Getting care right first time, every time

Special edition about key projects in our clinical strategy
Welcome to this special edition of Your Trust magazine.

We have announced in our annual plan seven exciting projects that will transform the services we offer and help our hard working staff provide the best care for our patients. You can see the projects in more detail on page 3.

Here, we focus on important work that is currently being done on the future of our services and those across County Durham and Tees Valley.

We have announced in our annual plan seven exciting projects that will transform the services we offer and help our hard working staff provide the best care for our patients. You can see the projects in more detail on page 3.

These are in the context of our “Quality First” project which is looking at the quality and sustainability of services to make sure patients get the best care within the available resources.

These seven projects are at the heart of the Board’s agenda.

Looking beyond the Trust, we are involved in a wider piece of work called SEQIHS – Securing Quality in Health Services—which is being led by local Clinical Commissioning Groups.

This piece of work will recommend changes to how hospital services work across County Durham and Tees Valley.

And it has been announced by NHS England that urgent and emergency care across the North East is to be part of a national ‘vanguard’, or pilot, looking at new ways of providing these important services.

We will share more information about SEQIHS and the vanguard as it becomes available.

In the meantime, I’m delighted to share with you our plans for services, and like me, I hope you look forward to seeing these progress over the coming months!

With best wishes
Professor Paul Keane OBE
Trust Chairman

Take a tour of our services

We recently welcomed a group of patient representatives from the Durham Dales area into Bishop Auckland Hospital for a tour of our services and the opportunity to meet some of our frontline staff. We received very positive feedback from the group about the experience and would like to open up the tours to you, our Foundation Trust members, and to cover all of our hospital sites.

If you would be interested in receiving more information about the tours then please send your details to: rightfirsttime@cddft.nhs.uk

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Project 1
Quality First

Working with our staff on quality and sustainability of services. Making sure patients get the best care within the available resources.

County Durham and Darlington NHS Foundation Trust is the largest integrated provider of NHS care in the North East, serving 650,000 people locally, 24 hours a day 7 days a week. Our 8,000 staff are committed to providing the best care to patients every day.

How we do this is changing to meet the demands of a growing elderly ageing population with multiple long-term conditions – during a time of rising costs and rising standards.

Having spent a career in medicine in elderly care and stroke, our Medical Director Professor Chris Gray is passionate about putting quality first, and understands the importance of services being sustainable.

Professor Gray says: “Sustainability is about three things: providing quality care that meets national standards and best practice, recruiting and retaining the workforce with the right skills to deliver those services, and having the finance to pay for them. It is also about consistency and responsiveness – so that all of our patients get a high standard of care all of the time.”

Director of Nursing Noel Scanlon agrees: “Our staff are very committed and very diligent, there’s a great sense of energy and enthusiasm throughout the organisation, but we need to recognise that, as an organisation, we don’t always get it right for all of our patients at the moment.”

Consultant Anaesthetist and Clinical Director Stuart Dabner, says: “Our emphasis should be on clinical quality, patient outcomes and experience, but also we need to look at how we remain sustainable from a staff point of view. At the moment we are far too reliant on agency and locum staff who are expensive, and don’t offer great continuity of care for patients.”

Quality First is a project looking at the sustainability of services over the next five years, in the Trust, in the context of other regional and national work. It is initially focusing on a small number of key services which are central to our Trust.

Professor Gray says: “In the next few months, we expect the outcomes of the Securing Quality in Health Services (SeQIHS) review. This is being led by commissioners of health services across County Durham and the Tees Valley, with involvement of clinical staff from the three local Foundation Trusts – County Durham and Darlington, North Tees and Hartlepool and South Tees.

What is SeQIHS?
The Trust has been part of the SeQIHS programme which is being led by clinical commissioning groups with trusts across County Durham and the Tees Valley.

SeQIHS stands for “Securing Quality in Health Services”, and is identifying clinical quality standards across a range of core acute hospital services, and how these can be delivered within the available resources.

A Clinical Leadership Group has been established under the independent chairmanship of Professor Andrew Cant, Chair of the Northern Clinical Senate, and consultant paediatrician at Newcastle Upon Tyne Hospitals.

What services are being considered in the SeQIHS process include:
  - Acute Surgery
  - Acute Medicine
  - Intensive Care
  - Acute Paediatrics, Maternity and Neonatology
  - A&E

The programme covers services provided by County Durham and Darlington NHS Foundation Trust as well as South Tees and North Tees and Hartlepool Foundation Trusts.

Work is being done this Autumn with stakeholders on developing proposals on a model of acute care for the area and how services and organisations will work together differently in the future to ensure clinical standards are met, ahead of a wider consultation process.

Sustainability is about three things: providing quality care that meets national standards and best practice, recruiting and retaining the workforce with the right skills to deliver those services, and having the finance to pay for them.
Project 2
Transforming Unscheduled Care at UHND

Developing a new emergency care centre at University Hospital of North Durham, and changing ways of working to improve care for patients.

Getting care right for the emergency patient continues to be our top priority. Emergency care is sometimes called unplanned care, or unscheduled care.

When a patient falls ill, has an accident or suffers a serious injury, it’s important for them, and their loved ones, to know that they will receive the best quality care.

A&E attendances continue to rise at UHND. Every year, 60,000 patients use the department, which was built for 30,000 patients fifteen years ago.

And the patients who need admission to hospital are older and more frail than ever. The average age of patients admitted to hospital in an emergency is now around 84. So we are drawing up exciting plans to develop a state-of-the-art Emergency Care Centre at UHND.

Due to be developed on the site of Dryburn House, the £20m centre will include a new trauma centre, resuscitation unit, paediatrics assessment service and other services such as social care, which can be important in an emergency.

The development of the new centre alongside improvements to the medical assessment unit will create a modern environment for emergency care.

Bill Headley, Director of Estates and Facilities, said: “Our ambition is to create a modern facility which will provide more flexible working environments, better links between departments, and deliver a more pleasant place for patients and visitors during an anxious and stressful time.”

Diane Clark, Clinical Service Manager for Acute Medicine and Ambulatory Care, said: “We are really looking forward to the new centre, and are working with Bill’s team on the plans. It’s a great opportunity to improve the care we offer to patients, as well as an exciting prospect for staff. The new centre may attract more doctors and nurses to come and work at Durham.”

“No two days are the same.”

John Holmes is a Consultant and Clinical Lead for Emergency Medicine at UHND. What impact will these changes make to his day to day experience?

“No two days are the same working in the emergency department. We deal with the full spectrum of patient care and must make quick decisions to ensure people get the care they need. Increasing our capacity with the development of a new Emergency Care Centre will be a huge help for reducing time taken to assess a patient, and by streamlining care delivery, patients will be seen by the right medical professional early on in their pathway journey which will significantly improve our ability to deliver a quality service.”

Dr John Holmes, Consultant and Clinical Lead for Emergency Medicine at UHND

Trust part of urgent and emergency ‘vanguard’.

Our services will be part of a North East wide ‘vanguard’ for urgent and emergency care, NHS England has announced.

The vanguard is one of eight nationally. Under the plans, urgent care will be delivered, not just in hospitals, but also by GPs, pharmacists, community teams, ambulance services, NHS 111, social care and others, and through patients being given support and education to manage their own conditions.

Six vanguards will cover smaller local systems which may include hospitals and surrounding GP practices and social care, while two network vanguards, including the North East, will work with much larger populations to integrate care on a greater scale. NHS England’s chief executive, Simon Stevens, said: “The NHS will begin joining up the often confusing array of A&E, GP out-of-hours, minor injuries clinics, ambulance services and 111 so that patients know where they can get urgent help easily and effectively, 7 days a week.”

Professor Keith Willett, NHS England’s director of acute care, who is leading the urgent and emergency care transformation, said: “These networks and new vanguards will support and improve all our local urgent and emergency care services, such as A&E departments, urgent care centres, GPs, NHS 111 and community, social care and ambulance services, so no one is working isolated from expert advice 24 hours a day.”
Project 3
Transforming Unscheduled Care at DMH

Extending A&E at Darlington Memorial Hospital to include urgent care, and improve care for patients.

Getting care right for the emergency patient isn’t just about buildings—it’s about the quality of care provided to the patient, and making sure they see an experienced clinician as quickly as possible.

At Darlington, as well as at Durham, the clinical teams are working in new ways to deliver better care. There is a greater focus on assessment by an experienced professional, and avoiding unnecessary admissions where possible.

The Trust currently operates an Urgent Care Centre at Dr Piper House in Darlington, close to the hospital. As part of the transformation of unscheduled care, the Trust is planning to integrate the services provided at Dr Piper House with Emergency Care services at Darlington Memorial Hospital, to provide a ‘one stop shop’. In the past some patients have reported confusion as to which service they should access.

Once the two services are integrated, a patient will be quickly assessed when they come through the doors and a practitioner will decide which service is best suited to their condition, making things much quicker and simpler.

The team is sure this will be a success, because the service already operates that way overnight.

Dr Shaz Afzal
Consultant in Emergency Medicine at DMH. He also sees the benefits of integrating urgent care and A&E: “It’s a very challenging and busy time for us in emergency medicine because there has been a national increase in the number of sick patients coming through the emergency department’s doors.

“Integration with the urgent care centre at Dr Piper House will help to reduce the pressure on our emergency services because we are streamlining patients via the right channels—not all of the patients will need to be seen by A&E staff, it might be that they can be cared for by out-of-hours GPs or urgent care staff if they are on site, freeing up emergency practitioners for critical cases.

“At the moment we have patients coming in to A&E for a repeat prescription or with a minor illness like a headache or a virus or unable to get GP appointments at convenient times—those are the type of patients we can direct towards the urgent care staff or out-of-hours GPs on site so we in emergency care can deal with more serious cases such as trauma patients, heart attacks and strokes.

“The pilot is working well and patients are starting to use the service more and more which we hope will mean that less people are attending the urgent care centres or A&E with a routine problem that a GP could have treated.

“In the longer-term we hope less people will access A&E with an exacerbation of an existing health problem. For example someone with asthma who hasn’t been managing it too well and works full time might go on to present at A&E with an asthma attack—hopefully giving people access to appointments on Saturdays will help to avoid problems like this.

“This is just the beginning of joined up thinking between primary and secondary care which is crucial for the future of the NHS.”

Dr Shaz Afzal

A GP’s perspective
Darlington GP Dr Jenny Steel says: “In Darlington, we’ve introduced weekend GP appointments as well as an evening telephone service. These measures are designed to reduce pressures on emergency care and give patients another option, so they don’t have to attend their local A&E unnecessarily.

“Sometimes the need to call 999 is very clear, if it’s a child who is having difficulty breathing for example, or is badly injured. Most children’s illnesses, including ear infections, temperatures and gastroenteritis aren’t emergencies.

“As much as parents often want an immediate diagnosis, it’s often better waiting to see their GP—someone who knows their medical history.”

The Poorly Child Pathway aims to make parents and carers feel more confident about managing normal childhood illnesses. Dr Cronin and his team have created an educational booklet for parents and carers, which is currently being distributed by midwives, health visitors and GP practices.

Dr Stephen Cronin, Consultant Paediatrician at the Trust, is developing a new system to help with this uncertainty: “If we can provide parents and carers with information to help them properly assess a child’s symptoms, they’re more likely to make the right decision about where to take their child for treatment—whether that’s making an appointment with the child’s GP or bringing them in to a hospital’s A&E department.”

Dr Stephen Cronin

Poorly Child Pathway
When your child is unwell it can be hard to know where to take them to access the right treatment. Taking them to A&E may seem like a good option, but sometimes a different course of action may be better.
Linda Corkin, Orthopaedic Sister at Bishop Auckland Hospital explains:

“We’re proud to provide an excellent standard of care for patients at Bishop Auckland Hospital. We get a lot of feedback from patients and their families about the positive atmosphere, clean facilities and friendly staff. There is great camaraderie between patients who encourage each other to recover and our staff are very skilled and passionate about what they do.”

All patients are pre-assessed before their admission and given details of any exercises they can do at home beforehand which might aid their recovery. Ahead of their operation, patients are invited to attend an education class, where they meet their assigned Physiotherapist, Occupational Therapist and Nurses to help them understand what they are about to go through.

Linda said: “This helps manage their expectations and understand that if they are well enough, we’ll be aiming for them to complete their recovery at home after just two or three nights’ stay.”

We are investing just over half a million pounds to create ‘a centre of excellence’ for orthopaedic surgery at Bishop Auckland Hospital.

Patients will benefit from increased capacity meaning more operations can be carried out with fewer cancellations and an overall improved patient experience.

The Trust Board has approved plans which involve upgrading two theatres at the hospital to become ‘clean air’ theatres which are essential for joint surgery. This will mean all four operating theatres at Bishop Auckland Hospital can be used to perform orthopaedic surgery and will enable the Trust to develop the hospital into a centre of excellence for this type of surgery.

Mr Rob Gregory, Orthopaedic Consultant said: “We are delighted with the investment into the theatres at Bishop Auckland. This is a welcome development for the orthopaedic service and we are looking forward to being able to increase the Orthopaedic throughput at the hospital.

“It is not possible for every hospital to deliver every service and do it to a high standard. By bringing some of our services together in centres of excellence, as we will be doing at Bishop Auckland with hip and knee surgery, we can make sure patients receive the best care from truly expert specialist clinical staff.

“Also because there are no emergency patients coming through Bishop Auckland, this greatly reduces the chance of an operation having to be cancelled which we know can be distressing for patients and their relatives.

“By creating a centre of excellence at Bishop Auckland we believe we can deliver real improvements to patient care and experience.”

The main type of surgery to be carried out in the new centre of excellence will be arthroplasty. This is surgery used to replace or resurface joints, usually because of arthritis and hip replacements and knee replacement are two widely used and highly effective operations.
Project 5
Centres of Excellence – Theatres at DMH

New theatres at Darlington Memorial Hospital creating a high quality environment for surgery.

We are investing £27m in new operating theatres and mortuary facilities at Darlington.

This will create a high quality environment for surgery, meaning we can perform and offer more procedures and reduce waiting times and time in hospital for patients.

Bill Headley, Director of Estates and Facilities, said: “The operating theatres at Darlington Memorial Hospital are 35 years old and are smaller than the recommended size for modern theatres.

“Our plan is to build a new extension with six state of the art theatres and upgrade and expand some of the existing theatres.”

Each of the new or refurbished theatres will include integrated facilities including replacement lighting, clean air and power supplies. Enhanced laparoscopic equipment will allow for more keyhole surgery, meaning less invasive procedures for patients and fewer overnight stays.

David Hamilton, Consultant Anaesthetist and Clinical Director for Theatres, Anaesthesia and Intensive Care said: “It’s important to show a clear plan to tackle the population growth. By investing in our theatres, undertaking new and more interesting operations, and by aspiring to become a Centre of Excellence we will become a more attractive place to work.

In addition to the redevelopment of our operating theatres, we are also planning a new mortuary facility and bereavement centre at Darlington, replacing the existing 45-year old facility.

Bill Headley added: “The old mortuary is no longer fit for purpose when it comes to providing a comfortable and quiet environment for family and loved ones at what we understand is a very difficult time. The new mortuary will be much more modern, housing a bereavement centre, quiet room and dedicated rooms in which families can speak to staff.”
Integration & Care Closer to Home – Mobile Working

New IT for community staff to reduce travel and increase time with patients.

We are supporting our community nurses and clinical teams to spend more time with patients by investing in mobile working technology.

The technology – small lightweight devices, secured by encryption – allows clinicians to update and access the community electronic patient records that include entries from other health care professionals such as GPs whilst delivering patient care in the community.

Jane Haywood, Clinical Director Adults and Integrated Services, said: “Mobile working will enable clinicians in the community to spend more time delivering care and less time travelling to office locations to update records and other members of the team. Clinicians will have access to the information they need, when and where they need it. There are many other benefits to this project and it will also allow us to develop more exciting patient focused services in the future.”

This project also supports our clinicians to access other patient information whilst out in the community such as hospital case notes and diagnostic results. This has many benefits including enabling our healthcare professionals to provide a more efficient, safer, consistent and coordinated approach to patient care in the community.

One patient to benefit from the mobile working project is Carol Ward, who has been receiving treatment in her home from nurses in Derventside.

Carol said:
I quite enjoy the nurses coming to visit – they are cheerful and very good at what they do. They spend as long as it takes with me and I don’t feel like they are in a rush.

It’s wonderful that the nurses can come to my home to look after me – they come every other day and I just couldn’t cope with the trekking around and cost involved if I had to go to the hospital.

There is no such thing as a typical day, we work different shifts to provide care around the clock in four teams aligned to GP practices.

We cover a wide area and on a busy day we’ll see up to 15 patients each.

We see a lot of people with long term conditions and get to know them very well, but we also visit people for wound care, subcutaneous fluids, IV antibiotics, routine injections, administration of medicine, base line observations, and more general advice and support.

The morning flies by and we might get an urgent call to respond to – the software on our laptops sends out a red flag and the patient records are updated immediately. We can now access patient records on our laptops so don’t have to carry files around.

All staff on shift head back to base – which is Shotley Bridge Hospital – at 12.30pm for a meeting. It’s important to keep some face to face time with colleagues to share issues and catch up on any important developments with patients in our care.

The time we spend with each patient varies depending upon their needs – patients receiving palliative care for example, might need a little more time to discuss their treatment and any issues, and for us to make sure they are comfortable.
Project 7
Integration & Care Closer to Home – New Models of Care

Supporting patients at home, in the community, working in new ways across health and social care.

We’re working with our partners across health and social care to provide better support for patients in the community especially older, more vulnerable patients. This means working together to help patients maintain their independence and be treated at home or in the community where safe and appropriate.

Dr David Bruce, Chief of Service for Elderly Care, said: “We’re in the process of expanding and fine-tuning many of the services we provide for the benefit of older people to ensure that elderly patients remain at the heart of the care we deliver. A big part of that is delivering more care in the community—where we find that older people prefer to receive their treatment, where they may recover better and quicker, and where their family and friends can visit them more easily.

“Over the next two to three years we will look to develop these services further, and we’d hope to deploy similar ways of working across all of our hospital settings, including our community hospitals, to really streamline the way our older patients are cared for in County Durham and Darlington.”

Intermediate Care+—making you feel right at home

Working across hospitals, GP surgeries, community nurses and allied professionals, the Intermediate Care Plus (IC+) teams help to put together a care plan for each patient, aimed at supporting them throughout their illness or injury in their own home, therefore avoiding an unnecessary, prolonged stay in hospital.

Each IC+ team is comprised of up to 50 different members of staff with a range of skills, including general nursing, physiotherapy, mental health, pharmacy and community support, ensuring that patients with short term health needs can receive the necessary treatment to help them get better in familiar surroundings.

Judith Chapman, Manager of the IC+ East team, said: “For many patients, this has resulted in a faster, more comfortable recovery, and has allowed them to retain their independence whilst having the reassurance that someone is on hand to help them as they recuperate.

“Most people would rather get better in their own home, so to be able to offer this service, day in, day out, is extremely rewarding.

The IC+ teams also assist some patients who have been discharged from hospital to ensure they are able to adjust back into life at home after a hospital stay. Some of our more vulnerable or elderly patients may benefit from a short stay in one of the IC+ team’s intermediate care beds, located in care homes.

In June 2015, the collaborative was awarded ‘best integration project of the year’ at the North East & Cumbria Commissioning Awards in recognition of the innovative work being done.

Award-winning care

In March 2014, the Trust, Darlington Clinical Commissioning Group, Darlington Borough Council, Primary Healthcare Darlington, local community and voluntary groups, Tees Esk and Wear Valley Foundation Trust and Healthwatch Darlington, signed a pledge to offer more joined up care for older people. These Multi-Disciplinary teams (MDTs) are already reducing unnecessary stays in hospital, and helping people maintain their independence for longer.

In June 2015, the collaborative was awarded ‘best integration project of the year’ at the North East & Cumbria Commissioning Awards in recognition of the innovative work being done.

Dr Andrea Jones, Chair of the Darlington CCG, said: “The work which has been done over the past 18 months is really just the first element of developing truly integrated working amongst health and social care providers in our region, but it’s been instrumental in opening up the lines of conversation and getting everyone around the table. The feedback we’ve had from both patients and GPs has been extremely encouraging, and this award win only further proves how vital this collaborative, community-based way of working is going to be as we move forward as a region and as a national health service.”

Dr Andrea Jones

Intermediate Care+ East team receiving their award

Michelle McNae from care team and an Ashwood Park Nursing Home resident

Darlington Multidisciplinary Team receiving their award
Council of Governors Elections

Annual Elections
The Trust’s annual election process is due to take place during October to December 2015 with those elected expected to take up their seats on 1st February 2016. An independent election agent will be in contact with members to seek your participation in this election.

More details are available on our website www.cddft.nhs.uk

Becoming a Governor is an exciting opportunity to get involved in the work of County Durham and Darlington NHS Foundation Trust and represent your community or work colleagues. The Trust’s Governors, work together as the “Council of Governors” and carry out a number of statutory duties including the appointment (or removal) of the Trust’s Chairman and Non-Executive Directors. Governors also appoint the Trust’s auditors and are active in the development of the Trust’s strategies and Annual Plan. Most importantly, they scrutinise the Trust’s Board of Directors’ management of the Trust holding the Board to account.

An important role for members of a Foundation Trust is taking part in elections of the Trust’s Governors. Trust elections are undertaken by an independent election agent.

Elections begin with a “Notice of Election” being sent out to notify members when governor posts are due for election. This is followed later with a “Notice of Poll” which invites the members in the relevant constituencies to vote for their chosen candidate.

If you are a member of the Trust and over the age of sixteen years then you may nominate yourself to stand in an election in the public constituency in which you live. Equally if you are employed by the Trust you are eligible to stand for election in the appropriate staff constituency.

To apply to become a governor you must:
• be a member of the County Durham & Darlington NHS Foundation Trust;
• not already sit on the Board of Directors for this or any other NHS Trust;
• not have been convicted of an offence within the last five years leading to imprisonment of three months or more; and
• not have been declared bankrupt.

Please see our website www.cddft.nhs.uk for more information on Elections and becoming a Governor.

May Governor By-Election Results
We held a by-election earlier this year and welcomed four new Governors. Two new staff Governors were elected, Michael Appleby representing nursing and midwifery and Dr Alwyn Foden representing medical staff. And Marjorie Binks and Brewis Henderson joined us as public Governors representing Sedgefield and Wear Valley and Teesdale respectively.

The following meetings and events are “held in public”. We confirm that the general public, trust members, staff members and the press are all welcome to attend these meetings.

Annual General Meeting (Held in Public)
Date: Wednesday 16 September 2015
Venue: Radisson Blu Hotel, Durham (City Centre)

Council of Governors Meeting (Held in Public)
Date: Wednesday 7 October

Trust Board Meeting (Held in Public)
Date: Wednesday 21 October 2015

Trust Board Meeting (Held in Public) and Council of Governors Meeting (Held in Public)
Date: Wednesday 16 December 2015

Please see the Trust notice boards and website www.cddft.nhs.uk for latest meeting details, including agendas, venues and times. Alternatively, please feel free to contact the Foundation Trust (FT) Office.

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New faces for Governor and Member Services
Following a reorganisation of the Corporate Affairs Team, Warren Edge, our Senior Associate Director of Assurance and Compliance, has taken on the role of Trust Secretary. Hayley Robertson, our newly appointed Corporate Affairs Manager, will provide day to day management of services to members and governors. One of Warren and Hayley’s key priorities is to develop the way we engage with our members, to make it easier for members to stay up to date and share their views with the Trust and their elected governors with a number of developments planned in the coming months.
Join us at our

Annual General Meeting and Health Market Place

Wednesday 16 September 2015
3.45pm–7.30pm
Radisson Blu Hotel, Durham City

A great opportunity for members to find out more about the Trust’s performance over the last financial year, chat to our directors and governors and hear about our plans for the future

3.45pm–5.15pm
Health Market Place
(including a free health check)

5.30pm–7.30pm
Annual General Meeting

To register your attendance: Email foundation@cddft.nhs.uk or telephone 01325 743 625
Further details can be found on our website www.cddft.nhs.uk