Healthcare Associated Infection has become a key issue for public confidence in the healthcare system. Cases of MRSA and C difficile are widely reported in the media, are key targets for health organisations and are known to impact on patient choice and experience.

Whether within a hospital environment or out in a community setting some of these cases of infection are avoidable if good practice techniques in treatment and care are followed.

Health partners in County Durham are recognising this through the launch of a new campaign.

Fighting Infection Together is a collaborative project between NHS County Durham and NHS Darlington, Tees Esk and Wear Valleys Foundation Trust, nursing homes, and County Durham and Darlington NHS Foundation Trust to reduce and prevent Healthcare Associated Infections.

The campaign is targeting staff and workers across the healthcare community with an information pack containing fact sheets on good practice and key contact details.

Laura Robson, Director of Nursing for County Durham and Darlington NHS Foundation Trust said: “The Trust is committed to working with our health partners to tackle healthcare acquired infections. We have come a long way in tackling infections but one avoidable infection is one too many and we need to go further. It is important that all staff in caring occupational roles take responsibility for adhering to good practice techniques and infection prevention and control policy and standards. Through this campaign we hope to raise education levels and offer staff a simple and effective means of accessing information around good practice techniques which can then be implemented.”

Covered in the packs are the principles of good hand hygiene with the stages of effective hand washing clearly shown through a set of illustrative images, the safe handling and disposal of needles and other sharp instruments is included alongside the correct choice and use of personal protective equipment such as aprons, gloves and face masks.

Clinical procedures are also included within the pack, for example Urinary tract infections are the second largest single group of healthcare-associated infections in the UK, so actions around insertion and ongoing care are detailed on fact sheets alongside good practice to prevent contamination of wounds or other susceptible sites through the aseptic technique.

A dedicated website is also being launched as part of the campaign where the fact sheets will be downloadable and additional information available.

For more information visit: www.fightinginfectiontogether.org

MRSA update: page 4
Welcome to the spring edition of Newsround.

Message from Stephen Eames, Chief Executive

In 2009/10 our main challenge will be to implement ‘Seizing the Future’ and to develop the Trust’s strategy for the period 2009/14. This has to be done whilst maintaining strong performance management in order to fulfil our overarching aim of delivering excellence. And an absolute requirement in 2009/10 is to ensure delivery of our targets for reducing HCAI.

Seizing the Future

Seizing the Future plans are progressing, following the end of consultation and support for the proposals from NHS County Durham in March. A timetable has now been set out for the implementation of the changes and this has been communicated internally and through a public summary document which was distributed to every household in the county and which is included in this edition of Newsround.

The changes are beginning with the move of day surgery to Bishop Auckland and the opening of the Cataract Centre. The Trust is working with the provider PCT, NHS Darlington to develop the implementation plans further for the urgent care centre at Bishop Auckland with initial changes being made to the service from July.

An incredible amount of work and commitment from staff across the Trust has enabled us to reach this stage and this is recognised. Now as we move forward through implementation every member of staff has a role to play within their teams, and I hope you will take the opportunity to be involved and engaged in the process. Further communications as and when the phases of implementation are planned will continue to be circulated over the coming weeks.

Fighting Infection Together

In recognition of the Trust’s commitment to tackling healthcare associated infections the organisation, working our local health partners, has developed the ‘Fighting Infection Together’ campaign. Staff will receive information packs containing fact sheets on good practice for reducing and preventing HCAIs which must be followed as we work to achieving our targets for the year.

Leadership and Management

Good progress has been made on the implementation of new leadership and management arrangements. To continue this progress over the next 12 months, the Board recently agreed some adjustments to the focus of the executive directors:

- My own focus, as Chief Executive, will be on strategy implementation and organisational development, including transformation in clinical and business practice, and HCAI
- Deputy CEO/Director of Finance Sue Jacques will bring together the operations, performance and finance functions in a new Chief Operating Officer role.

Divisional Management teams will focus on consolidating the leadership arrangements introduced last year, particularly at Clinical Lead and service level. They will also need to deliver the first phase of the transformation associated with StF, making sure that Divisional service and business strategies are consistent with this aim.

The challenge for us all over the coming year will be to do this whilst delivering a top quality performance against Trust contracts and targets.
Dermatology Unit Opens

The Trust’s new million pound dermatology unit has hosted an official opening by local MP Roberta Blackman-Woods at the University Hospital of North Durham in April.

The new unit is bringing patients the best in high quality, 21st century facilities. With a suite of consulting rooms, rooms for leg ulcer and daily psoriasis treatments, two well-equipped operating theatres, and a phototherapy suite with the latest ultraviolet treatment machines.

Dr Mary Carr, Consultant in Dermatology said: “We are delighted with the new unit. We have created a much lighter and more spacious environment for the service, with the latest technology and new equipment. About 40% of our workload is now suspected skin cancer, and we are undertaking increasingly complex surgery, so the new operating theatres are essential.

“We also offer a comprehensive service for chronic skin diseases such as eczema and psoriasis, the aim being to treat patients as far as possible as outpatients, rather than bringing them into hospital, as used to be the case.”

The Trust’s unit provides services to patients in County Durham, Sunderland, and South Tyneside, with another outpatient unit at Sunderland Royal Hospital, and outpatient clinics at many smaller hospitals.

Mr Joseph Citrone, 62 from Chester-le-Street has suffered from the painful condition of psoriasis for most of his life.

Now, thanks to dedicated treatment through the dermatology service he has now been clear of any skin complaints for over two years, something he says was unimaginable at one time: “Treatment through the service has transformed my life, it has been amazing. I’ve suffered from psoriasis most of my life and had extremely painful plaques on my knees, back, hands and elbows which had stopped me doing many every day things but after seeing the dermatology specialists and trying a combination of UV light treatment together with drugs my skin has been clear for two years and I feel normal again. I’ve even been swimming which is something I was too embarrassed to do before.

“Psoriasis is a very stubborn disease so I really can’t believe it, two years clear was unimaginable at one time but now there is nothing there. The service and the amazing doctors and nurses really deserve recognition for what they are doing for patients like me.”

Mr Citrone was among a number of guests who attended the official opening event alongside other patients who have benefitted from the department and the consultant and nursing staff who deliver the service.
This summer the Trust will bid a fond farewell to one of its longest serving members of staff. Barbara Mennim, Matron in the Emergency Department at Darlington Memorial Hospital is retiring after over 40 years in the nursing profession.

Barbara looks back over her nursing career and shares some of her experiences with Newsround.

Being a nurse was just something I can always remember wanting to be. Apparently when I was a young girl, of about five or six years old, I was always wrapping my dolls up in bandages. At the age of 15 I started college on a pre-apprenticeship course and in the evenings I worked in a nursing home. At 16 I became a cadet nurse and began my nurse training in 1967 and qualified in 1970.

Barbara started at Darlington Memorial Hospital on the 13th of September 1965 on a male medical ward and in the then newly opened coronary care unit. I came to the Casualty Department, as it was known then, as a staff nurse in 1971.

Then in 1976 I became a sister in Casualty Department and I am still working there, although now it is known as the Emergency Department. Over the last four years there has been a lot of development and we have modernised the way we work. There were no Casualty Department Consultants when I commenced work in the department however I’ve seen a lot of development, particularly over the past four years. Management of the Emergency Department is now much improved as there is a team of Consultants, nurses and support staff working together to deliver safe and efficient care to the patients.

I manage approximately 40 to 50 members of staff and as matron I try to be a good role model. Whilst managing the Emergency Department it has always been important to me that I have patient contact and I thoroughly enjoy a day ‘on the shop floor’ with the staff and patients.

Barbara says it was difficult to make the decision to leave but she is looking forward to spending more time with her family; her husband who has had to share her with the job for 20 years who she will be joining in Germany very soon, her son and grandchild in Glasgow who she’ll be able to visit at weekends and the family dog Fritz, who can look forward to longer walks by the river!

What has been done?

- From April 1st all elective patients (apart from agreed exclusions) are screened for MRSA prior to admission. In addition, all emergency admissions (apart from agreed exclusions) are screened on admission to hospital. The reason for this is so that decolonisation can be given to patients who are found to be colonised in an attempt to reduce the bacterial burden and reduce the risk of invasive infection.

- Aide memoirs have been issued to all staff for reference and advice on infection prevention and control practices.

- An infection control e learning package has been launched to complement the infection control educational process that is already established.

- The trust continues to be involved in Showcase hospitals to ensure that we are at the forefront of assessing the appropriateness of new products designed to reduce the risk of HCAI.

- A Performance Improvement Team has been established to work within Divisions to ensure that good infection control measures are embedded within the everyday practice of all staff throughout the Trust.

- Matrons are observing the opportunity taken by staff to decontaminate their hands before and after patient contact and when entering and leaving clinical areas. A rapid response process has been formalised to ensure that every healthcare acquired infection is scrutinised in detail and the lessons are learned and disseminated.

For the period April 2008 – March 2009 there were a total of 38 MRSA bacteraemias. This was against a trajectory of 19 cases. The trajectory for the period 2009 – 2010 is 18 cases. This target presents an ongoing challenge for the Trust and the reduction of Healthcare Associated Infections (HCAI) remains the number one priority.

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A bright future for our hospitals

From October to January, local people had the chance to give their views on plans for the future of local hospitals as part of the ‘Seizing the Future’ consultation. Last month, the local NHS, taking into account the views received and the views of the health professionals providing the services, decided to support the Seizing the Future plans.

Under the Seizing the Future plan:

- Acute hospital services for the most seriously ill or injured patients will be concentrated at Darlington Memorial Hospital and University Hospital of North Durham
- Bishop Auckland will become a centre for planned care and for rehabilitation and recovery. An urgent care centre will continue to treat two thirds of A&E patients who currently use the hospital
- Outpatients and diagnostic tests will continue at all three sites
- More day surgery will take place at Shotley Bridge Community Hospital
- Services will continue to be developed at other community hospitals.

This supplement explains what this will mean for your local hospital services provided by County Durham and Darlington NHS Foundation Trust once changes have taken place.

These changes have yet to take place. If you are a patient expecting to receive an appointment at hospital, please continue to follow the instructions on your appointment letter. Further information will be published before changes happen.
Seizing the future

A bright future for our hospitals

Between October 2008 and January 2009, the NHS ran a public consultation on proposals for hospital services, called Seizing the Future.

These proposals were developed by doctors and nurses at County Durham and Darlington NHS Foundation Trust, to provide the highest standards of care for patients.

Changes will begin over the summer of 2009 and will continue into 2010.

The results of the consultation are summarised on the back page.

Following detailed consideration, NHS County Durham has supported the proposals, and the NHS Foundation Trust is now planning implementation.

This will begin over the summer of 2009 with the move of planned surgery to Bishop Auckland Hospital, and will continue into 2010.

More details about the changes, and when exactly they will take place will be published closer to the time. For the time being it is ‘business as usual’ at all hospital sites.

More details about the changes, and when exactly they will take place will be published closer to the time.

This supplement has been published by NHS County Durham and County Durham and Darlington NHS Foundation Trust to give you an overview of the outcome of the consultation, the decision that has been made, and how services will look following implementation.

For more information on Seizing the Future, see www.seizingthefuture.org.uk

Better hospital care

Doctors and nurses believe these plans will mean better hospital care:

• better access to specialist care
• less risk of cancelled operations
• less risk of infections like MRSA
• better rehabilitation after being ill
• quicker tests and diagnosis.

Darlington Memorial Hospital and University Hospital of North Durham

Darlington Memorial Hospital and University Hospital of North Durham will be the main centres for people who are seriously ill or injured and require emergency (acute) medical care.

There will also be a full range of outpatient clinics and tests for local people. These hospitals will also provide consultant led maternity services. Services will include:

• accident and emergency – for people with severe or life threatening illnesses or injuries from across County Durham and Darlington – also offering urgent care for local people with more minor injuries or illnesses
• acute medicine – care for patients who need admission to hospital in an emergency
• intensive care and high dependency beds – for the most severely ill patients
• inpatient surgery – operations for patients on an emergency and planned basis
• maternity care – with medical support (ie consultants and doctors) as well as midwives
• gynaecology – emergency and planned care in women’s health
• acute paediatrics – emergency care for acutely ill babies and children
• full range of outpatient clinics – covering medical and surgical specialties and women and children’s care
• diagnostic tests – for example x-ray and MRI scans.
**“The new Bishop Auckland Hospital”**

Bishop Auckland General Hospital is set to become a main centre for planned care for people from across County Durham and Darlington – but it will still provide for much of the hospital care needs of the local community.

- **Arthroplasty unit** – for hip and knee replacement.
- **New** Planned surgery centre – where most patients from across County Durham and Darlington will come for planned operations – Summer 2009*.
- **New** Cataract centre – a state of the art facility for eye operations - June 2009*.
- **New** Midwife led unit – where around 500 mothers a year enjoy a more woman centred birth, supported by an experienced team of midwives.
- **New** Rehabilitation and recovery beds – for people who have been in hospital and need nursing care and therapy to help them recover – October 2009*.
- **New** Colorectal screening centre – for bowel cancer tests.
- **New** Outpatient clinics and tests for local people – including blood tests, x-ray, CT and MRI.
- **New** Urgent care centre – for A&E patients who do not have a life threatening condition (around two thirds of local A&E patients) – July 2009*.
- **New** Rapid medical assessment unit – where GPs can refer patients for tests and a consultant appointment on the same day – October 2009*.

*Proposed implementation date.

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**More services planned for Bishop Auckland**

It was clear during consultation that many people wanted to see more services in Bishop Auckland General Hospital. Following comments received during the consultation, the NHS Foundation Trust is now examining making Bishop Auckland the centre for these additional services:

- **Children’s day surgery** for across County Durham and Darlington
- A centre for assessing sleep problems
- A **GP ward** – where GPs can admit and care for local patients
- A centre to support patients with long term conditions like diabetes and heart disease
- An **education centre** including state of the art simulation equipment.

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**Where will I go in an emergency in the future?**

<table>
<thead>
<tr>
<th>Type of emergency</th>
<th>Examples</th>
<th>Best location at County Durham and Darlington NHS Foundation Trust</th>
<th>What would happen</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Minor injury or illness</strong></td>
<td>“Walking wounded” eg cuts, sprains and limb fractures</td>
<td>Bishop Auckland General Hospital urgent care centre, Shotley Bridge Community Hospital minor injuries unit, Darlington Memorial Hospital accident and emergency, University Hospital of North Durham accident and emergency</td>
<td>Assessed and treated</td>
</tr>
<tr>
<td><strong>Serious illness or injury</strong></td>
<td>“999 – blue light emergencies” Heart attacks, strokes, collapse Road accidents</td>
<td>Darlington Memorial Hospital accident and emergency, University Hospital of North Durham accident and emergency</td>
<td>Assessed and treated, admitted if necessary or discharged with treatment plan</td>
</tr>
<tr>
<td><strong>Referred by a GP</strong></td>
<td>Elderly frail – difficulty in diagnosis, where there may be more than one health problem Sudden worsening of long term condition</td>
<td>Darlington Memorial Hospital admissions ward, University Hospital of North Durham admissions ward, Bishop Auckland General Hospital rapid assessment unit</td>
<td>Assessed and treated. Discharged with a treatment plan or admitted to University Hospital of North Durham or Darlington Memorial Hospital if necessary</td>
</tr>
</tbody>
</table>
What NHS County Durham said about the consultation:

Yasmin Chaudhry, Chief Executive of NHS County Durham, said:

“We have listened carefully to the views of local people raised through the public consultation and have taken these fully into account in reaching our decision to support the proposals. We have balanced these views with the need to consider whether the proposals are clinically safe and effective, and are affordable. We will now begin work with County Durham and Darlington NHS Foundation Trust to look at next steps; we have recommended that there is further and more detailed exploration of costs and affordability, ongoing involvement of the public, staff and patients, and in-depth work to ensure clinical safety across all services.”

What County Durham and Darlington NHS Foundation Trust said about the consultation:

Stephen Eames, Chief Executive of County Durham and Darlington NHS Foundation Trust, said:

“The consultation process has helped us develop our vision for services further, in particular at Bishop Auckland. "Seizing the Future" is not just about Bishop Auckland, it is about sustaining excellent care across all of our hospitals and for all of our communities. As we implement these plans, we need to make sure that we help people who have difficulty getting to hospital. The NHS is working with Durham County Council and Darlington Borough Council and local transport providers to make sure that there is improved access to hospital when services change.”

During the consultation, 1,384 respondents completed a questionnaire (postal or online) or attended a public meeting. 224 individuals telephoned, wrote in or emailed with their comments and there were 20 responses from organisations.

The vast majority of consultation respondents provided countywide conditional support for the proposals, most favouring option B. Opposition to the proposals (mainly from the Bishop Auckland area) centred on changes to Bishop Auckland General Hospital’s A&E department and was strong, coordinated and vocal. Major issues for supporters and opponents were focused on transport, Bishop Auckland General Hospital’s future and the capacity of Durham and Darlington to handle the proposal’s patient flows.

There was majority support for the Trust’s preferred option – option B.

Which is your preferred option?

61% of respondents supported the Trust’s case for change.

In principle, do you accept the case for change?

65% of respondents felt it was important that the proposals were led by the Trust’s doctors and nurses.

How important is it to you that the Seizing the Future review has been led by clinicians (doctors, nurses and other healthcare professionals)?

What NHS County Durham said about the consultation:
Just five months after an appeal was launched to help save the lives of heart patients, the people of Bishop Auckland have raised a staggering £112,356. The Heart of Bishop Auckland Appeal was launched last year by the British Heart Foundation (BHF) to buy a state-of-the-art Echocardiograph machine and digital archive for the Cardiology department at Bishop Auckland General Hospital.

Echocardiographs are specialised tests which look at the structure of the patient’s heart, providing extremely accurate and detailed information about the structure, valves and pumping action of the heart, helping doctors make more informed and speedier diagnoses. The target has now been hit and the 3D Echocardiograph machines now in use at the hospital.

The Heart of Bishop Auckland 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. I would also like to thank the County Durham and Darlington NHS Foundation Trust for its support. This machine will benefit the lives of so many people in Bishop Auckland. Heart disease is 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 Hernando, 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 the Heart of Bishop Auckland Appeal and enabled us to purchase this important piece of equipment for the department. Cardiac echocardiographs provide us as clinicians with high quality, specific and quantifiable data about our patients’ heart structure and function. At Bishop Auckland General Hospital we want to match the quality, dedication and enthusiasm of the staff in cardiac imaging with a state of the art cardiac imaging system. This new echocardiograph system will allow us to offer our patients the best of the new technologies, coupled with our expertise, to deliver a first class cardiac imaging service for our patients locally now and for the future.”

Anyone who has raised money for this appeal can send it to Fiona Turner at the hospital and it will go towards the vital work of the BHF.

The Heart of Darlington Appeal is still running and has currently raised £10,000 of its £91,000 target for a 3D Vivid Ultrasound Machine.

Volunteer of the Year

The Trust was delighted to learn that one of the many valued volunteers we have working across our hospital sites has been named volunteer of the year by the WRVS.

Alan C Klottrup joined the WRVS almost 16 years ago at Dryburn Hospital. He has since served in the Durham area on several hospital-based projects, books on wheels, the emergency service and as a recruiter. Alan said: “My WRVS colleagues, not last those at University Hospital of North Durham, have effectively won this award for me. Their cheerful devotion to duty serves as an example to us all.”

Volunteers play a major role in staffing WRVS UHND shops and in providing a valued service for hospital patients and relatives, staff and visitors. Potential volunteers wishing to discuss working with the WRVS can telephone Louise Spoons, WRVS UHND manager on 0191 333 2696 or call in to the UHND main entrance shop.

WRVS is one of the largest volunteering charities, powered by 55,000 volunteers – both men and women – who give over a million working hours each month.
Last year, ward 43 at DMH, the acute medical ward was selected to ‘showcase’ a new national initiative – ‘the productive ward’. The programme has been designed by the NHS Institute for Innovation and Improvement and focuses on improving ward processes and environments to help nurses and therapists ‘release’ more time to spend on patient care thereby improving safety and efficiency.

The aim of the productive ward is to ‘Release time to care’ so that nurses can spend more time with patients. The steering group meets every two months to review the progress of the wards undertaking the productive ward series and identify the next wards to come on line.

At present the Trust has Wards 43, 32, 33 and 41 at DMH, ward 16 at BAGH and Wards 13, 1, 5 and Orthopaedics (12+16) at various stages of implementation all starting with the three foundation modules which are:-

1. ‘A well organised ward’
   - During this module the ward is tidied and reorganised if appropriate to make items and equipment easier to find and closer to hand using the 5s method. A stores and pharmacy review take place to look at stock levels etc. and the team work together to decide what is stored where. We use before and after photographs to show the process.

2. ‘Patient status at a glance’
   - This module uses magnetic white boards to communicate patient care and movement with the wider team involvement. This process cuts down on handover times and allows everyone to see what is happening at a glance.

3. ‘Knowing how we are doing’ (measures boards).
   - Each ward is recording 9 measures to display on the wards for patients, staff and the public to view on areas such as C-Diff, MRSA, Pressure Sores, Thanks, Complaints, Patient Observations, Falls, Hand Hygiene and Cannula Care. These measures have recently been introduced to all wards across the Trust. These give the team a greater awareness of how they are doing and is used at ward meetings to discuss and action plan if necessary.

Following these foundation modules the wards choose one of the eight option modules to complete which are: Meals, Patient Observations, Shift Handover, Ward Round, Medicines, Patient Hygiene, Nursing Procedures and Admissions and discharge. This again is a team approach using process mapping, video footage, photographs and audit to establish current practice before implementing a change process and evaluating its impact.

Second successful delivery for maternity services

The Trust’s maternity services are delivering a first class service to mums across the county. For the second consecutive year, the services have been awarded the Charter Mark accreditation. The Charter Mark is a government national standard and in achieving this award the maternity services have demonstrated their commitment to providing the best possible service to the women and their families within their care.

Jean Hatton, Charter Mark Lead for maternity said: “This is a really big achievement as the Charter Mark covers all four sites and it shows that we are delivering a first class service right across the county. We are especially pleased and proud to achieve the accreditation for the second year as we have worked hard to maintain and improve on the high standards of care being delivered. This accreditation is really about the service we are delivering and is testament to the fact that we are meeting the needs and expectations of women and their families.”

The Charter Mark is independently and rigorously evaluated and includes assessors speaking to mothers, fathers and members of staff and other service users to build up a picture of the standard of service provision.

The services must meet standard eleven of care to achieve the accreditation which includes how the services address the needs of women, babies and their families from pregnancy through to the postnatal period.

For more information on the productive ward contact: Glenis Curry on x5893 (BAGH) or Eileen Aylott on x2177 (UHND)
Project patron visits Trust

Sir Arnold Wolfendale, the Patron of the William Harvey Project, paid a visit to the Trust to meet with Dr Sarah Pearce and staff who have been supporting the educational programme. Sir Arnold is FRS 14th Astronomer Royal and lecturers all over the country on a variety of science related topics but mainly astronomy.

Sir Arnold said: “Good Luck to all students who take part in the William Harvey Project. We want more local students to become our future scientists and Doctors. I look forward to meeting the students when they visit Durham University.”

Sir Arnold Wolfendale recently visited the Trust and is pictured with Dr Sarah Pearce, ward clerk Katherine Marley and staff nurse Emma Richards.

Top fundraising efforts

Staff from the central appointments department at Shotley Bridge raised over £200 by donating pink items for hampers, holding a ‘best decorated bra competition’ and organising a cake sale. Earlier in the year staff from across the Trust helped support to fundraising campaigns by ‘wearing it pink’ for breast cancer and dressing down for ‘jeans for genes’ day. Thanks go to all those who took part and raised £146.00 for ‘Jeans for Genes’ and £398.00 for breast cancer.

Can’t attend? Let us know.

The Trust is supporting a regional campaign to raise awareness of patients who fail to attend their appointments and cost the NHS North East millions a year.

Every year there are a total of around 270,299 missed hospital appointments – or 5,198 missed appointments a week.

All patients are being urged to either attend their appointment or telephone to cancel or rearrange. Hospitals and GP surgeries are already taking steps to remind patients of their appointment date and time a few days beforehand.

To help support the campaign, our hospital sites are displaying posters and information leaflets which run alongside a TV commercial, targeted patient information leaflets, bus shelter adverts and a highly visible mobile advertising van travelling around the region.

Shotley Bridge Community Hospital

As from the end of March 2009, the ownership of Shotely Bridge Hospital transferred to NHS County Durham.

This change relates only to the ownership of the building and there will no effect on patient services or staffing arrangements.

Services will continue to be provided from the site by the respective trusts and staff working in them will continue to be employed by their current trust.

Shotley Bridge will be joining the network of community hospitals which are currently owned by NHS County Durham, and will facilitate NHS County Durham’s ambitions to deliver care closer to home, and offer more choice to the local residents of County Durham.
Volunteer car service drives off with community award

Kindly submitted by the Friends of Darlington Hospital

The Volunteer Car Service operated by The Friends of Darlington Memorial Hospital recently won the 'Contribution to the Community' category in The Best of Darlington Awards for which they were nominated by Stephen Eames, CEO of County Durham and Darlington NHS Foundation Trust. The service started in December 1997 and with 12 volunteer drivers, is currently providing transport for up to 110 patients each week. Since the scheme started it has cared for over 60,000 patients.

The service offers free transport for hospital patients who have travel difficulties. These are patients who do not need an ambulance or the skills of an ambulance driver and where public or private transport is difficult. The administration and work planning is dealt with by a volunteer co-ordinator who works five days a week and who has a team of up to 12 volunteer drivers.

The system is quite simple to operate. Wards and Departments of the hospital identify patients where help is needed with transport. They then make a booking with the Volunteer Driver Co-ordinator, either by submitting a pre-printed form or by telephone. Most requests are made between two days and two months before required, although a number of ‘same day’ requests are received, the latter often being discharged in-patients needing transport to get home.

The benefits to patients are:
1. Collection from home in order to arrive at hospital approximately 10/15 minutes before appointment.
2. Taken to ward or department by driver to ensure as little discomfort and worry as possible.
4. They feel cared for whilst away from home.

The benefits to the hospital are:
1. Patients arrive on time and service has reduced ‘Did not attend’ numbers.
2. Patients more relaxed and happier about visit.
3. Reduces the number of overnight stays by bringing patients in at 8 a.m.
4. Reduces pressure on ambulance service.

Drivers give their time and the use of their private transport is difficult. These are patients who do not need an ambulance or the skills of an ambulance driver and where public or private transport is difficult.

The service is continuously complimented by both patients and hospital staff, with many people commenting, ‘I don’t know how I would have managed without your help’.

Trust signs up to Mental Health Charter

The Charter is a voluntary agreement which seeks to support employers in working within the spirit of its positive approach to Mental Health. The Charter should be seen by staff and others as a public and tangible commitment by the Trust that we are working towards the aspirations promoted within it. To demonstrate out commitment the Trust will assess and review our practices every three years.

As an employer we aim to:
• People who have mental health issues may have experienced discrimination in recruitment and selection procedures. This may discourage them from seeking employment.
• Whilst some people will acknowledge their experience of mental health issues in a frank and open way, others fear that stigma will jeopardise their chances of getting a job.
• Given appropriate support, the vast majority of people who have experienced mental ill health continue to work successfully as do many with ongoing issues.

As an employer we recognise that:
• People who have mental health issues may have experienced discrimination in recruitment and selection procedures. This may discourage them from seeking employment.
• People who have experienced mental health issues will not be discriminated against and that disclosure of a mental health problem will enable both employee and employer to assess and provide the right level of support or adjustment.
• Not make assumptions that a person with a mental health problem will be more vulnerable to workplace stress or take more time off than any other employee or job applicant.
• Provide non-judgemental and proactive support to individual staff who experience mental health issues.
• Ensure all line managers have information and training about managing mental health in the workplace.

Profile:

Lynne Williams, Research & Development

Lynne Williams is a qualified nurse of 22 years and prior to this appointment was Ward Matron in Critical Care at a local Trust. Alongside raising the profile of research and promoting a safe and supportive environment for undertaking research Lynne will be working closely with the Comprehensive Local Research Network (CLRN) to increase the Trust’s research activity in the National Institute for Healthcare Research (NIHR) Portfolio of Research Studies. Lynne’s research interest is in nutritional support and studies include immune enhanced early enteral feeding in the post operative colorectal surgery patient and nutritional support in the mechanically ventilated critically ill patient.