Staff Shine at Annual Awards

Also in this edition
A Bright Future for Bishop Auckland | Meet the Clinical Coding Team | Fighting Infection Together Campaign
News in Brief and much more...
Welcome from the Chief Executive

Since the last edition of Newsround, there have been many changes within the Trust as we moved through implementation of Seizing the Future. I would like to take this opportunity to thank all staff for their hard work, support and co-operation which meant that this was managed both efficiently and effectively. Just over a month on from the major changes and the signs are good. The Urgent Care Centre at Bishop Auckland Hospital is working well for patients with minor injuries and while the two Emergency Departments at Durham and Darlington continue to be busy the extra staff and the improvement work we are doing to increase capacity means we are continuing to deliver the 4 hour national wait standard. Already we are seeing evidence of more activity taking place at Bishop Auckland with the new cataract centre and eye unit opening in September, the new nurse led ward and of course the rehabilitation and recovery centre. This is alongside the other outpatient and diagnostic services which continue to be delivered there.

Seizing the Future was all about ensuring that the Trust was able to sustain the delivery of safe, quality services well into the coming years. Following the successful implementation of the changes, we must now continue this focus on the future and with this in mind I have now produced the Trust’s Strategy for the next five years in the document ‘Towards 2014’. This sets out some of the key challenges we are likely to face in what we know will be a testing financial climate and some of the solutions we will need to put into action. I look forward to working with you all through this next chapter and know that I can count on your support.

Stephen Eames
Chief Executive

‘Towards 2014’ is available on the intranet or a copy can be received on request by emailing gillian.parsons@cddft.nhs.uk

Contact Newsround
Newsround is your magazine and we want to hear what you think of it. Do you like the new format? Do you have a story you would like to share? If there’s something you would like to see included in a future edition or you’ve got a comment or query, just get in touch.
Call 01325 74 3576 or email gillian.parsons@cddft.nhs.uk
Trust recognise unsung heroes at awards evening

Staff who have gone the extra mile to improve services and patient care were honoured at this year’s annual awards ceremony.

Award categories included Above and Beyond the Call of Duty; Improving Patient Safety; Service Modernisation and new to this year’s proceedings, the WOW award.

Emma Shipley, Associate Director of Learning and Development said: “It is extremely important for us as an organisation to take time out and formally recognise the contribution our staff make and to say thank you for this.”

The Chairman of the Trust, Mr Tony Waites, also presented his Quality Award to the antimicrobial team which includes Dr Alwyn Foden, Dr Deepa Nayar, Caroline Bradley and Stuart Brown, which was judged to be the best of the category winners.

Stephen Eames, Chief Executive of the Trust, said: “This year the Chairman’s Quality Award went to our antimicrobial team which has been involved in reducing healthcare associated infections across all of our hospitals. They have been very innovative in this work and have made a huge impact on the rate of infections which has reduced significantly.”

Dr Nayar, a consultant microbiologist said on winning the award: “The work on this was a joint effort across the entire Trust which involved engaging consultants, medics and nursing staff. We feel honoured to receive the award, we didn’t expect it but it is fantastic.”

The Trust has recently joined forces with a national awards scheme – the WOW awards. This will see patients and visitors able to nominate a member of staff for recognition on a bi-monthly basis. At the annual awards ceremony an overall winner from these patient nominated awards will be chosen. This year the WOW award went to Kath Edgell, who is one of the Trust’s counsellors. Kath said: “I have received this award for work counselling a member of staff within the Trust who then nominated me. Just to be nominated was wonderful but to win is unbelievable!”

Stephen Eames added: “Staff make our hospitals tick, they are the people running services day in and day out for patients and are our face to the community so it is very important that we take the opportunity to recognise the great contribution they make.”

Other award winner winners on the night included:

- Chief Executive’s Team Award (1)
  Seizing the Future team
- Chief Executive’s Team Award (2)
  Research & Development team
- Improving Patient Safety Pharmacy team
- WOW
  Kath Edgell
- Using Evidence Based Care Antimicrobial team
- Service Modernisation
  Dr Baskar Manickam
**News in Brief**

**Cataract Centre opens doors**

Bishop Auckland Hospital is now the Trust’s main centre for eye surgery for patients from across County Durham.

The new cataract centre and eye care unit opened its doors in September and includes its own operating theatre.

**The unit offers patients:**
- A full range of ophthalmology outpatient services
- Pre-operative assessment on the day of being added to waiting list
- Retinal screening camera to be housed in the unit to allow PCT to carry out retinal screening in acute hospital site
- Laser treatments for diabetic eye disease
- Fields tests
- Post operative checks
- A range of other eye operations that can be performed under local anaesthetic
- The department will have its’ own dedicated day case unit for ophthalmology patients

Lead consultant surgeon for ophthalmology at County Durham and Darlington NHS Foundation Trust, Jim Haslam said:

“**The Trust’s ophthalmology service has traditionally served Darlington and the South of Durham. However, we believe that, by moving our eye surgery to Bishop Auckland we can attract more patients from the north of the county and develop one of the best eye units in the North East.**

Eye tests and eye clinics are continuing to be offered in Durham and Darlington on an outpatient basis.

**Heart patients benefit from improved coronary care unit**

The coronary care service at Darlington Memorial Hospital is now providing heart patients with a complete package of care after expansion work was carried out.

Improvements to the physical environment were completed to create an additional three beds for the acute unit taking the total number of acute beds up to eight. Patients are now able to have their diagnostic investigations and treatment on the same site.

Dr Jennifer Crilley, Consultant Cardiologist said: “We are delighted with the programme of work undertaken in the coronary care unit. This has increased our capacity for patients and now we are able to provide patients with diagnosis through to treatment on one site. At Darlington we have a dedicated invasive cardiac investigations facility on site which enables us to undertake coronary angiography and insert permanent pacemakers as well as a range of other diagnostic cardiac tests. Patients presenting with chest pain or cardiac rhythm disturbances, for example, can be stabilized in the coronary care unit and then go on to have their investigations or treatments performed locally rather than making an additional journey to another hospital further afield. We anticipate that the expanded coronary care unit will enhance patients’ experience of the cardiology service in Darlington and improve pathways of care.”

**HMS Bulwark visit Treetops**

Crew members from HMS Bulwark came ashore to visit some of the young patients in the Treetops ward at University Hospital of North Durham.

HMS Bulwark is the ship affiliated with County Durham and has a long history with the children’s wards at the Trust.
Children needing emergency care at Darlington Memorial Hospital are benefiting from a £1 million pound refurbishment scheme.

Work on the first phase of the scheme at the hospital has now been completed creating a new waiting area for children alongside two dedicated paediatric assessment rooms and a new bathroom/baby changing facility.

Local artist, Steve Robson has decorated the new paediatric areas and is creating colourful murals in the waiting area and both treatment rooms based on suggestions from young patients.

Lisa Cole, Emergency Care Manager for County Durham and Darlington NHS Foundation Trust said: “The emergency department at Darlington is undergoing a programme of development works which is creating real improvements in the patient environment and in the patient care we are able to provide by creating additional treatment facilities and enhancing existing facilities.

“The designs which are being created in the new children’s areas are excellent. Some of our patients suggested scenes with a train, the countryside and the seaside and Steve, the artist, has taken these ideas and turned them into some fantastic designs which will undoubtedly make a difference to our young patients and improve their experience in the department.”

Over 80 anaesthetists from across the region gathered at Bishop Auckland Hospital in October for a two day event led by the Trust’s Dr Baskar Manickam, Consultant Anaesthetist.

The event was a mixture of theory and practical workshops about the use of ultrasound to administer nerve blocks for pain relief and as a form of local anaesthetic.

The Trust is one of only a few organisations nationally to use this technique which brings a number of benefits to patients including a reduction in side effects such as drowsiness and sickness leading to a quicker discharge time.

This pioneering work is being led by Dr Manickam who has also set up a dedicated website: www.inerve.co.uk

CareQuality Commission
Performance
Ratings 2008/9

The Trust performed well in this year’s annual health check and received a ‘good’ rating for quality of services and maintained for a third successive year the highest ‘excellent’ rating in the overall category for the use of resources (financial management).
News in Brief

New Recruits to William Harvey Project

The new recruits all recently passed their CPR training which is an essential part of the project.

Catherine said: “We are now in our third successful year of delivering the William Harvey Science Project across the Trust. NHS staff have been wonderful in supporting these students. Students are selected for their enthusiasm and interest in sciences and many students after completing the project have gone on to further education or applied to University. Some students are also working in our hospital as volunteers.” Catherine Henderson, Education Officer manages the project. She links the students with staff across the Trust who become ambassadors for the project and spend time with the students giving a taste of their role and responsibilities through a work placement. Alan Willis and Janet Johnson both work in Trauma and Orthopaedics and are both ambassadors for the Trust.

Alan Willis said: “I enjoy the Science and Career events immensely the students will interact and often show an interest in a career in the NHS. It is always interesting to listen to the student’s perception of my chosen career and why I joined the organisation. We have some very intelligent students out there who potentially could play an important role in our future NHS; events like this are paramount to these young people.”

Janet Johnson said: “Staff find the students very polite, willing to learn and extremely enthusiastic. On placement a student is given an excellent overall view of ward life. Some students request to do voluntary work after completing the programme.”

For further information contact Catherine on 0191 333 2011 or e-mail: catherine.henderson2@cddft.nhs.uk
Cardiographer, Marjorie Exley is 67. She lives in Newton Hall in Durham. She works four days a week on a part time basis and when she’s not at work she keeps herself busy by looking after her grandchildren and particularly enjoys going to watch football and cricket.

She started training as a Student Cardiographer at Dryburn Hospital in Durham on the 4th August 1959 when she was 17 years old. She completed in-house training attending lectures with the nursing cadets to learn about anatomy and physiology and also attended lectures with the X-ray students to learn about developing and printing films. This was because at the time all ECGs were recorded on film, which had to be developed, then printed, in order to see the required tracing, although they could be viewed in the negative form. The lighting was provided by a 12-volt car battery, which meant that the machine was large and heavy to push around.

Marjorie said: “Most ECGs were recorded on the wards so I had quite a distance to cover. Once the ECG was recorded, I had to return the films to the department in order to develop and print them in the dark room. Half a century on, I am still here, although we are now in a new building, the University Hospital of North Durham. Thanks to amazing advances in technology, the job of recording ECGs today is certainly much easier than it was when I first started and there have been great improvements. I really enjoy working with such a mixture of people and there is a great bunch of staff in the department who help keep me young! The reception today to mark my 50 years with the department was a lovely surprise, I was completely overwhelmed, it was brilliant there was even a cake with a photo of me on it! I really enjoy the job and hope to be able to carry on for a few years yet.”

Joanne Forster, Head of Cardiology and Respiratory Investigations said: “I have worked with Marjorie for 13 years now – and I really can’t imagine the Cardiology department without her! She is a star – if you ask her to do something, it’s done. If you’re not sure who to ring about something, you mention it to Marjorie and within minutes she’s back with a name, telephone number, e-mail address and inside leg measurement. Over the years she has welcomed many new staff into the department and looks after them, showing them round, introducing them to everyone they might ever need to know – and a few they won’t! I asked around her colleagues if they had to sum her up in one word what would it be – “mother” and “the oracle” were the replies. The other notable attribute that Marjorie has is that she’s not scared to try anything new – definitely not wary of new technology. She was one of the first in the Trust to sign up to do the European Computer Driving qualification – and she passed with flying colours. I can’t even begin to imagine how many ECGs Marjorie has performed on patients over the years – the regular patients always ask if she still works here. I know that she’s going to have to retire one day – but she will be very sorely missed when she does.”
The Trust has started work on a £26 million investment scheme at Darlington Memorial Hospital which will secure the building’s future for the next 25 years.

The funds are being used for essential works to renew the hospital’s primary engineering infrastructure.

The work, which will be carried out over the next three years, includes the construction of a new Energy Centre. Currently, the Trust is using a heavy fuel oil system as one of its sources of energy, which is outdated and is not as efficient as newer systems. As part of the Trust’s green strategy to reduce carbon emissions and save energy, the Trust has agreed to invest in a new Energy Centre with the old systems being decommissioned once the major improvement work is completed.

The infrastructure project also includes the construction of new plant rooms and ancillary buildings, the replacement of mechanical engineering infrastructure which comprises of new high efficiency boilers and distribution systems and the replacement of the hospital’s electrical engineering infrastructure which comprises of electrical supplies to the site and associated distribution.

The project also includes the provision of new emergency generators which will provide 100% of the required electrical supply for clinical areas in the event of a power failure.

The first stage of the Infrastructure Project was to demolish the old laundry and recreational buildings and create additional staff parking and site facilities for our contractor Laing O’Rourke. This work is now complete and will provide 110 car parking spaces to replace the 82 spaces that have been lost on the service road and to the rear of the Pierremont Building during for the next 2 1/2 years whilst the new Energy Centre is constructed.

The phases of work which are currently ongoing are the services diversion works in the service yard area and the preliminary works to allow the extension of the rooftop plantroom to the Tower Block.

The services diversion works is necessary to relocate the secondary Oxygen plant (VIE) and divert drainage and other services to facilitate the actual construction of the Energy Centre which will commence next year. The current work in the service delivery yard will be completed by 18th December. Further works will continue in the yard after Xmas but will be less disruptive than these services diversions.

The tower crane has been in position now for two weeks and is currently being used to assist the construction of the scaffold in the courtyards. The scaffold is necessary to complete the construction of the rooftop plantroom extension and will remain in position until May 2010. We realise this is unsightly in the courtyard and apologise for any inconvenience this may have caused.

After Xmas work will begin on the rooftop in earnest to erect the new steelwork that will form the plantroom extension and this will continue throughout 2010 as the new plant and equipment is installed to service the future needs of DMH.

Emergency Department

Phase 1 of the A&E at DMH was completed on schedule on 1 October with a new Paediatric Treatment and Waiting Area and Paediatric Resuscitation Rooms added. Phase 2 of the works is ongoing and is planned to complete in January 2010. This will see additional treatment rooms to cope with the increased capacity and a whole new staff base area that will really open up the department. Phase 3 of the works will see admin areas in A&E complete in March.

The Estates team and Contractor, Laing O’Rourke fully appreciate the huge efforts made by all of the staff to accommodate these refurbishment works whilst remaining fully operational.

ITU

Work is ongoing to agree the design with Laing O’Rourke for the new ITU facility at DMH.

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**News bite**

**Patient donation for Ward 13 UHND**

Mr Richard Tiffin has donated over £2,000 to staff on Ward 13 at University Hospital of North Durham after he underwent surgery on the ward. Mr Tiffin owns and runs Lumley Snooker Club and organised a number of charity nights and fundraising events to reach the grand total. Staff on the ward intend to use some of the money for a new TV in the patients’ day room and would like to thank Mr Tiffin and his wife for his hard work and kind generosity.
“These new developments are evidence of our commitment to Bishop Auckland Hospital, and the central role it will continue to play in our plans for the future.”

Stephen Eames, Chief Executive
New Cataract Centre and Eye Care Unit

The Cataract Centre and Eye Care Unit has its own operating theatre, so that cataract surgery is taking place at the hospital for the first time.

The Trust’s ophthalmology service has traditionally served Darlington and the south of Durham. We believe that, by opening this county-wide unit at Bishop Auckland we can attract more patients from the north of the county and develop one of the best cataract centres and eye care units in the North East.

“This is really good news for local people and for Bishop Auckland Hospital. New scientific developments, professional commitment and financial resources are being brought together to benefit people across Co. Durham.”

Helen Goodman MP

Midwifery Led Unit

“The Midwifery Led Unit at Bishop Auckland seeks to provide a welcoming, supportive environment for women and their families who would like to give birth in our ‘home from home setting’.

We aim to empower women to enable them to make informed decisions, and our focus will be on normality in birth.

We have a team of highly skilled and dedicated midwives, who offer high quality of care, which is evidence based. The result of this is a centre of excellence in midwifery care.

We want the women we care for to feel safe, supported, confident and totally involved in all aspects of their care, regardless of background, culture or religious beliefs.”

Jacqui Jennings, Midwife at the unit, said: “We do everything we can to make the birthing experience as comfortable and homely as possible for women and their families.”
All inpatients have a pathway of care that starts on the acute hospital sites of Durham and Darlington.

After serious illness, some patients make a full recovery, but others will have ongoing problems or disability. The Trust has set up a centre for rehabilitation and recovery at Bishop Auckland Hospital to offer more support in rehabilitation for patients that have been identified as no longer needing “acute care” but have progressed onto the rehabilitation pathway. The rehabilitation wards are staffed with experienced occupational therapists, physiotherapists, dieticians, speech and language therapists, nurses and doctors.

Acute hospital wards can be very busy and sometimes they are not an ideal environment to care for elderly or frail patients.

Some patients, having completed their medical treatment, just need a few more days to recuperate and regain their strength before returning home.

Some patients need a place of safety with nursing care provided until arrangements can be made for them to move into a nursing home.

Some patients are nearing the end of their lives and need a calmer, more peaceful environment where they can be nursed.

In order to meet the needs of patients such as these, we have created a nurse led ward at Bishop Auckland Hospital. As the patients no longer require active medical treatment there is less activity on the ward creating a calmer, quieter environment. Nurses are freed up from a number of tasks and have more time to spend with patients. There is a reduced number of fixed routines on the ward which allows more choice and flexibility for patients and their families.

**Nurse Led Unit**

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**Key benefits for patients**

- calmer, quieter, more peaceful environment
- nurses have more time to spend with patients
- relaxed and flexible routines enabling greater patient choice
- flexible visiting encouraging family members to be more involved in nursing care
- Patients’ conditions will continue to be monitored by registered nurses and health care assistants supported by a team of advanced nurse practitioners who have completed additional training. If a patient’s condition unexpectedly deteriorates they will be transferred immediately to one of our acute hospital sites.

**Outpatients and Diagnostics**

A full range of outpatient clinics covering medical and surgical specialties and women and children’s care. Diagnostic tests for local people – including blood tests, x-ray, CT and MRI scans.
Hospital Shuttle

A free bus service now operates **Monday to Friday** linking University Hospital Durham, Bishop Auckland Hospital and Darlington Memorial Hospital for use by patients and visitors.

For more travel information please contact the travel response centre on 0191 383 5383

Urgent Care Centre at Bishop Auckland

For minor injuries and illnesses only. Call the urgent care centre on 0300 110111 for advice.

For minor injuries and illnesses including: chest infections, urine infections, fevers, cuts, sprains, hand, foot and wrist infections. You can call the urgent care centre for advice.

The Dales Hospital Link

- Links Teesdale with Darlington Memorial Hospital
- Links Weardale with Bishop Auckland Hospital and Darlington Memorial Hospital
- Picks up from your front door where possible
- Can be used by anyone

The area covered by The Dales Hospital Travel Response

More information

For more information contact the Patient Advice and Liaison Service (PALS) on 01388 45 5831.
This is a great team and it is very interesting work. We are dealing with medical information so you gain an in depth medical knowledge and get the opportunity to build up relationships with many different staff out on the wards.

Diane Benzie, Clinical Coder

**What is Clinical Coding?**
Clinical coding is the process whereby information written in patient notes is translated into coded data and entered onto hospital information systems. This information is extremely important to the Trust as it is used to inform financial planning and Payment by Results and also plays a role in the monitoring of health trends and variations, local and national clinical audit and clinical governance.

Coding usually occurs after the patient has been discharged from hospital, and must be completed to strict deadlines so that we can receive payment for our activity.

The team visits ward areas on a daily basis to liaise with doctors, nurses, ward clerks and secretaries. Collectively they can look at between 250 and 350 case notes a day and code 12,000 episodes a month across the Trust.

**Who does the Trust’s Clinical Coding?**
Within the Trust there are two clinical coding teams based at University Hospital of North Durham and Darlington Memorial Hospital.

The Trust’s clinical coding function is carried out by fully trained clinical coders who are either Nationally Accredited Clinical Coders or are studying for their Accreditation Examination or have many years experience as clinical coders. Over the past five years, the team has really developed and there are now a number of different roles with a new structure which has increased resources and improved the efficiency of the team.

The team scored 97% in the 2009 audit and the Trust is placed in the top 25% of best performing trusts for Clinical Coding.

If you would like to introduce your team and your roles and responsibilities in a future edition, then send the details to gillian.parsons@cddft.nhs.uk
The innovation village is a new initiative which allows front line staff to come up with ideas and technology based solutions for fighting infection. Then there is ongoing support from a team of expert professionals to help turn the ideas into practical solutions for real use in the NHS.

The first stage is simple – tell us your ideas!

- We want your ideas of how to reduce HCAI through technology
- What are the problems
- Do you have an innovative idea for a solution? (eg redesign of equipment like the recent Design Bugs Out exhibition)
- Join the innovation village to find a solution to the problem
- Enter the competition, great prizes, cash incentives for innovations and national recognition by the Department of Health
- If you have a bright idea we can help you take this forward to market
- Fill in an application form and get entered into the prize draw
- If your idea is accepted by the panel of experts then your idea will be supported through development
- Recognition for the individual and the Trust

Have you got a bright idea to reduce HCAI?

(health care associated infection)

Then why not enter the innovation village competition?

Your idea will be entered into a local prize draw. Prizes include... digital camera, Ipod, flat screen TV, Nintendo DSI, Nintendo Wii!

Just complete this form with your idea and return it to Dawn Cook, Project lead, Showcase Hospitals, Trust Headquarters, University Hospital of North Durham good luck!

Name: 
Telephone: 
Idea: 

The ‘innovation village’ is your chance to see your idea turned into a real design or product while picking up some great prizes along the way!

For more information contact:

Dawn Cook, Project Lead - dawn.cook@cddf.nhs.uk
Mary Thompson – mary.thompson@cddf.nhs.uk
Maggie Donoghue – Maggie.donoghue@cddf.nhs.uk
Day Rehab Unit at Bishop Auckland Hospital

Nearly two years ago, Tony Bell suffered a brain haemorrhage at home in County Durham and doctors told him he would never walk again.

Now, thirteen months into his care at the rehabilitation day unit at Bishop Auckland Hospital and Tony is walking, aided by a quad-stick and the assistance of one person, into the unit’s day room for his twice weekly appointment.

“It’s brilliant to be proven wrong,” says Sister of the unit, Gill Gemmell, “Tony has done extremely well; we call him our miracle patient. When he first came to us he couldn’t even tolerate sitting up in a chair and now he is walking with a quad-stick, living back in his own home and has passed the assessment for an electric wheelchair.”

Tony was at home in the village of Tow Law when he was taken ill in April 2008. “I remember feeling unwell,” Tony describes, “I lost my voice and lost all movement down my left hand side.” Tony had suffered a severe stroke. At the time he was given only a 10% chance of survival. He spent the next four months in hospital where he had a shunt fitted but was left with very dense, left sided weakness, low concentration levels, a high level of pain and loss of the left side of his field of vision.

Tony began his rehabilitation as an inpatient at Bishop Auckland Hospital and then when he was well enough he was initially discharged to temporary residential care and continued his recovery and rehab through twice weekly visits to the day rehab unit. Once Tony had progressed enough to return to his own home the Day Unit collaborated with Social Services in assisting him to return home.

The unit provides multi-disciplinary assessment and rehabilitation for adults in the community with a wide range of disabilities and functional problems, for example stroke, Parkinson’s disease and post-orthopaedics surgery. Patients can be referred on discharge from wards and departments within the Trust or by the individual’s GP. The goal of the Unit is to assist these adults in achieving their optimum level of independence and promote their quality of life.

Gill Gemmell said: “Working in the day unit is very rewarding. Even minor improvements can be significant to the patient and our role is about giving them the best quality of life that we can. As long as a patient is progressing we will continue with their rehab. It can be a daunting prospect for some patients when they are coming for treatment for the first time but they soon find that it is a very relaxed environment and many of the patients become good friends and support each other through their care.”

“I didn’t want to come at first,” Tony says, “but now I feel like part of the family, the staff have really made me feel at home. They’ve helped me get myself walking again, as first it was just from one chair across to another and the a little bit further each time. I’m feeling good now and look forward to coming. I think it helps when you feel comfortable with the staff and I have even found myself helping new patients because you know what they are going through and what they should expect. I can finally see the light at the end of the tunnel.”

Fifty year old Michael Forster tells a similar story. He was a member of the Merchant Navy serving in the Falklands when he suffered a stroke. He has been coming to the day rehab unit for a year now after having a craniotomy. His centre of gravity was affected by the stroke so staff have worked on helping Michael to walk with the aid of a stick and supervision. Michael says: “I was nervous at first about coming and a bit apprehensive about what to expect but I feel great now, I’m really pleased I came to the unit. I’ve improved so much since I came here, I am walking with the aid of a stick and my mobility is much better. Even small things like being able to go to the toilet myself make a big different to how you feel. I look forward to coming to my sessions now.”

Bishop Auckland Hospital has taken on a new role as a centre of planned care. Part of this new role is a centre for rehabilitation and recovery which works alongside the rehab day unit. The centre for rehabilitation and recovery at Bishop Auckland Hospital offers more support in rehabilitation for patients that have been identified as no longer needing “acute care” but have progressed onto the rehabilitation pathway. The rehabilitation wards are staffed with experienced occupational therapists, physiotherapists, dieticians, speech and language therapists, nurses and doctors.

Working in the day unit is very rewarding. Even minor improvements can be significant to the patient and our role is about giving them the best quality of life that we can. As long as a patient is progressing we will continue with their rehab. It can be a daunting prospect for some patients when they are coming for treatment for the first time but they soon find that it is a very relaxed environment and many of the patients become good friends and support each other through their care.

Gill Gemmell
Earlier this year, a joint initiative was launched between County Durham and Darlington NHS Foundation Trust, NHS County Durham and Tees, Esk and Wear Valleys Foundation Trust to tackle Healthcare Associated Infections (HCAI). As part of the ‘Fighting Infection Together’ campaign an information pack for healthcare staff was launched containing different fact sheets on good practice for reducing HCAI. We would now like to know what you thought of the campaign…did you find the packs useful…do you think this campaign has helped to reduce HCAI? Please take 5 minutes to complete this short questionnaire.

Please send your completed questionnaires in the internal post to Gillian Parsons, Communications Manager, DMH or hand them in at the main reception.

**Question 1**
**Please tick which organisation you work for:**
- County Durham and Darlington NHS Foundation Trust
- NHS County Durham
- Tees, Esk and Wear Valley NHS Foundation Trust

**Question 2**
**Are you:**
- Medical
- Nursing
- Managerial
- Admin

**Question 3**
**Have you heard of the Fighting Infection Together campaign?**
- Yes
- No

**Question 4**
**If yes, how did you hear about it?**
(please tick all that apply)
- Internal bulletin
- Intranet site
- Manager
- Member of staff
- Press article
- Other (please state)

**Question 5**
**Do you have or have you seen a copy of the Fighting Infection Together information pack?**
- Yes
- No

If yes, please answer the following questions:

**Question 6**
**How useful did you find the information pack?**
(1 being ‘not very useful’ & 5 being ‘very useful’)
- Not very useful
- Quite useful
- Very useful

**Question 7**
**What did you think of the information contained in the pack?**
(1 being ‘not very good’ & 5 being ‘very good’)
- Not very good
- Quite good
- Very good

**Did the pack improve your knowledge and understanding of good practice techniques?**
- Not at all
- Some
- A lot

**Which of the areas covered were most useful for you (please rank, 1 being the most useful)?**
- Antibiotics
- Hand Hygiene
- Invasive Devices
- Personal Protective equipment
- Safe Use and Disposal of Sharps
- Principles of Asepsis
- Urinary Catheter Principles
- Factors Which Increase the Risk Of Developing Any Infection

**Where there any other areas/issues you would like to be included in the future? (please state)**

**Do you think the campaign has had an impact on tackling HCAI?**
- No, not at all
- Some impact
- Yes
- A big impact

Please describe how and why you think this is the case.

**Any other comments**

Thank you for taking the time to complete this survey.
The Trust is proud to announce that one of our pharmacists has been named as the first winner of a national award presented by the Royal Pharmaceutical Society of Great Britain (RPSGB) for a significant contribution to medicines safety 2009.

Margaret Ledger-Scott, Clinical Director of Medicines Management and Chief Pharmacist for the Trust, led a team project which cut the medication errors of elderly patients moving between care settings by 70 per cent.

The RPSGB award will now be presented annually and focuses on specific improvements in medicines safety in Great Britain with documented benefits for patients.

The Trust’s winning initiative saw the introduction of a patient healthcare book which has reduced medication errors from 72 per cent to two per cent when patients are discharged from hospital. It was supported by three hospital consultants, three clinical pharmacists from the acute medical wards and 14 GPs and practice nurses from four GP surgeries.

The booklet is used by patients with chronic diseases with more than two hospital admissions in the past year and holds information on all aspects of the patient’s health and treatment. This scheme is still being used in clinics today and Margaret is now working with the Strategic Health Authority to develop the idea for NHS north east.

On winning the award Margaret said; “I was absolutely astonished to find out I was the first to win the award. Particularly because patient safety is at the top of the NHS agenda and I imagine the quality of entries was high.

“You are just working away and don’t realise the effect your work will have. It is not a magic book but it’s really about involving patients as the number one person in the care process. It’s about making them aware that errors can be made and empowering them to have control over their own medication.

“Patients were very enthusiastic about what this scheme did for them and were delighted with the difference it made to their quality of life.

RPSGB Chief Executive and Registrar Jeremy Holmes said; “I am extremely proud on behalf of the profession to recognise the excellent work that Margaret and her team have done in improving the lives of these elderly patients through reducing medication errors and therefore the risk of harm.

“This award was introduced to highlight important innovations in the field of medicines safety and I believe it will provide a platform for excellence in this area which we can continue to share and learn from.”

The Royal Pharmaceutical Society of Great Britain (RPSGB) is the professional body for pharmacists and the regulatory body for pharmacists and pharmacy technicians in England, Scotland and Wales. The primary objectives of the Society are to lead, regulate, develop and represent the profession of pharmacy.
Over the last 11 months the British Heart Foundation (BHF) in partnership with County Durham and Darlington NHS Foundation Trust has organised a number of activities and events as part of a fundraising campaign to purchase a new 3D Vivid Ultrasound machine for Darlington Memorial Hospital.

A combination of local fundraising, hard work and research funds has resulted in the campaign reaching its target of £92,135 to purchase the new equipment.

This Cardiac Ultrasound Machine allows the viewing and reconstruction of 3-dimensional moving images of the heart.

Cardiac ultrasound machines give detailed valuable information on the structure and function of the heart, traditionally in 2-dimensions. This additional imaging capability can give more information for cardiologists planning surgical interventions for heart patients adding detail and definition to heart valves. This equipment will also add capability to our local research programme within the hospital.

The BHF Heart of Darlington Appeal manager Fiona Turner said: “I would like to thank everybody who has contributed to the success of this appeal from the bottom of my heart, including a private donor who gave £5,000, as well as County Durham and Darlington Foundation Trust for its support.

“People in the community have been so generous and we would never have been able to buy such a fantastic piece of machinery without your support.

“This machine will benefit the lives of so many people in Darlington. Heart disease can be a horrible and frightening ordeal and people can be proud that they have helped to fund something that will speed up the diagnosis and help ease the suffering of others.”

Dr Jerry Murphy, a consultant cardiologist at County Durham and Darlington NHS Foundation Trust added: “On behalf of the Trust I would like to thank everyone who has supported this appeal and enabled us to purchase this important piece of equipment for the department. We are all very excited about the diagnostic potential of this machine and how it will not only add to our existing cardiac diagnostic services, ensuring better access to high quality equipment for our patients and staff, but will enable us to view the heart in a completely different way.

We are one of only a few hospitals in the region to have this specialist equipment and it will enable us to provide our patients with first class cardiac care using the best of new technologies.”

This follows a similar campaign in Bishop Auckland which successfully reached its target earlier in the year and the equipment is now up and running at Bishop Auckland Hospital.
Governor Elections
This is your chance as a Foundation Trust Member to stand for election to the Governing Council and make sure the views and opinions of your local community are represented at the top level.

Elections for both public and staff governors will take place early in the New Year and nominations need to be received by Monday 4 January.

Notice of Election - For the Governing Council of the County Durham and Darlington NHS Foundation Trust

The Trust gives notice that it will hold elections to the Governing Council of the County Durham and Darlington NHS Foundation Trust.

Elections are to be held for the following positions:

9 Public Governors in the following constituencies:
- Public: Chester-le-Street (1 vacancy)
- Public: Darlington (1 vacancy)
- Public: Derwentside (1 vacancy)
- Public: Durham City (1 vacancy)
- Public: Sedgefield (1 vacancy)
- Public: Wear Valley and Teesdale (1 vacancy)
- Public: Gateshead, South Tyneside and Sunderland (1 vacancy)
- Public: Tees Valley, Hambleton and Richmondshire (1 vacancy)

5 Staff Governors in the following constituencies:
- Staff: AHPs, Professional & Technical and Pharmacists (1 vacancy)
- Staff: Medical (1 vacancy)
- Staff: Ancillary (1 vacancy)

A Nomination form to stand for election to these positions can be obtained from the Returning Officer at the address shown below.

All Nomination papers should be received by the Returning Officer, Caroline Hinchcliffe, at the address as detailed below, by 5pm on Monday 4th January 2010.

Electoral Reform Services Limited
The Election Centre
33 Clarendon Road
London, N8 0NW
Tel 0208 889 9203

Faxed or emailed nominations will not be accepted.

Should any nominee wish to withdraw their nomination, they must put this in writing to the Returning Officer by 5pm on Thursday 7th January 2010.

Ballot papers will be distributed to qualifying Members on Tuesday 26th January 2010. Completed ballot papers must be received by the Independent Scrutineer by 5pm on Thursday 18th February 2010.

The regulations governing this election can be obtained from Electoral Reform Services Ltd (address as above).

The Independent Scrutineer for these elections is Electoral Reform Services Ltd (address as above).

The Returning Officer for these elections is Caroline Hinchcliffe of Electoral Reform Services Ltd (address as above).

Public governors provide a vital direct link between the trust board and the members of the public they represent. Governors hold the board to account and we very much value the input and perspectives they bring to the planning and development of services and to the overall running of the trust.

Donna Swan, Trust Secretary
Dignity in Care campaign
A big thank you to all those members who took the time to share your views and comments on dignity and respect in our hospitals. We received over 100 questionnaires with lots of very valuable feedback. Staff are now analysing all of the responses and will be using this to identify common themes that are important to you and areas where we might be able to make improvements. In the next edition of Newsround we will bring you a more detailed update on progress with this project.

Open Trust Board meetings
Every year the Trust holds two open Trust Board meetings. These are open to members and the general public and are your chance to see how the Board operates, gain first hand information on the latest developments and decisions and to put your questions to the Trust’s Executive and Non Executive Directors. Look out for more details in a future edition or visit the website www.cddft.nhs.uk

Foundation Trust Office – Christmas Shut Down
Over the Christmas & New Year period the Foundation Trust Office (FT Office) will officially be closed from 16:00hrs Wednesday 23 December 2009 and reopen 09:00hrs Monday 04 January 2009. The FT Office and all of its staff would like to wish all of its Members a very merry Christmas and a happy 2010!

Contacting your local Governor
You can email any comments or questions to the local governor for your area using the addresses below. In the next edition of Newsround there will be a useful ‘who’s who’s’ guide to governors following the New Year elections.

Governance Council meetings
The Governance Council meets around six times a year. Members and the general public are warmly welcomed to attend these meetings as well as our Annual General Meeting. The Governance Council is the ‘voice’ of local people and is responsible for helping to set the direction and shape the future of the hospital based on members’ views.
Next meeting: 5:30pm, Wednesday 27 January 2010.
Look out for more details at www.cddft.nhs.uk or contact the Foundation Trust Office at foundation@cddft.nhs.uk - Tel: 01325 74 3625.

Medicine for Members
Following on from successful events focussing on stroke and snoring in 2009, the Trust would like to host another series of these interesting and informative events in 2010. If you have a suggestion for a topic you would like to see hosted in the future then we would like to hear from you! Please contact the Foundation Trust Office with your suggestions. Details of events will appear in a future edition.

Foundation Trust Office
If you have any comments or queries about membership then contact the team in the Foundation Trust Office who support the Trust’s Governors and Members. They’ll also have all the update to date information on any upcoming events and meetings.
T: 01325 74 3625
E: foundation@cddft.nhs.uk
P: Foundation Trust Office, FREEPOST RLZJ-XHJJ-CXLL, Darlington Memorial Hospital, Darlington, DL3 6HX.

Governor Elections
Nominations are now being received for the Trust’s Governing Council. This is your chance to represent the views of your local communities. See page 19 for full details.