A DECADE of CARE
Chairman’s introduction

IT is a privilege to provide the foreword for this special edition of ‘Your Trust’ magazine which celebrates a Decade of Care by our wonderful trust. I have been Chairman for two years now, having previously served as a governor since the trust received foundation status in February 2007. I wish to acknowledge the significant contribution made by my predecessor Dr Tony Waites who was Chairman until March 2015.

I have huge pride in what has been achieved over those ten years through the hard work, dedication and outstanding innovation of our remarkable staff who serve the trust in so many ways. There have been many highlights over the past ten years but a pivotal development was the integration of community with acute services in 2011 into one team with common goals. The practical benefit of that change has been a consistent quality of care for patients throughout their care journey with the emphasis on them remaining in or returning to their home.

That commitment to have quality running through the whole patient experience has been paramount from the boardroom to the front line of care with communication and engagement a high priority. It has been vital to make sure the public and the staff understand what we are trying to achieve. We have, therefore, worked hard at bringing people together, internally and externally, because success in the National Health Service depends more than ever before on effective teamwork. There is no divide between clinical and non-clinical services as we must all work together with the support of our partners in health and social care.

As chairman, I spend a lot of time visiting wards, departments and the community and I am in awe of what our staff do every day to make patients’ lives better. There are glowing examples in this supplement but I promise there are many more across the trust. What I see all the time are members of staff who are eager to learn, not just for their own development, but for the benefit of patients in our care. We are also lucky to have such a rich diversity of staff in our workforce, with so many different nations represented, bringing a wealth of experience, skills and new perspectives.

I must also pay tribute to the board members who share my determination to monitor and scrutinise everything the trust does, and to ensure that the priorities we set are delivered. I am incredibly grateful to the magnificent team of 39 governors from all walks of life who give their time freely because they have a passion to serve the local population.

Much has changed over the past decade and we will undoubtedly face further changes in the years to come, but I am confident that we are in a strong position to deal with those challenges.

In partnership with other organisations in the sphere of health and social care, we will continue to manage collective resources as effectively and efficiently as possible to enhance the significant progress we have seen during the past Decade of Care.

Thanking all of you for your support and commitment in always putting the quality of the patient experience at the centre of what we do.

Professor Paul Keane OBE
Chairman

OPEN DAYS

To help celebrate our decade of care, we will be opening our doors to our Foundation Trust Members and inviting you to meet with some of our teams and services as well as take a tour around our hospital sites.

University Hospital of North Durham - 8th August 2017
Darlington Memorial Hospital - 15th August 2017
Bishop Auckland Hospital - 23rd August 2017

To register for a place or with any queries please email cdda-tr.communications@nhs.net or ring 01325 74 3576.
Sue Jacques, Chief Executive reflects on ‘a decade of care’

TEN years ago, a crucial decision was taken to fundamentally change the way the then hospital services were managed. And, when she looks back, Sue Jacques, the Chief Executive of the County Durham and Darlington NHS Trust, has no doubt that results show it was the right call.

In February 2007, County Durham and Darlington Acute Hospitals Trust was awarded foundation status and became County Durham and Darlington NHS Foundation Trust.

“We could see the huge potential in foundation status connecting us with our communities so that local people would play a more active part in helping us identify the priorities for improved care,” says Mrs Jacques, who, back then, was the trust’s finance director before becoming chief executive five years ago.

And, following a decade of care, that vision has become a reality. Under foundation status, the trust has 39 governors from all walks of life and more than 11,000 members anchoring the trust in the communities it serves.

It is an active community foundation for the trust, with members attending events, acting as ambassadors, aiding communication, and having a meaningful say in the running of the organisation.

“With support from members and governors we have completely revolutionised health care in County Durham and Darlington” says Mrs Jacques. “When we look at what we were doing ten years ago, it’s hard to understand how we managed without all the innovations that have been introduced.”

More clinical staff have been employed and some new clinical roles introduced, cutting edge technology has transformed working practices, and staff are encouraged to innovate.

There have, of course, been challenges. The consolidation of accident and emergency services in Darlington and Durham caused understandable concern in Bishop Auckland, and yet since that change there is now more activity at Bishop Auckland Hospital than ever: a centre of excellence for orthopaedic surgery, a cataract centre, rehabilitation centre, expanded outpatients’ department, and a pioneering simulation centre that is leading the way in the training of staff.

Similarly, the consolidation of stroke care in Durham has proved to be successful. The extra “blue light” travel time from Darlington and Bishop Auckland is more than made up for by the greater focus and expertise at Durham, making diagnosis and treatment significantly quicker, with better outcomes for patients as a result.

More recently, the launch last December of the Acute Intervention Team, a new way of providing enhanced round the clock care for our most poorly patients on the Durham and Darlington sites, represented an investment of just shy of £1m and it is already producing highly encouraging results.

“I cannot praise more highly the commitment of everyone in the organisation in ensuring a culture that puts patients at the heart of everything.”

She cites the four “touchstones” as being pivotal in guiding decision making within the trust:

- ‘Best outcomes’: Improved clinical outcomes
- ‘Best experience’: A better patient experience
- ‘Best employer’: Giving staff the best opportunities for personal development
- ‘Best efficiency’: And ensuring that there is maximum value for every pound spent

As Sue reflects on a decade of care, she is proud of the work that has been done to improve the care of patients and how colleagues are continually striving to drive up standards and the quality of care as well as the patient experience. One of her greatest satisfactions is what she calls the coming together of “Team CDDFT” – and the tremendous efforts of a workforce dedicated to success. “Our strength comes from our greatest asset – our 8,000 plus CDDFT colleagues – and from working in partnership with the Clinical Commissioning Groups and GPs.”

And, although she is well aware that there will be further challenges, she is excited about the decade ahead.
One Trust...

AS a nurse with a passion for working in the community, Gina Priestley has seen “massive changes” in recent years. Gina has worked for us since 2009 and, for the past one and a half years, has been District Nurse Team Leader.

Her team comprises around 50 district nurses and the big shift under the trust has been to take care out of hospitals and into people’s homes wherever possible.

“There has been a lot of innovation which has meant more patients being able to avoid hospital visits and have their treatment in the comfort of their own homes,” says Gina.

“That is an enormous step forward because it is more convenient for patients and helps them relax. The feedback we get for the service is overwhelmingly positive.”

One example is the way intravenous antibiotics are administered for conditions such as chest infections, cellulitis, and wound infections. Instead of being required to come into hospital, referrals are now made to the district nursing team based at Dr Piper House in Darlington, and home visits are arranged from there.

End of life care is another hugely important part of the role of the district nursing team, with more patients having their wishes met to be cared for at home for as long as possible.

Warfarin treatment has also been transformed through the implementation of International Normalisation Ratio (INR) blood testing in the community. Although there are still Warfarin clinics based at the hospitals, it is now much easier for it to be administered at home, either by district nurses or the patients themselves. That has been made possible by the “Telehealth” initiative, which has simplified patient care through digital technology.

The integration into one organisation of the county’s community services with the hospitals trust has also led to significant improvements in communication, adds Gina. “We are all working together more than ever before,” she says.

Those communication channels have been made far more efficient thanks to mobile working, with district nurses equipped with laptops, although there are still daily “huddles” to avoid isolation.

All of these changes have added to Gina’s job satisfaction: “I’ve always loved my job but being able to deliver more care in people’s homes has made it even more rewarding. You see people how they really are and they are so welcoming and appreciative,” she says.

Dr Richard Scothon, Durham Governor says:

“I’d like to pay tribute to the staff in our Community and Acute hospitals who’ve come together to build the largest Trust in the area.

“Bringing together professionals from two distinct areas of the NHS could have been difficult, to say the least, but our staff have shown that it’s the talent of our professionals that make the Trust work.”
• HRH The Princess Royal opens Darlington’s Cardiac Suite. Cardiology services at DMH & UHND began providing a heart pacemaker insertion service.
• Plastic surgery clinic established at DMH
• CDDFT won the award for Excellence in Facilities Management.
• successful bid to provide a bowel cancer screening service at Bishop Auckland Hospital.
• over 70 research studies across the Trust.

• recognised by the Doctor Foster Good Hospital Guide as the Trust of the Year 2007/08 in the large trust category.
• one of only six organisations internationally to be short-listed for the Quality Improvement Award.
• won the 2008 Hospital Cleaning Award.

• Community services merger.
• centralisation of stroke services at UHND.
• launch of the Trust’s new bariatric surgery service, based at DMH.
• 53 R&D studies approved and 9 commercially sponsored research studies opened.
• Darlington kitchens started providing patient meals at all three hospital sites.
• launched a new telephone service which automatically reminds patients about their appointment details.
• Work was completed on the £26 million investment in a new energy centre and infrastructure at DMH.

• The late Denise Robertson officially unveiled a new state-of-the-art mammography system at UHND.
• Trust health visitor Kate Clarkson became the first female altruistic living kidney donor in the North East.
• Our team of obstetricians, anaesthesists and midwives at UHND won the prestigious Maternity Unit Miracles award.

• The best performer in the North East for healthcare acquired infections.
• Maternity services placed in the top 10 performing trusts in England by the Care Quality Commission in their national survey of new mothers.
• implemented the first trust-wide Electronic Patient Records System in the NHS.
• commissioned the first endovascular theatre in the North East at UHND.
• opened a new Chemotherapy Day Unit at Shotley Bridge Community Hospital, and a Gynaecology Day Unit at Chester-le-Street Community Hospital.
• Centre for Clinical Research and Innovation opened at DMH.

• opened of Prospect House, our new learning centre at Durham.
• formal opening of our dementia friendly outpatients department at DMH.
• Opened new chemotherapy day unit at DMH.
• introduced patient e-observations system.

• 2.3million investment in mobile working to support our community teams.
• fortunate to be one of a handful of Trusts to be visited by the late Dr Kate Granger MBE, founder of the global #hellomynameis campaign.
• A new pain management unit was opened at Chester-le-Street Community Hospital.

• Opened expanded centre of excellence for orthopaedic surgery at BAH.
• Opened clinical simulation centre at BAH
• Work progressed on new state-of-the-art theatres at DMH.
• Launched staff ‘excellence reporting’ scheme.
• Launched fundraising appeal for MRI scanners.
AS someone who has worked in the National Health Service for 32 years, Norman Devlin remains as passionate as ever about his job, caring for the most vulnerable elderly patients in hospital.

Norman, 50, is manager of Ward 52 at DMH, looking after patients with conditions including heart failure, Parkinson’s and dementia.

And he has no doubt that major improvements have been made over the past ten years of the trust’s existence in the quality of care and patient experience.

“We have become much, much better at identifying the best pathways of care for individual patients,” says Norman, “the right people, with the right skills and experience, are in the right jobs so that patients are given the best care possible and, added to that, we’ve seen a huge change in the way we use technology.”

The net result of all of this is an increased throughput of patients, with quicker, more appropriate treatment, allowing more of them to return home earlier.

“Seeing the continual improvements in the way patients are cared for is what gives me and my team the most satisfaction,” says Norman.

“Not a day goes by when I don’t want to come to work – I came into nursing to make a difference and I know what we’re doing is making a genuine difference to people’s lives.

“Of course, improvements can be made in every walk of life but the culture encouraged right through the trust is to learn from things which don’t go as expected or planned and go on improving the quality of care.”

And Norman’s passion for quality in the NHS clearly runs in the family because his son, Scott, works for the trust as a health care assistant in the Acute Intervention Team.

“It makes me really proud to see the job satisfaction he gets from making a difference too,” says Norman.
Investing in the future

Work is continuing apace with our £20m investment in new and upgraded operating facilities at Darlington. UHND already has modern operating facilities but the nine operating theatres at Darlington Memorial Hospital are in need of modernisation.

Under the investment five operating theatres in Darlington will be brought up to a modern standard, and six new state-of-the-art theatres will be added.

Andrew Mitchell, a Consultant General Surgeon and the trust’s Clinical Director for Surgery, describes the investment as being “of huge importance”.

Mr Mitchell has worked for the trust for five years after training in Scotland and he has seen significant improvements in surgical procedures in recent years.

Advances in keyhole surgery have been at the forefront of that progress, leading to faster recovery times, shorter hospital stays and less pressure on beds.

A weight loss surgery programme has been introduced by the trust as part of a community weight management programme and has had a significant impact on underlying health problems such as diabetes, arthritis and high blood pressure.

Up until 2011, Sunderland was the only place in the North-East offering this type of surgery but, over the past five years, 500 chronically obese patients have benefited from operations carried out predominantly in Darlington but covering the whole of the trust area.

"Obesity is a common chronic disorder but before this programme its management was left to Weight Watchers and Slimming World,” says Mr Mitchell. “Now we have a structured medical programme of diet, exercise, psychological support and surgery for patients where it is suitable."

The results have been extremely encouraging. For example, two-thirds of patients with diabetes who have undergone the weight loss surgery have been cured of diabetes and are no longer on medication.

The use of keyhole surgery for the treatment of colon cancer is also relatively new. Initial concerns about whether cancer outcomes would be as good with keyhole, rather than open surgery, have proved to be unfounded and recovery times are much better. The National Institute for Care and Health Excellence (NICE) now recommends keyhole surgery for the treatment of colon cancer and it is offered routinely in County Durham and Darlington.

The investment in operating theatres will now take surgery in the trust’s area to a new level, with Mr Mitchell underlining the main benefits:

• Theatres at the acute sites in Durham and Darlington are working to capacity. With an ageing population, joint replacements alone have increased by at least 50 per cent over the past ten years. The upgraded and additional theatres will mean more operations can be carried out, with more flexibility for emergency work.

• The admissions unit will be integrated so that it is adjacent to the theatre suite, making patient-flow much smoother.

• Morale will be boosted for existing staff because they will be working in a more modern environment and it will be easier for the trust to attract high-calibre staff.

• Facilities for the bereaved in the upgraded mortuary adjacent to theatre will also be vastly improved.

“It is a hugely important investment in the future and will take surgery into a new era locally,” says Mr Mitchell.
THE biggest change Stuart Wray has seen in his time working in the NHS is the way team spirit has improved across the diverse departments that make up such a complex organisation.

During our decade of care, Stuart has seen much stronger partnerships encouraged between clinical and non-clinical services.

As Associate Director of Facilities, Stuart, 48, looks after our full range of non-clinical services, including catering, porters, domestics, switchboard and retail to name a few.

And, compared to previous decades, he says there is a much clearer understanding that all the components of the NHS – clinical and non-medical – have to work together if the best interests of patients are to be served.

"It’s great to see how people across the whole organisation work together, and I’ve no doubt that the patient experience is better as a result," he says.

Stuart started his career as a catering assistant at Darlington Memorial Hospital and, 27 years later, he is responsible for around 500 members of staff.

All of them are regularly consulted on ways of improving services and adapting to the changes in the health service.

Food is one area which has seen dramatic change in the past ten years, with a much greater focus on healthy eating and higher expectations from staff and patients.

"I’m a great believer in giving people choice but, if we don’t put an emphasis on healthy eating in hospitals, where else would we do it?” says Stuart.

That not only includes the meals that are served to patients but promoting healthy eating to all staff and visitors that use the retail facilities across this Trust. Menus are reviewed every six months and changes made in response to feedback from staff and patients.

The introduction of dementia menus are cited as an example of the partnership between clinical and non-clinical departments. With dementia patients often eating with their fingers, menus have been adapted to make it easier for them to cope.

Another "dramatic change" Stuart has witnessed over the past decade is in the sharing of information and the use of technology.

For example, an electronic patient ordering system will soon be introduced across the trust. A member of staff will take orders within two hours of meals being served – much later than ever before – and the information will be sent to the kitchens electronically. The result will be a big reduction in waste because there is less chance of personal circumstances and requirements changing if orders are taken closer to the point of service.

Stuart says it is typical of the trust that it is open to investing in changes as long as improvements in efficiency and patient care can be demonstrated.

"If you go to them with an idea that has the potential to make a real difference, and you can show why it is worth trying, then you’ll get their support," he says.

He believes there has been a more professional approach, with coffee shops and restaurants in the trust’s hospitals brought up to a standard that can compete with the High Street. The result has been not only greater customer satisfaction but increasing contributions to income generation.

"There’s been a definite cultural change in the way people work together much more closely," says Stuart.

And all staff working within the Facilities Department can be proud of the work that they do to ensure a 1st Class Service!
Do people understand what ‘intermediate care’ means? Let’s hear from our partners

Cllr Lucy Hovvels, Durham County Council Cabinet member for adult and health services, and Chair of the County Durham Health and Wellbeing Board:

“We are delighted to mark the 10th anniversary of County Durham and Darlington NHS Foundation Trust. The Trust plays an integral role in the health and wellbeing of our Durham communities and we are fortunate to have in place a strong partnership which over the years has facilitated genuine collaboration and joint planning. The objectives from the County Durham Joint Health and Wellbeing Strategy have been embedded across all partner plans and strategies to ensure a consistent approach is taken to planning and delivering services and we share a common passion and commitment to meet the vision of this strategy to improve the health and wellbeing of the people of County Durham and reduce health inequalities through the Health and Wellbeing Board, a committee of the Council. This approach has fostered many successes and achievements including Intermediate Care Plus which provides one route into all intermediate care services, prevents unnecessary admission to hospitals or premature admission to care homes, and promotes independence and faster recovery from illness and timely discharge from hospital, which sees Durham having lower rates for delayed hospital discharge than both regional and national averages. The Wellbeing for Life Service provides support to people to live well, by helping to address the factors which influence their health and build their capacity to be independent, resilient and maintain good health for themselves and those around them to reduce social isolation and connect individuals back into their local communities.”

Dr Andrea Jones, Chair of Darlington Clinical Commissioning Group:

“The past 10 years has seen us witness one of the biggest reorganisations in the history of the NHS with Clinical Commissioning Groups becoming the body responsible for planning and buying health care services. This enabled us to become clinically-led and to set in place much stronger collaborations across the health and social care economy. By working together, the CCG, County Durham and Darlington NHS Foundation Trust and other partners are transforming the way that health services are provided. Our multi-disciplinary teams have changed the way we care for older people with a joint approach to managing health and social care.

The ‘Darlington Blueprint’ clearly sets out our vision for health services in 2020, moving urgent care into the hospital and improving access to GPs is a key part of that vision. We are already seeing real achievements towards a patient-centred approach to providing care in the community or at home, improving patient and carer experience and preventing unnecessary admissions to hospital. We have seen a steady reduction in the number of unplanned admissions and we aim to ensure this trend continues.”

A case study: intermediate care plus:

ICP is great example of the partnership between Durham County Council, CDDFT, North Durham and Durham Dales Easington and Sedgefield CCGs. Commitment from Chief Officers and active collaboration meant that significant challenges and barriers to quality patient care were overcome.

A robust and comprehensive multi-disciplinary working process, leading to improved integrated working across health and social care and strong links to the independent sector.

A change in culture, all working together to focus on admission avoidance to acute beds, re-admission avoidance to acute beds (within 30 days) and timely hospital discharges so that patients could be discharged quickly, safely, and with the right support.
The biggest changes Carol has seen over the last ten years include a shift towards placing greater emphasis on electronic communication, better electronic systems, and a greater focus on proactive health and wellbeing promotions amongst staff.

The Trust has maintained the Continuing Excellence Status for three years in the Better Health At Work Awards run by the TUC. One example of a successful internal health promotion is the Step Challenge in collaboration with the Local Motion scheme run by Darlington Borough Council.

Trust staff who wish to take part are given pedometers and challenged to increase the number of steps they take each day. Staff with an interest in health and wellbeing are also encouraged to become health advocates who spread the message about initiatives and promotions.

All colleagues are offered free flu vaccinations, with Carol’s team working annually towards the government’s target of 75 per cent. “Health and wellbeing is high on the national agenda for the NHS and the Trust here has certainly embraced that,” says Carol.

“It has recognised the impact occupational health can have on the service as a whole and that’s been really positive.”

Further evidence of that positive approach is the addition of an in-house physiotherapist and a clinical psychologist to the occupational health structure.

The physiotherapist is due to join the team in May, but the clinical psychologist is already in place and producing positive results.

In addition, there is an Employees Assistance Programme (EAP) available to every member of staff 24 hours a day, 365 days a year. It offers a Freephone number where staff can get advice or arrange counselling if appropriate on a wide range of issues.

“It’s about trying to look after our staff in every way possible – knowing that it’s not only of benefit to them, but will lead to better services for our patients,” says Carol.

Looking after each other

As the manager responsible for the health and wellbeing of our 8,000 CDDFT colleagues, Carol Bean is passionate about the wider benefits of occupational health. “If we have a happy, healthy, fit workforce, it has an enormous impact on the level of service we can provide to our patients,” says Carol.

CDDFT Lead Governor – Simon Gerry

It is my absolute privilege to serve our community as Lead Governor at such a wonderful Trust. A lot has changed over the past decade but the Trust has remained focussed on providing the best possible care for our patients in their greatest time of need. There have been some wonderful achievements, some fantastic new facilities, and some astonishing advances in the medical field, but most of all what has struck me has been the commitment and dedication of the whole staff team who work tirelessly day in and day out to save countless thousands of lives as part of their everyday business. Picking out highlights is particularly difficult as the Trust covers such a diverse array of activity and treatments, so I will take the easy option and mention the immensely positive feedback I have received about the staff, and treatment received by people on my own patch, using the cancer unit at Shotley Bridge Community Hospital. Cancer can be such a destructive disease and is likely to touch everyones lives in some way. The unit, which was opened by local hero Joe McElderry in 2013, allows patients to be treated closer to home, and is a beacon of best practice and a much valued service to the local community.
Care closer to home

Dr Paul Peter is the Care Group Director for Acute and Emergency Services and as a consultant, he works in the department of endocrinology (glands and hormones) and diabetes. “There have been a lot of changes but there’s been a real push on patient education, self-management of the condition, and taking care much closer to home wherever possible,” says Dr Peter.

“Care closer to home means many benefits for patients. Diabetes is a prime example. The trust encompasses seven CCG localities – each representing 12-15 GP surgeries – which are visited by a specialist consultant once at least every three months. Each locality also has a designated diabetes nurse. Together the specialist consultant and specialist nurse work with individual practices to deliver care for patients.

“It is far easier for a diabetes patient to go to their local practice to see a specialist than come into a hospital.” With around 40,000 people having diabetes in the County Durham and Darlington area, he says it is also a much more cost-effective way of managing the condition. And he readily acknowledges that the health professionals in primary care have formed an effective partnership to make the “closer to home” philosophy work.

“Access to specialists is important but so is the upskilling we have seen in the practices,” says Dr Peter. The initiative to manage diabetes in local communities has been rolled out as pilots over the past five years, and last year saw agreement across the Trust and three CCGs that it is definitely the best way forward for the whole diabetes community.

“There is clear evidence that it is working and the Trust deserves credit for allowing such a radical change,” he says.

Meanwhile, in emergency care, Dr Peter says there has been significant progress in nursing staff, medical staff and pharmacists working together across the patch.

The introduction of a Rapid Access Medical Assessment Clinic at DMH and UMND in each of the acute hospitals in Durham and Darlington has also made “a huge difference”. By consolidating the medical staffing on the two acute sites, and with these clinics operating seven days a week between 8am and 10pm, in conjunction with the Acute Medical Unit, a lot more patients are being seen and treated more quickly without the need for inappropriate admission.

All of these changes in working practices have been backed up by advances in the use of information technology.

Support services

SINCE he first joined the trust as a newly-qualified physiotherapist in July 2000, Rob Goddard has seen a lot of changes in both his own career and the way the trust manages support services.

Rob oversees specialist services such as therapy, radiology, pharmacy, pathology, and health improvement, and he has seen advances in all those disciplines over the past decade.

In physiotherapy, for example, patients are mobilised much quicker after operations due to significant progress in anaesthetics and less invasive surgical procedures. The sooner physiotherapy starts, there is less chance of complications so patient safety has improved.

Within some clinical areas referrals are made via the Nervecentre system which provides a much clearer overview of all the trust sites, making it easier to direct resources. With around 150 physiotherapists and physiotherapy assistants employed by the trust, that has led to increased efficiency.

When Bishop Auckland Hospital became a specialist rehabilitation centre, the trust made a welcome investment in therapy staff, allowing it to establish seven-day working for the rehabilitation wards.

“That has been a great benefit to patients because the access to care is continuous,” says Rob.

The acute sites at Darlington and Durham always had an element of on-call services at weekends but now they are standard working days.

December 2015 saw the launch of a pilot initiative to base physiotherapists in four GP practices in the Darlington area – Whinfield, Moorlands, Rockcliffe Court, and Denmark Street – with patients able to get initial advice within 48 hours.

In North Durham, physiotherapy appointments can be directly booked by every GP practice, although that model is based on access within two weeks rather than two days. Plans to extend it to South Durham are under consideration. It is another example of moving health care closer to communities and easier to access.

Another big change has seen more work being delegated to physiotherapy assistants, with senior physiotherapists overseeing them.

“Not only has that proved to be both clinically and cost-effective, it’s also led to the assistants progressing and completing qualifications to become senior physiotherapists. It’s been really rewarding to see these staff grow and develop,” says Rob.
We need your support
MRI scanner appeal

Every day at County Durham and Darlington NHS Foundation Trust we treat thousands of people across our hospitals, clinics and in our local communities.

Your NHS Charity supports the Trust, through your kind donations and legacies, to deliver a whole range of projects which are making a real difference to patient care.

One of our big projects aims to bring new, state-of-the-art MRI scanners into Darlington Memorial Hospital and Bishop Auckland Hospital.

MRI scanning plays an essential role in diagnosing symptoms and conditions quickly and accurately.

Modern scanners bring many advantages including being quicker and quieter – which all means an improved experience for our patients.

If you would like to make a donation to our MRI appeal, you can:

• Visit the County Durham and Darlington NHS Foundation Trust Charity ‘justgiving’ website at: https://www.justgiving.com/cddft or scan the QR code on this poster
• Pick up a leaflet with more information from one of our waiting areas or wards
• Text SCAN02 £10 to 70070 to donate to CDDFT and make a difference today