key “breakthrough” areas for improvement – including unscheduled care, plus care closer to home and centres of excellence.

A key part of the five year plan submission to Monitor was for trusts to examine the sustainability of services. We identified the services listed as those where we will need to change the way we do things over the next few years, in order to make sure they continue to offer a high standard of care.

This may be by working with partners in primary care, local authorities or other trusts; or by changing the way we provide services – such as more care outside of hospital, or more services across seven days. In some services, we will be looking at different ways of working across our sites, for example to manage complex cases, or make sure we can offer the right services out of hours – in line with our clinical and quality strategy: Right First Time 24/7.

The story so far...

Our approach to quality has been triangulated with the findings of the Francis report, and other reports on quality in the NHS.

Our workforce and organisation development plans focus on 4 key areas:

1. The right staffing levels - particularly in nursing, so we can reduce use of bank, agency and locum staff
2. Developing new roles - to support more care taking place outside of hospital
3. Recruiting and retaining a high calibre workforce
4. Strengthening clinical engagement and developing our clinical leadership

We ended 2013/14 with a £5 million surplus for reinvestment. Good financial management means we can invest £70 million between now and 2018 to develop and improve services – but only if we continue to reduce our costs by £20 million this year.

1. Patient Safety Reducing mortality and harm
2. Patient and Staff Experience Improving the experiences of patient, service users and our staff
3. Service Effectiveness Improving care outcomes and the use of best practice and evidence based care

2011
Hospital, community and health and wellbeing services come together to form the largest provider of integrated healthcare in the North East

2012/13
Agreed with staff and partners key issues as an integrated provider

2013/14
“Getting care right for the emergency patient, especially the frail elderly, must be the priority”
Three “Breakthrough” areas as part of -

Right first time 24/7

- our evolving clinical and quality strategy

**Breakthrough 1:**
Transforming Unscheduled Care – reducing unnecessary attendances and admission and improving discharge

**PRIORITIES INCLUDE:**
- Improve medical and surgical assessment facilities at UHND
- Creating a paediatric assessment service co-located with A&E
- Co-location of A&E and Urgent Care at DMH
- Trust-wide peer review of medicine

**Breakthrough 2:**
Integration & Care Closer to Home – making care as seamless as possible between hospital and community, primary care and local authority care

**PRIORITIES INCLUDE:**
- Fully developing the Integrated Short Term Intervention Service – ISIS – working with Durham County Council and partners
- Developing Locality Based Working, with a focus on care for frail elderly people

**Breakthrough 3:**
Centres of Excellence – specialist services coming together to provide the best quality services for our population

**PRIORITIES INCLUDE:**
- Orthopaedic centre at Bishop Auckland
- Reviewing breast services
- Reviewing Gastroenterology
- Reviewing Gynaecology / Pregnancy Assessment

**Our five year strategic plan**
Identifying services where work needs to be done to ensure sustainability

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Mrs Lottie Smith has been receiving therapy treatment from the Chester-le-Street community falls prevention team over the last 12 months. She expressed a wish that she might communicate her positive patient experience to a wider audience, as she is very keen for others to benefit from the expertise of the service.

“The therapists have been very good,” said Lottie. “They work together as a team and in partnership with the patient, which is good for the patient and makes you feel safe.”

The falls team provides a specialist assessment and intervention service to people who have fallen. The assessment takes place in the patient’s own home and may involve safety advice and an exercise programme to improve strength and balance, thereby minimising further risk of falling.

One patient who has benefitted from the Unit’s transformation is 73-year-old, Brenda Drysdale, from Hurworth near Darlington. Having been diagnosed with myeloma (a form of blood cancer) in 2008, Brenda believes the refurbishment has helped to improve her experience of chemotherapy.

“When I received my first chemotherapy treatment, the facilities in the old centre weren’t like they are now,” said Brenda. “There wasn’t much room for your family to stay with you through the treatment, which could be hard at times.

“The newly refurbished centre is so light and airy that you’re instantly more relaxed. I feel so lucky that we have a first class facility that is convenient to get to. The improved environment of the new centre has had a huge impact on my mood when I go for treatment and I’ve certainly noticed more people smiling which just shows how much the service is helping to make a difference to people’s lives.”

The Rosen Unit is named in memory of a local GP Dr Roy Rosen, in recognition of the role he played in fundraising for the further development of haematology services in Darlington. Chemotherapy is no longer a rare treatment as it once was, and the new unit has responded to modern demands for treatment which can often last for up to two years, with regular visits until the disease relapses and / or stops.

Thanks to funding from County Durham and Darlington Foundation Trust and the Leukaemia Charitable Fund – a local fundraising group currently led by Councillor Heather Scott – the modernisation of the Rosen Centre has extended services in Darlington and raised standards of quality care being delivered for the future.
MEMBERSHIP MATTERS

Trust annual general meeting

The Trust is holding its Annual General Meeting (AGM) on Wednesday 17 September 2014 at the Hardwick Hall Hotel, near Sedgefield (TS21 2EH).

The purpose of the AGM is for the Trust Board to present the Trust’s annual report and accounts for 2013-14 to governors and members. With so many significant changes happening in the NHS recently, the AGM is also a great opportunity for people to find out more about the Trust’s performance, to chat to our directors and governors, and to hear about our plans for the future.

As in previous years, there will be the successful health market place, which people can browse at their leisure and talk to staff.

The health market place opens from 4pm; the AGM starts at 5.30pm.

The AGM is also an ideal opportunity for the Board of Directors and the Council of Governors to hear your views on our hospitals and the services we provide.

Staff, Trust members, members of the press and the general public are all welcome to attend. If you are already a Trust member, then you will have received a personal invitation to the AGM. Further details can be found on our website: www.cddft.nhs.uk.

If you would like to come to this year’s AGM on 17 September 2014, then please register with the Foundation (FT) Trust office, by emailing foundation@cddft.nhs.uk.

www.cddft.nhs.uk
Influenza is dangerous, highly contagious and largely preventable. You can carry and pass the virus on to others without having any symptoms yourself, so even if you consider yourself healthy, you might be risking the lives of others.

- The flu vaccine is safe
- The flu jab can’t give you the flu
- Health professionals need to protect patients
- You need the vaccine every year
- Vaccination works
- Pregnant women can be vaccinated
- Healthy diets won’t prevent flu
- Hand washing is very important, but it won’t stop flu
- Anyone can get the flu

Protect your patients, your family and yourself - be a flu fighter, get your jab.

Get your flu jab and extra day’s leave for staff