



# YOUR trust

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### Royal approval

His Royal Highness the Duke of Gloucester unveiled the Trust's organ donation celebration sculpture The Gift of Life. See page 8.

### National recognition

The work of three of our nurses has been recognised with national awards. See page 5.

### Simulation Centre

State-of-the-art Simulation Centre unveiled. See page 22.

### Vision & Annual Review

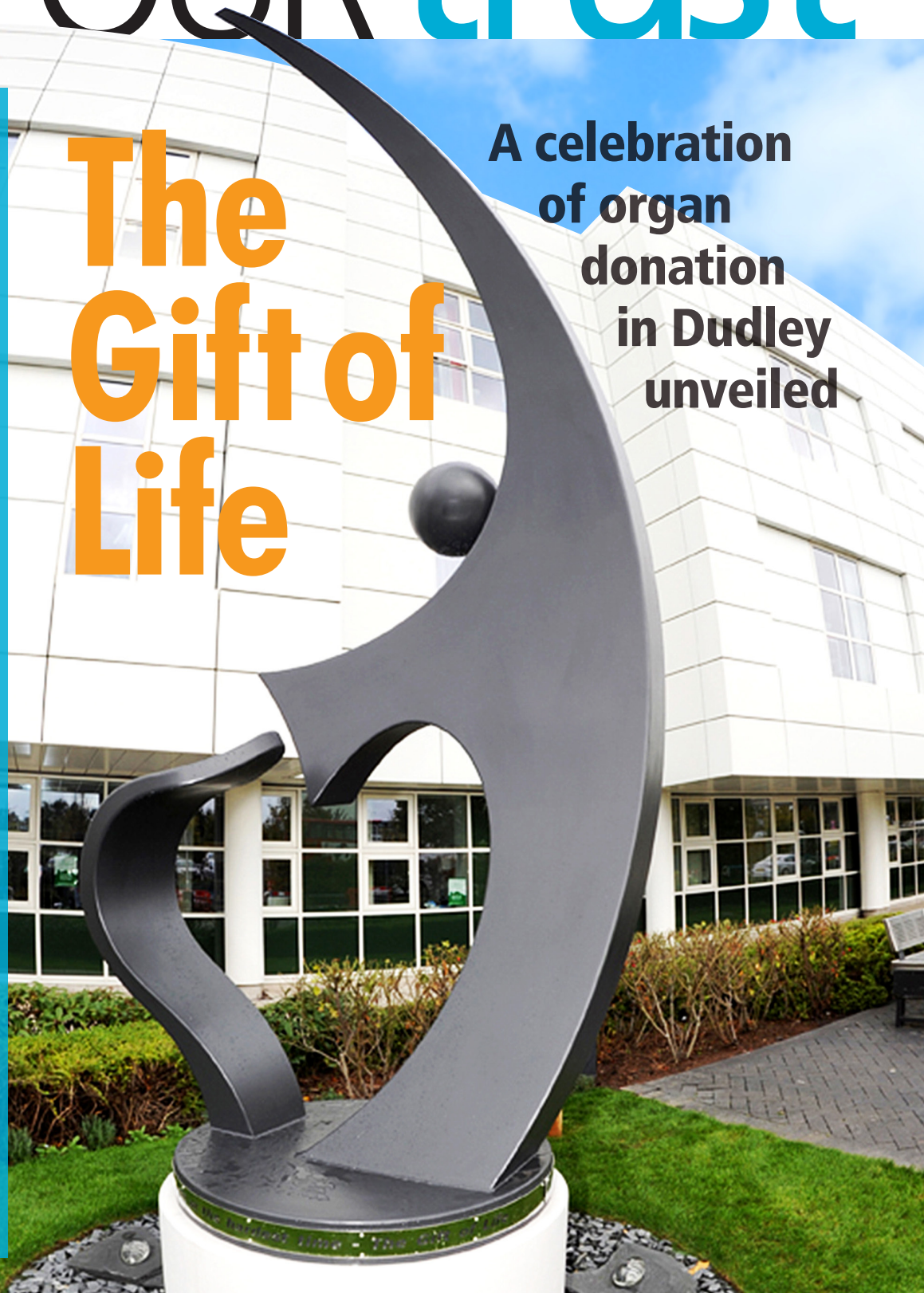
See our new strategic objectives and updated vision plus our Quality Priorities and Annual Review on page 9.

### Faster recovery after kidney stones

A ground-breaking new technique for removing kidney stones is now being offered to patients. See page 22.

# The Gift of Life

A celebration  
of organ  
donation  
in Dudley  
unveiled





# News from The Dudley Group

**W**elcome to the autumn edition of Your Trust magazine. This issue also includes our 2014/15 Annual Review – a summary of the year, and a look at what we hope to achieve over this coming year. In the summary on pages 9 to 19 you'll find an overview of our key achievements, our finances, and our performance against nationally and locally set targets.

We have much to be proud of in what was an extraordinary year. We had the best performing Accident and Emergency (A&E) Department on several occasions in 2015, well exceeding the Government's target to see, treat, admit and discharge 95 per cent of patients within four hours of arrival. This fantastic performance from staff across the Trust means patients can be reassured they are receiving the right care as quickly as possible.

This year we signed up to the Nursing Times' Speak out Safely pledge further reinforcing the message to our staff that they can safely and confidentially raise concerns about patient care and safety.

Other ways we have been improving patient care include the launch of our Dementia Friends initiative in May 2014, and our wellbeing workers who provide specialist one-to-one care and support for vulnerable patients. Mealtimes assistants continue to help patients with their nutrition and hydration needs. We are proud of the work we are doing with healthcare colleagues across Dudley to help transform the way we care for dying patients. We are committed to ensuring people nearing end of life receive compassionate care in accordance with their wishes.

Heavily involved in this work is the Trust's Macmillan Palliative Care educator Karen Lewis who won a national award in November 2014 for her work in supporting colleagues to deliver high quality end of life care.

Also in November, our Frenulotomy Service, which cares for babies with ankyloglossia or tongue tie, received a 'Highly Commended' certificate in a national maternity services award for being 'Most Effective Multidisciplinary Team'. The Midwifery-led Unit and Physical Examinations Team were both shortlisted in the same category.

All this first class care is reflected in our Friends and Family Test (FFT) results where our patients consistently tell us they would recommend us to a friend or relative. The percentage of inpatients who would recommend is consistently above the national average and places us in the top 20 per cent of trusts nationally. Our NHS National Staff Survey results show that staff recommendation of the

Trust as a place to work or receive treatment were also above the average for acute trusts.

With such high performing staff, it was with a heavy heart that we had to oversee the reduction of posts from our workforce during 2014/15 to help meet the Government's requirement of all NHS trusts to make efficiency savings of four per cent, which for us means £12m a year. We would like to assure you that no posts were removed if they were deemed necessary to maintain high quality care to patients and we protected our frontline staff from the reduction.

Arising from our difficult financial position, our regulator Monitor secured legally binding commitments from us in January 2015 to develop and put into place an effective plan to break even going forward. This breach of our licence conditions came about after a review of our finances by Monitor and their concerns about our longer term financial sustainability. We have been working hard to put in place recovery plans which we are confident will return us to compliance with our licence.

Our dedicated staff continue to deliver high quality care, despite these difficult times. Our inspection by the Care Quality Commission (CQC), led to very positive initial feedback from the inspectors and was followed by our report and rating in December. The inspectors found many examples of great care and of staff "going the extra mile". We were, therefore, very disappointed that although the majority of areas inspected were given a Good rating, the overall rating for the Trust is Requires Improvement. That was of course the position on Inspection in March 2014 and is very pleasing that this magazine can report on so many positives.

The year saw several inspections. Our urgent care pathway was inspected by the West Midlands Quality Review Service who were very impressed by what they saw. Our local clinical commissioning group (CCG) visited 11 areas at Russells Hall Hospital on 5th March 2015. The inspectors said it was evident that safety and care are at the heart of everything we do and praised was directed at our "welcoming and caring staff".

Our staff continue to uphold our values of care, respect and responsibility in everything they do to provide all our patients with high quality care and the best possible patient experience.

Best wishes from Paula Clark (Chief Executive)  
and David Badger (Chairman)



# Welcome to our new executive directors

We are pleased to welcome Dawn Wardell and Paul Bytheway as our newly appointed Chief Nurse and Chief Operating Officer.

**Chief Nurse Dawn Wardell** joins the Trust from George Eliot Hospital in Nuneaton where she was Director of Nursing and Quality and brings with her a wealth of senior nursing experience. Dawn is passionate about what she does and is committed to working hard to make sure the Trust continues to provide the highest quality care building on our excellent practices.



Dawn Wardell



Paul Bytheway

**Chief Operating Officer Paul Bytheway** joins the executive team from his previous Trust position of Director of Operations for Medicine and Community. A registered nurse by profession, Paul is responsible for the day-to-day operations of the Trust and supporting the strategic goals of the organisation. Paul is determined to build on the Trust's many successes and excellent performance.

## Get social with us!

We've launched a Facebook page to help keep you updated on all the latest Trust news and information. We'll be posting all our latest press releases, promoting the work of our staff through 'Team of the Week', and asking you for your views on the things that matter.

You can find us on Facebook by searching for 'The Dudley Group NHS Foundation Trust' – don't forget to 'like' us and invite your friends to do the same.

We've also changed our Twitter account name to @DudleyGroupNHS so, if you don't already, make sure you follow us.



@DudleyGroupNHS



Search: The Dudley Group NHS Foundation Trust



The Twitter page



The Facebook page

# Governors & Members

The Trust's Council of Governors provides a vital link between the Dudley Group and the communities who use our services. During 2014/15 the Council held elections to fill a number of posts as governors came to the end of their terms of office. We would like to welcome all the new faces that have joined our Council of Governors (see table below for complete list of governors).

Our governors also took part in the appointment process for a new chair this year when John Edwards left the Trust after four years' service. We would like to thank David Badger, who was successfully appointed to chair, for his clear and calm leadership. David is retiring at the end of his term of office in December 2015 and will be sadly missed; however, governors are already engaged in the process of finding the next chair to lead The Dudley Group into the future.

Also new to the Trust is non executive director Doug Wulff. Doug is a General Practitioner by profession and has worked in healthcare both in the UK and South Africa. He joined The Dudley Group after retiring from Staffordshire and Stoke on Trent Partnership NHS Trust where he was Medical Director.

Doug sits on the Workforce and Staff Engagement Committee, Charitable Funds Committee and Chairs the Clinical Quality, Safety and Patient Experience Committee.



## Dates for your Diary 2015

All of the events are held at Russells Hall Hospital unless otherwise indicated. More information can be found by visiting the members section on our website at [www.dudleygroup.nhs.uk](http://www.dudleygroup.nhs.uk) To reserve your place call (01384) 321124 or email [foundationmembers@dgh.nhs.uk](mailto:foundationmembers@dgh.nhs.uk)



**Thursday 3rd September: 6pm**  
Council of Governors meeting (in public)



**Thursday 10th September: 4.30pm**  
Annual Members Meeting  
(Registration desk open from 4pm)



**Thursday 3rd December: 6pm**  
Council of Governors meeting (in public)

If you would like to learn more about the work of our Council of Governors or contact your local Governor then please visit our website.

[www.dudleygroup.nhs.uk](http://www.dudleygroup.nhs.uk)

## List of Governors

Class	Constituency	Staff Elected Governors	Staff Group
<b>Public Elected Governors</b>		Mrs Kelly James	Staff: Allied Health Professionals and Health Care Scientists
Mr Richard Brookes (elected Dec 14)	Public: Brierley Hill	Ms Jacqueline Smith (elected June 15)	Staff: Allied Health Professionals and Health Care Scientists
Mrs Helen Stott-Slater (elected Dec 14)	Public: Brierley Hill	Mr Sohail Butt (elected June 15)	Staff: Medical and Dental
Mrs Joan Morgan (elected Dec 14)	Public: Central Dudley	Mrs Karen Phillips	Staff: Non Clinical Staff
Mr Fred Allen	Public: Central Dudley	Mrs Shirley Robinson (elected Dec 14)	Staff: Nursing and Midwifery
Mrs Yvonne Peers (elected Dec 14)	Public: North Dudley	Mrs Jacky Snowden (elected Dec 14)	Staff: Nursing & Midwifery
Dr Subodh Jain	Public: North Dudley	Mrs Alison Macefield	Staff: Nursing & Midwifery
Mr Rob Johnson	Public: Halesowen	Mr Alan Walker (elected June 15)	Staff: Partner Organisations' Staff
Ms Katie Bennett (elected Dec 14)	Public: Halesowen	<b>Appointed Governors</b>	
Mr Darren Adams	Public: Stourbridge	Dr Richard Gee (appointed Dec 14)	Dudley CCG
Mr Roy Savin	Public: Stourbridge	Vacant	University of Birmingham Medical School
Mrs Pat Price	Public: Rest of the West Midlands	Mr John Franklin	Dudley Council for Voluntary Service
Mrs Diane Jones	Public: South Staffs & Wyre Forest	Cllr Dave Branwood (appointed Dec 14)	Dudley Metropolitan Borough Council
Mr Ira John (elected Dec 14)	Public: Tipton & Rowley Regis		

Reminder  
2015 Board  
Meetings!

Trust Board meetings are held in public. Visit the Trust website for details of the venue, dates and times at [www.dudleygroup.nhs.uk](http://www.dudleygroup.nhs.uk) or call (01384) 456111 extension 1012



# Dudley recognised in national awards



**Karen Lewis**  
**Macmillan Excellence Award**

Karen received her award for her inspirational work supporting healthcare professionals to deliver high quality palliative care for people affected by cancer in Dudley. The award was for improving the coordination and integration of services across the borough which has improved the experiences and outcomes of people affected by cancer.



**Kate Owen**  
**Queen's Nurse**

District Nurse Team Leader for OPAT (Outpatient Antimicrobial Therapy), Kate Owen was given the prestigious title of Queen's Nurse by the community nursing charity The Queen's Nursing Institute (QNI). The title recognises a commitment to high standards of patient care, learning and leadership.



**Lisa Turley**  
**Wounds UK Award of Excellence**

Clinical nurse specialist and lead nurse for tissue viability Lisa Turley received a national award for her presentation on the Trust's move to static air mattresses. She was presented with the only award of The Wounds UK Annual Conference for her paper which covered the changeover from start to finish, covering the whole process from the initial decision making, training and planning, to the implementation, benefits for patients and cost savings.



## Three of the best – Dudley nurses make Nursing Times shortlist

The work of three of our nurses has also made the shortlist for the prestigious Nursing Times Awards:

Sarah Causer, lead nurse on our Older People's Ward, is shortlisted in the category of 'Nurse Leader of the Year'. Sarah was shortlisted for being an inspiring leader and role model to her teams in elderly care and for improving staff morale, shared learning and patient experience.

Award-winning Macmillan Palliative Care Educator Karen Lewis is shortlisted in the category of 'Nurse of the Year'. Karen, who has already received a Macmillan Excellence Award, has been shortlisted for her work in providing end of life training and education to health and social care staff across the Dudley Borough.

Jacqui Howells' work as Learning Disability Liaison Nurse is shortlisted in the category of 'Enhancing Patient Dignity'. Jacqui has worked tirelessly to improve provision for patients with learning disabilities with the introduction of a Trust-wide Learning Disability Strategy, communication toolkits and learning disability champions.

The winners of the 2015 Nursing Times Awards will be announced on 12th November at a prestigious ceremony at the Grosvenor House Hotel, Park Lane, London.

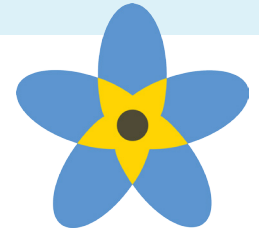
# Nursing Times Awards 2015







# Dementia Friendly Dudley



Over the last 12 months we have been working hard to become a more dementia friendly healthcare provider.

## Forget-Me-Not Unit

Our Older People's Ward is now home to a 16-bedded unit dedicated to caring for patients with dementia. The unit is staffed by nurses and clinical support workers with specialist skills or a particular interest in dementia. The unit has a quiet space, a designated dining area, special dementia friendly equipment, a recreation area and open visiting for loved ones.

## Older People's Mental Health Team

We have a specialist team available seven days a week made up of our Deputy Matron for Older People's Mental Health, three registered mental health nurses, a dedicated dementia screening clinical support worker and our Acute Confusion Team - seven clinical

support workers responsible for additional care of dementia patients on the wards. The Acute Confusion Team works with patients before they return home and, when a patient with dementia is discharged, a member of the team accompanies them to ensure they settle back at home safely.

## Wellbeing Workers

We have recently recruited a team of Patient Wellbeing Workers who provide specialised 1:1 care and additional support for our most vulnerable patients, meeting not only their physical and personal needs, but also their psychological, social and holistic needs. The team is proactive in identifying ways to help improve the patient experience for this vulnerable group, making sure they speak to patients to highlight any personal needs. Wellbeing Workers come from a variety of health and social care backgrounds, bringing a diverse range of knowledge, skills and experience. They are given in-depth training bespoke to their role which focuses on how to best tailor care to vulnerable patients.

## Dementia Friends

We have now recruited and trained more than 400 Dementia Friends across the Trust as part of the Alzheimer's Society campaign. Staff in both clinical and non-clinical roles have signed up; from nurses to neurologists, doctors to directors, porters to podiatrists, secretaries to speech therapists.

## Mandatory Training

In depth mental health awareness, Deprivation of Liberty Safeguards (DoLS) and Mental Capacity Act training is part of the Trust's mandatory training and induction programme for all new and existing clinical staff. Thanks to tireless work by our Deputy Matron for Older People's Mental Health, almost 90% of clinical staff have now attended the training.



Celebrating  
our nurses  
and midwives



Thank you  
for caring



We said a big thank you to our nurses and midwives and joined them in celebrations for International Day of the Midwife and International Nurses Day.

Nursing and midwifery staff were treated to a slice of celebration cake and told us what inspires them to care and do the invaluable work they do day in, day out.







# The Friends & Family Test

*We ask: "How likely are you to recommend our services to friends and family if they needed similar care or treatment?"*

Our most recent published scores are for June 2015:

- ▶ Inpatient Score: **98%** (national average 96%)
- ▶ A&E score: **92%** (national average: 88%)
- ▶ Maternity antenatal: **99%** (national average: 96%)
- ▶ Maternity birth: **100%** (national average: 97%)
- ▶ Maternity postnatal ward: **99%** (national average: 93%)
- ▶ Maternity postnatal community: **96%** (national average: 98%)



During 2014/15 we expanded the Friends and Family Test to the following areas:-

- ▶ **Community: 98%**  
(national average: 95% May 2015)
- ▶ **Outpatients: 96%** (national figures unavailable at time of going to print)

## You said, we did!



**YOU SAID...**  
our food could be improved.

### WE DID

We have reviewed our inpatient menus and new Chosen by Patients menus are at the final approval stage for implementation later this year.



**YOU SAID...**  
the teacups on the wards were too small and difficult to hold.

### WE DID

We have replaced cups with larger easy-to-hold ceramic mugs on all of our wards, along with a number of lightweight shatterproof mugs for patients with specific needs.



**YOU SAID...**  
it would be nice to be offered more drinks.

### WE DID

We offer more hot and cold drinks to inpatients more frequently.



## Volunteers' Week

Staff and patients from across the Trust showed their thanks to our 300+ volunteers during Volunteers' Week by completing thank you cards to mark the occasion.

Paula Clark, Chief Executive, said, "We want to say a huge thank you to the hundreds of volunteers who regularly lend a hand across the Trust.

"Our volunteers kindly give up their time for us and the work they do in every part of the Trust really is invaluable and very much appreciated, so it really is important to recognise their dedication and the difference they make to patients."

During the week, the Trust's directors also rolled up their sleeves and went back to the floor; stepping into the shoes of volunteers by making drinks for patients, taking the library trolley to wards and carrying out patient surveys.



## Want to make a difference?

We're currently recruiting volunteers to join our fantastic team. Anyone over the age of 16 can apply to become a volunteer at the Trust, whether you can spare a few hours a week around your existing commitments or want to give your time more regularly, we'd love to hear from you.

We have a variety of volunteering roles with vacancies at the moment, from mealtime assistants and department hosts, to patient friends and wayfinders.

If you are interested in becoming a volunteer at the Trust please telephone the volunteer coordinator on (01384) 456111 ext. 1887 or write to us at: **Volunteers' Coordinator, Russells Hall Hospital, Pensnett Road, Dudley, DY1 2HQ.**



# Sculpture gets royal seal of approval

His Royal Highness the Duke of Gloucester visited Russells Hall Hospital in October 2014 to mark the official unveiling of a sculpture to celebrate organ donation in Dudley.

The Gift of Life sculpture and accompanying landscaping, designed by local artists Paul Margetts and Malcolm Sier, was officially unveiled by the Duke of Gloucester at a ceremony also attended by Dudley's Mayor, Margaret Aston, and the High Sheriff for the West Midlands, Dr Tim Watts.

In his speech, the Duke said, "This sculpture is in a way thanking those who have made that decision for themselves and their family that they wish for their organs to be donated. I am delighted to unveil it to congratulate all those individuals who have donated."

Families of local organ donors also attended the launch, giving them the opportunity to remember their loved ones and the difference they made to the lives of others.

Chairman David Badger said, "This project raises awareness and highlights the importance of making your wishes known to others during life, and recognises the contribution made by organ donors to help the lives of others."

Julian Sonksen, Clinical Lead for Organ Donation, said "We hope 'The Gift of Life' will become an important local sculpture, not only to remind us of the new hope and life given to others by those who donated after death, but also to be a place of reflection and comfort for families to remember."



*I want to sign up!*

Did you know that just one organ donor can save or transform the lives of up to nine people? **There's never been a better time to sign up and become an organ donor.**

You can sign up to the register by calling the NHS Donor Line on **0300 123 23 23** texting **SAVE to 84118**, or online by visiting **[www.organdonation.nhs.uk](http://www.organdonation.nhs.uk)**



# Quality Report and Accounts Summary 2014/15

Quality reports and accounts are annual reports to the public from NHS organisations about the quality of services they provide. They focus on the three dimensions of quality:

- Safety
- Effectiveness
- Patient experience

These quality elements, along with our financial accounts, show people what our priorities are for the coming year. They are also a measure of how we have already made big improvements and how we have engaged patients, staff and governors in developing our priorities. The following pages provide a summary of our key priorities. A full version of our Annual Report, Accounts and Quality Report 2014/15 can be found on our website [www.dudleygroup.co.uk](http://www.dudleygroup.co.uk)

## Our Quality Priorities for 2015/16

The Board of Directors and Council of Governors agreed that our Quality Priorities and topics for 2014/15 should be carried forward to 2015/16 because all remain important both to the Trust and our patients.

1. Patient Experience
2. Pressure Ulcers
3. Infection Control
4. Nutrition and Hydration
5. Mortality

**COMPLIMENT SPOT**  
"The doctor showed absolute outstanding professionalism"



## In with the new

This year we decided to take a fresh look at our strategic objectives and vision. In response to staff feedback, and to help us set out our plans for the future, we shortened and simplified our objectives and vision and brought them in line with what we want for The Dudley Group over the coming years. Our values of Care, Respect and Responsibility remain the same.





# Summary of Key Achievements 2014/15



## Speak out Safely

We signed up to the Nursing Times Speak Out Safely campaign to further reinforce our commitment to being a Trust where staff can safely and confidently raise concerns

about patient care and safety. We encourage staff to raise genuine concerns at the earliest opportunity and joined the campaign to further embed a culture of honesty and transparency into the Trust.



## Refurbished Midwifery-led unit unveiled

We received a £41,000 government grant to give our Midwifery-led Unit a facelift and provide a more homely setting for giving birth and make women and their partners more comfortable. The unit now has subdued lighting, inspirational artwork by local artists and a variety of birthing balls, stools, mats and bean bags. It also has an extra multi-track unit to keep women comfortable while maintaining the optimum position for labour. The unit was officially opened by Cathy Warwick, chief executive of the Royal College of Midwives.



## NHS Change Day

We celebrated NHS Change Day in March 2015. The idea behind NHS Change day is lots of people across the NHS making their own small pledge to make the NHS even better. Lots of small actions will result in big changes for the NHS as a whole. We asked staff to make a pledge or share an action and display it on our change day wall. More than 130 members of staff pledged to make a change for the better.

## Flexible sigmoidoscopy bowel cancer screening

We became one of the first Trusts in the West Midlands to offer a new innovative screening test that improves the early diagnosis of bowel cancer, putting Dudley at the forefront of bowel cancer testing in England. The life-saving screening programme, called a flexible sigmoidoscopy, takes just 15 minutes and helps to prevent bowel cancer at its earliest stages by detecting and removing small growths called polyps that could become cancerous in the future.

## Long Service Awards

Our Long Service Awards continued to recognise staff who had reached key milestones at The Dudley Group, ranging from 15 to 45 years without a break in service. During 2014/15 we celebrated an amazing 6,933 years' of service.

## National Staff Survey

Our overall staff engagement score taken from the 2014 National Staff Survey put us amongst the best 20% of trusts nationally and second best in the area. We also sat in the top 20% for 17 of the survey's 29 Key Findings.



# Priority 1 Patient Experience

We value the feedback of our patients and continuously monitor this feedback from a variety of sources. Below you will find the report on our patient experience priorities for 2014/15 year and also those we are monitoring and using for 2015/16.



## Hospital priority 2014/15

- Maintain an average score of 8.5 or above throughout the year for patients who report receiving enough assistance to eat their meals.
- By the end of the year, at least 90 per cent of patients will report that their call bells are always answered in a reasonable time.

## How we did during 2014/15

	Q1	Q2	Q3	Q4	2014/15
Patients who reported receiving enough assistance to eat their meals	8.5	9.6	9.2	7.04	8.72

We achieved the target for the year of maintaining an average of 8.5 or above for patients who reported receiving enough assistance to eat their meals.

We set ourselves a more challenging target for answering call bells. We narrowly missed the target of 90% with an average of 86.75% for the year. We have implemented a system to continue to monitor and improve this for next year.

We measured this priority using our real-time surveys where we ask a random selection of inpatients to tell us about their experience. During 2014/15, 1479 patients took part in the survey.

## Community priority 2014/15

- Equal or improve the score of patients who state they were informed who to contact if they were worried about their condition after treatment. (2013/14 was 8.8 out of 10)
- Equal or improve the score of patients who state they know how to raise a concern about their care and treatment if they so wished. (2013/14 was 8.3 out of 10)

## How we did during 2014/15

We achieved part (a) of the community priority achieving a score of 8.9 against 2013/14 score of 8.8. However there was a slight decrease from 8.3 in 2013/14 to 8.1 in 2014/15 for patients who knew how to raise a concern about their care or treatment.

We measured this priority using an annual survey of our community patients. The survey received 571 responses in total.

## NEW FOR 2015/16

The patient experience targets have changed this year to focus on the Friends and Family Test (FFT). This is a national measure of patient experience and allows the Trust to benchmark itself against other trusts, both regionally and nationally.



Achieve monthly scores in the inpatient, outpatient and community FFT that are equal to or better than the national average. See page 7 for our latest FFT scores.

## Developments planned for 2015/16

- ▶ Continue the patient catering developments including the roll out of new Chosen by Patients menus.
- ▶ Refresh volunteer recruitment to target volunteers into the areas of greatest patient need, including mealtime volunteers.
- ▶ Review patient gowns.
- ▶ Complete implementation of soft close bins to help make ward areas quieter for patients during the night.
- ▶ Review appointment and discharge letters to ensure patients receive information on who to contact if they are worried after treatment and how to raise a concern.
- ▶ Launch patient feedback mobile phone app.
- ▶ Provide patient and public Wi-Fi access across the three hospital and outpatient centre sites.



# Priority 2 Pressure Ulcers\*

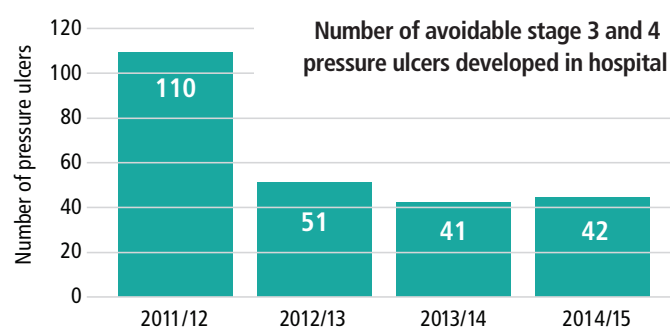
## Hospital priority 2014/15

Ensure that there are no avoidable stage 4 hospital acquired pressure ulcers throughout the year.

Ensure that the number of avoidable stage 3 hospital acquired pressure ulcers in 2014/15 does not increase from the number in 2013/14.

## How we did during 2014/15

We have consistently reduced the number of avoidable grade three and four pressure ulcers over the last four years. In total we had 42 pressure ulcers in 2014/15 of which one was a stage 4, however, the number of stage 3 ulcers did not increase from the number in 2013/14 so this target was partially achieved.



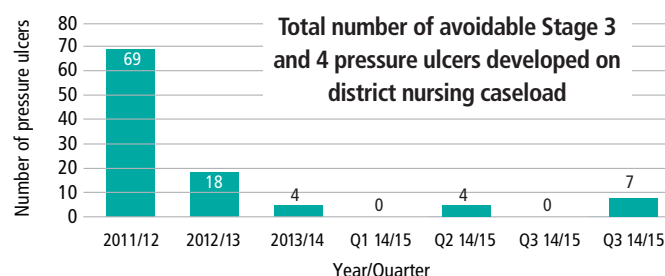
## Community priority 2014/15

Ensure that there are no avoidable stage 4 pressure ulcers acquired throughout the year on the district nurse caseload.

Ensure that the number of avoidable stage 3 acquired pressure ulcers on the district nurse caseload in 2014/15 does not increase from the number in 2013/14.

## How we did during 2014/15

The target of there being no avoidable stage 4 pressure ulcers acquired throughout the year on the district nurse caseload has been achieved. With regard to the avoidable stage 3 acquired pressure ulcer numbers not increasing from the number in 2013/14, this missed target was difficult to achieve as there were only four in 2013/14, a dramatic drop from the previous two years.



Every reported pressure sore is thoroughly investigated to assess whether it is avoidable or unavoidable using an established root cause analysis process. At the time of publishing the Annual Quality Report 2014, several reported pressure sores were still being investigated. This means that the final end of year figures have changed from those indicated in the report. The final figures will be rectified in next year's Annual Quality Report.

## NEW FOR 2015/16

Hospital	Community
a) Ensure that there are no avoidable stage 4 hospital acquired pressure ulcers throughout the year.	a) Ensure that there are no avoidable stage 4 pressure ulcers acquired on the district nurse caseload throughout the year.
b) Ensure that the number of avoidable stage 3 hospital acquired pressure ulcers in 2015/16 reduces from the number in 2014/15.	b) Ensure that the number of avoidable stage 3 pressure ulcers acquired on the district nurse caseload in 2015/16 reduces from the number in 2014/15.

## Developments planned for 2015/16

- ▶ Audits of all pressure relief equipment within residential home care settings to ensure it is maintained and used as per the Trust guidance
- ▶ Amend education programmes to include short one hour sessions with a specific focus each month
- ▶ Continue to provide regular educational sessions for community and social care staff
- ▶ Continue weekly joint (community/hospital) pressure ulcer group meetings to ensure Trust-wide learning
- ▶ Update the pressure ulcer prevention document and ensure teams have the required education and support for its continued use
- ▶ Agree process for lead nurses to support tissue viability nurses in the verification of stage 3 and 4 pressure ulcers
- ▶ Once the verification process has been agreed, the tissue viability team will support specific wards with prevention work through structured ward walks and audits
- ▶ Develop a 'refusal of care' pathway to ensure patients have a clear understanding of the risks associated with refusing equipment or positioning
- ▶ Investigate the use of a new device that can detect possible pressure damage before any redness occurs on the skin
- ▶ Continue to work with the regional group to assist the national-level work such as updating and maintaining the national *Stop the Pressure* website.





# Priority 3

## Infection Control

### Infection control

Reduce our MRSA bacteraemia and Clostridium difficile (C. diff) rates in line with national and local priorities.

#### MRSA

Have 0 post 48 hour cases of MRSA bacteraemia (blood stream infections).

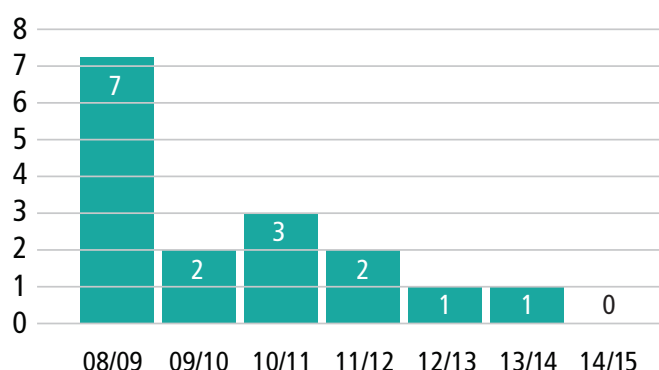
#### Clostridium difficile

Have no more than 48 post 48 hour cases of Clostridium difficile.

### How we did during 2014/15

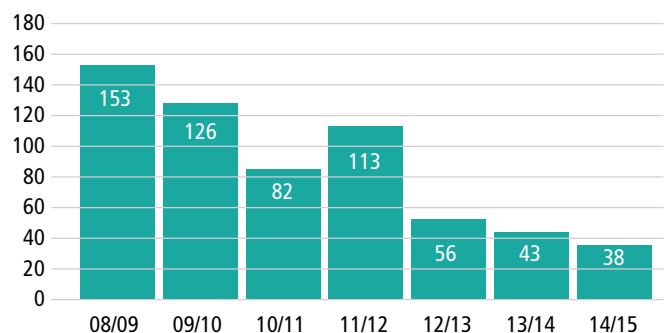
We achieved our target of having no post 48 hour MRSA during the whole year of 2014/15.

### Total MRSA cases per year



We have reported a total of 38 cases of C. diff for 2014/15. This rate is well below the threshold set of no more than 48 cases and shows a reduction on the previous year. We have achieved this through a continued focus on the clinical management of patients with identified or suspected infection.

### Total C. difficile cases per year



## NEW FOR 2015/16

### Infection control

Maintain or reduce our MRSA and Clostridium difficile (C. diff) rates in line with national and local priorities. All cases will undergo a root cause analysis, the results of which will be discussed jointly by the Trust and Dudley Clinical Commissioning Group to agree on any avoidability/lapses in care.

#### MRSA

Have 0 post 48 hour cases of MRSA bacteraemia (blood stream infections).

#### Clostridium difficile

Have no more than 29 post 48 hour cases of Clostridium difficile.

## Developments planned for 2015/16

- ▶ Review the current documentation used to monitor intravenous cannulae
- ▶ Develop an information leaflet for patients who are identified as C. diff carriers
- ▶ Develop protocols for the implementation of faecal transplant for patients who have relapses of C. diff. The purpose of faecal transplant is to provide appropriate bowel flora in the gut after infection with C. diff
- ▶ Review and redesign the isolation cards displayed on the rooms of patients with an infection to indicate specific precautions are required
- ▶ Plan a focus day – C the Difference – to highlight the importance of all aspects of management for C. diff



# Priority 4

## Nutrition & Hydration

### Nutrition

Increase the number of patients who have a weekly risk re-assessment regarding their nutritional status. Throughout the year on average at least 90 per cent of patients will have their weekly risk assessment completed and this will rise to at least 93 per cent by the end of the year (March 2015).

### Hydration

Ensure that, on average throughout the year, 93 per cent of patients' fluid balance charts are fully completed and accumulated at lunchtime.

### NEW FOR 2015/16

#### Nutrition & Hydration

Ensure that the overall score of the monthly nutrition and hydration audit (made up of 24 items):

a) is 90 per cent or above in each of the first three quarters for the Trust as a whole

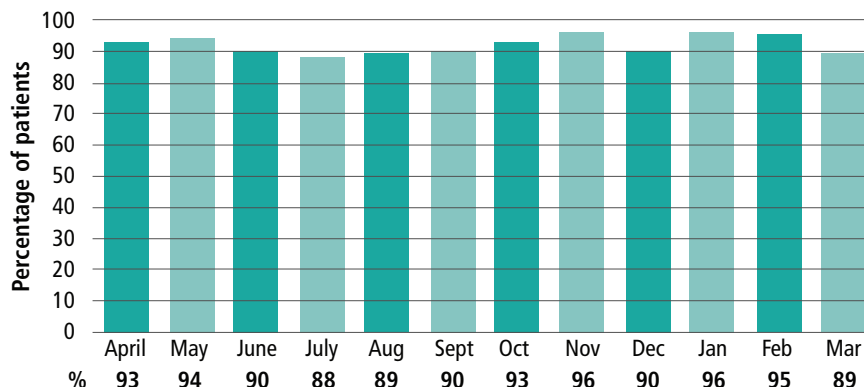
b) has a 'Green' rating (93 per cent or above) in the final quarter for every ward in the hospital

#### How we did during 2014/15

The results of monitoring weekly reassessments indicate that for the whole year the 90 per cent average score was exceeded with 92 per cent being the average (compared to 89 per cent last year) and so the first target was met.

Although scores of 93 per cent or more were achieved in six months during the year, a dip in March meant that the target of 93 per cent or above by the year end was not met.

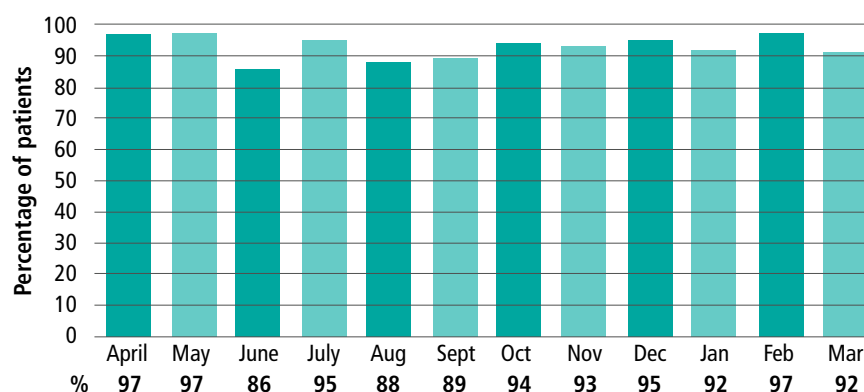
#### Nutritional weekly reassessments



#### Hydration

The results of monitoring fluid balance charts completion at midday show that, for the year as a whole, the 93 per cent target has been met.

#### Fluid balance chart midday evaluation



### Developments planned for 2015/16

- ▶ New visual display boards will be introduced with national descriptors in relation to food consistency grading, to help ensure patients get the right consistency of food and therefore correct nutritional input.
- ▶ Development of a Nutrition and Hydration Care Bundle, incorporating a flow chart for escalation when intake is poor.
- ▶ Monthly multi-agency meal time audits to ensure patients and staff views are heard and real time actions are taken if required.
- ▶ Development of Trust standards for nutrition and hydration for inpatients.
- ▶ Training for volunteers and non ward-based staff to support meal times.



# Priority 5

## Mortality



Pictured (left to right) are: Senior Systems Developer Robin Webb; Deputy Head of Information Andy Troth and Deputy Medical Director Roger Callender who developed the Mortality Tracking System (MTS).

### Mortality

Ensure that 85 per cent of in-hospital deaths undergo specialist multidisciplinary review within 12 weeks by March 2015.

The Trust's Mortality Tracking System (MTS) was developed by our Information Team and launched in January 2012. Every patient death is recorded on the MTS and tracked through the following processes: coding, consultant validation, mortality audit and review. Monthly reports will be provided to the Mortality Review Panel and quarterly to the Clinical Quality Safety and Patient Experience Board Committee.

Timely review of deaths is particularly important if the Trust receives mortality outlier alerts from external bodies. We have been able to demonstrate this year that we have current, peer reviewed, quantitative, as well as qualitative, data on all deaths in hospital.

The Mortality Tracking System used to capture and record this data, and on which the target is based was placed in the finals of the prestigious E-Health Insider Awards in October 2014.

### How did we do during 2014/15

The Trust achieved an average of 85.6 per cent of in-hospital deaths undergoing specialist multi-disciplinary review within 12 weeks for 2014/2015, meeting our target and greatly improving upon our position at the end of last year when we only achieved 70.6 per cent.

## NEW FOR 2015/16: MORTALITY

### Mortality

Ensure that 90 per cent of in-hospital deaths available for review undergo specialist multidisciplinary review within 12 weeks by March 2016.

## Developments planned for 2015/16

- ▶ Escalated exception reports by specialty to divisional management through to directors
- ▶ Development of the Mortality Tracking System with other Trusts
- ▶ Additional End of Life Care Audit to be completed where appropriate as part of mortality audits



## Our performance against key national priorities across the domains of the NHS Outcome Framework

National targets and regulatory requirements	Trust 2009/10	Trust 2010/11	Trust 2011/12	Trust 2012/13	Trust 2013/14	Target 2014/15	National 2014/15	Trust 2014/15	Target Achieved/ Not Achieved
<b>1. Access</b>									
Maximum time of 18 weeks from point of referral to treatment (admitted patients)	95.8%	97.03%	95.7%	96.1%	93.95%	90%	88.6%	91.59%	
Maximum time of 18 weeks from point of referral to treatment (non-admitted patients)	99.1%	99.2%	99.2%	99.5%	99.18%	95%	95.4%	98.71%	
Maximum time of 18 weeks from point of referral to treatment (incomplete pathways)	N/A	N/A	N/A	98.1%	96.74%	92%	93.2%	95.43%	
A&E: Percentage of patients admitted, transferred or discharged within 4 hours of arrival	98.1%	98.8%	97.27%	95.4%	93.74%	95%	93.6%	94.68%	
A maximum wait of 62 days from urgent referral to treatment of all cancers	86.5%	87%	88%	88.7%	89%	85%	83.4%	85.6%	
All cancers: 62 day wait for first treatment from consultant screening service	N/A	99.6%	96.6%	99.4%	99.6%	90%	93.2%	97.3%	
All cancers: 31 day wait for second or subsequent treatment (surgery)	N/A	99.6%	99.6%	99.2%	100%	94%	95.7%	99.6%	
All cancers: 31 day wait for second or subsequent treatment (anti-cancer drug treatments)	N/A	100%	100%	100%	100%	98%	99.6%	100%	
A maximum wait of 31 days from diagnosis to start of treatment for all cancers	99.3%	99.8%	99.7%	99.5%	99.9%	96%	97.7%	99.7%	
Two week maximum wait for urgent suspected cancer referrals from GP to first outpatient appointment	98%	96.8%	97.2%	96.2%	97.5%	93%	94.2%	97.1%	
Two week maximum wait for symptomatic breast patients	69%	98.2%	99%	98.1%	98.2%	93%	93.3%	96%	
<b>2. Outcomes</b>									
Certification against compliance with requirements regarding access to healthcare for people with a learning disability	N/A	N/A	Compliant	Compliant	Compliant	Compliant	-	Compliant	
Data Completeness for community services: Referral to treatment information #	N/A	N/A	N/A	97.3%	98.4%	50%	+	99.6%	
Data Completeness for community services: Referral information #	N/A	N/A	N/A	65.6%	64.6%	50%	+	90.7%	
Data Completeness for community services: Treatment activity information #	N/A	N/A	N/A	99.1%	100%	50%	+	100%	

N/A applies to targets not in place at that time

+ applies to national figures not available

= Target achieved

- applies to national figures not being appropriate

# Latest monthly figure for March of the financial year

= Target not achieved



# How we spent the money in 2014/15

These summary financial statements are not intended or sufficient information to allow a full understanding of the results of the Trust. If more detailed information is required please see the full Annual report and Accounts on the website [www.dudleygroup.nhs.uk](http://www.dudleygroup.nhs.uk).

## Total spend 2014/15

### OPERATING EXPENSES FOR 2014/15

Other spend **£47.2m**. Includes £29M in relation to payments to the Trust's PFI partner for services provided

Depreciation, amortisation and impairments **£9.2m**

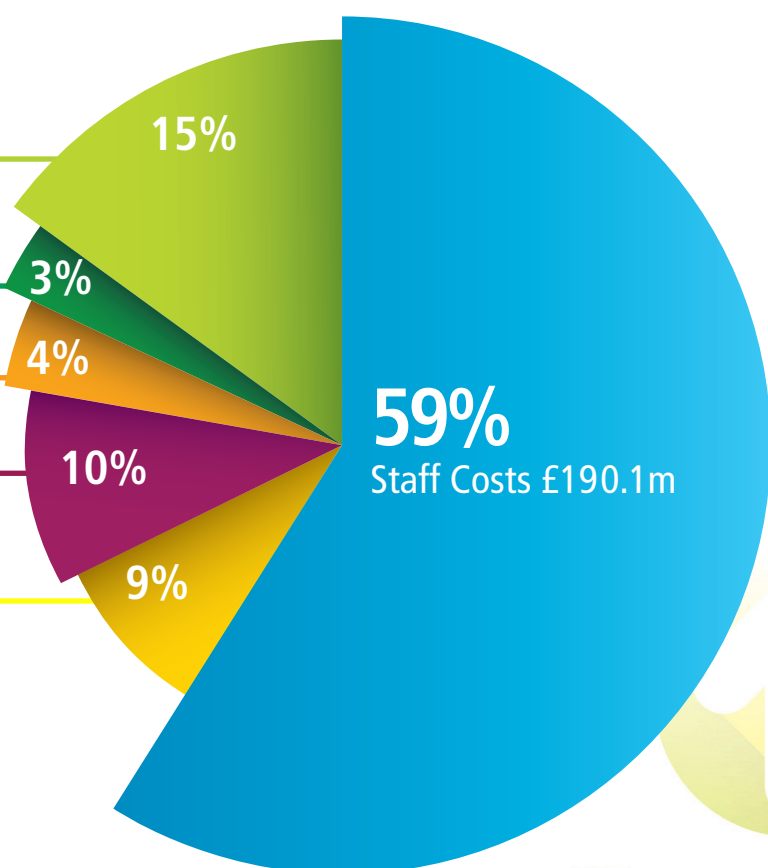
Establishment, transport and premises **£14.2m**

Drug Costs **£32.5m**

Supplies and Services **£27.6m**

Services from other NHS bodies **£0.4m**

**Total Spend 2014/15 £321.2m**



## Investments

- ▶ Once again, the Board of Directors took the decision to invest in front line clinical services to continually improve the quality of care to patients. We have invested significantly in new buildings and equipment to the value of £8.6m:
- ▶ £4.5m on new information technology infrastructure, licenses and systems
- ▶ £1.7m on new and replacement medical equipment
- ▶ £0.4m on improvements to wards and departments
- ▶ £0.1m on the new Urgent Care Centre.



# Consolidated Statement of Comprehensive Income

For the year ended 31st March 2015

Operating Income from continuing operations	3&4	326,396	316,868	326,263	316,456
Operating Expenses of continuing operations	5	(321,236)	(306,466)	(320,974)	(305,926)
<b>OPERATING SURPLUS/(DEFICIT)</b>		<b>5,160</b>	<b>10,402</b>	<b>5,289</b>	<b>10,530</b>
<b>FINANCE COSTS</b>					
Finance income	9	173	187	120	134
Finance expense - financial liabilities	10	(11,098)	(10,759)	(11,098)	(10,759)
PDC Dividends payable		(2,344)	(2,254)	(2,344)	(2,254)
<b>NET FINANCE COSTS</b>		<b>(13,269)</b>	<b>(12,826)</b>	<b>(13,322)</b>	<b>(12,879)</b>
Corporation tax expense	11	(19)	(13)	0	0
<b>Surplus/(Deficit) from operations</b>		<b>(8,128)</b>	<b>(2,437)</b>	<b>(8,033)</b>	<b>(2,349)</b>
<b>SURPLUS/(DEFICIT) FOR THE YEAR</b>		<b>(8,128)</b>	<b>(2,437)</b>	<b>(8,033)</b>	<b>(2,349)</b>
<b>Other comprehensive income</b>					
<b>Will not be reclassified to income and expenditure:</b>					
Impairments		0	(318)	0	(318)
Revaluations		0	3,321	0	3,321
May be reclassified to income and expenditure where certain conditions are met:					
Fair Value gains/(losses) on Available-for-sale financial instruments	14	73	29	0	0
<b>TOTAL COMPREHENSIVE INCOME/(EXPENSE) FOR THE YEAR</b>		<b>(8,055)</b>	<b>595</b>	<b>(8,033)</b>	<b>654</b>

The notes on pages 5 to 40 form part of these accounts. All income and expenditure is derived from continuing operations.

There are no Non-Controlling Interests in the Group, therefore the deficit for the year of £8,128,000 (2013/14 deficit of £2,437,000) and the Total Comprehensive Expense of £8,055,000 (2013/14 Total Comprehensive Income of £595,000) is wholly attributable to the Trust.

Group performance figures incorporate the performance figures of the Trust, DGNHS charity and Dudley Clinical Services Ltd.



# Consolidated Statement of Financial Position

as at 31st March 2015

## Non-current assets

		Year Ended 31 March 2015 £'000	Year Ended 31 March 2014 £'000	Year Ended 31 March 2015 £'000	Year Ended 31 March 2014 £'000
	Note				
Intangible assets	12	4,368	1,150	4,368	1,148
Property, plant and equipment	13	214,153	218,083	214,153	218,083
Other Investments	14	1,200	1,127	0	0
Trade and other receivables	17	8,465	9,924	8,465	9,924
<b>Total non-current assets</b>		<b>228,186</b>	<b>230,284</b>	<b>226,986</b>	<b>229,155</b>

## Current assets

Inventories	16	2,949	3,159	2,713	2,896
Trade and other receivables	17	10,963	17,926	11,073	18,114
Other financial assets	15	1,287	207	0	0
Cash and cash equivalents	24	26,530	27,821	26,179	26,165
<b>Total current assets</b>		<b>41,729</b>	<b>49,113</b>	<b>39,965</b>	<b>47,175</b>

## Current liabilities

Trade and other payables	18	(23,669)	(19,666)	(23,413)	(19,329)
Borrowings	23	(5,346)	(5,344)	(5,346)	(5,344)
Provisions	21	(251)	(2,945)	(251)	(2,945)
Other liabilities	19	(2,026)	(1,809)	(2,026)	(1,809)
<b>Total current liabilities</b>		<b>(31,292)</b>	<b>(29,764)</b>	<b>(31,036)</b>	<b>(29,427)</b>

## Total assets less current liabilities

**238,623 249,633 235,915 246,903**

## Non-current liabilities

Borrowings	23	(137,072)	(142,069)	(137,072)	(142,069)
<b>Total non-current liabilities</b>		<b>(137,072)</b>	<b>(142,069)</b>	<b>(137,072)</b>	<b>(142,069)</b>

## Total assets employed

**101,551 107,564 98,843 104,834**

## Financed by Taxpayers' equity

Public Dividend Capital	24,621	22,579	24,621	22,579
Revaluation reserve	55,592	55,608	55,592	55,608
Income and expenditure reserve	18,757	26,699	18,630	26,647

## Other equity

Charitable Fund reserves	2,581	2,678	0	0
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## Total Taxpayers' and Others equity

**101,551 107,564 98,843 104,834**

The financial statements were approved by the Board of Directors and authorised for issue on their behalf by Paula Clark, Chief Executive on 21st May 2015.



# Black Country Alliance Better Care for All

**W**e have joined forces with Sandwell and West Birmingham Hospitals NHS Trust and Walsall Healthcare NHS Trust to launch the Black Country Alliance.

The partnership will look at new ways of providing care to patients across the Black Country, keeping care closer to home and ensuring specialist skills are kept in the Black Country. At a time when the NHS is struggling financially to meet demand, the trusts involved are taking an innovative approach to seek solutions.

The three Trusts feel that together they can improve health outcomes for the 1m plus people in the Black Country in a sustainable way. There is greater potential in some services for excellence and sustainability when provided on a larger scale than a local hospital can provide on its own. One of the aims of the Alliance is to keep and further develop specialist services for the Black Country.

**“ This is a really exciting time for all three trusts as we aim to be able to keep and return specialist services to the Black Country for our patients ”**

Paula Clark, Chief Executive, said, “This is a really exciting time for all three trusts as we aim to be able to keep and return specialist services to the Black Country for our patients, who may otherwise have to go to a larger Trust further afield to receive treatment .

“It offers opportunities to our staff through collaborative working, we will encourage innovative ways to provide the best possible care, developing centres of excellence in the Black Country.

“We will not be looking at all of our services for example there will still be an accident and emergency department across all trusts, but for some of the more specialist services we will be able to ensure a future in the Black Country or even reinstate them through the Alliance.”

“The Black Country Alliance is the first of its kind so we are very excited about what the future holds to provide excellent care and treatment for the people of the Black Country.”



Black Country Alliance  
Better Care for All



Find out more at  
[www.blackcountryalliance.org](http://www.blackcountryalliance.org) or  
follow us on Twitter @TheBCAlliance



# Community Integration Project



Karen Phillips, Staff Elected Governor for Non-Clinical Staff, is our Fundraising Manager for the Trust charity, Dudley Group NHS Charity. You can find out more about Karen's work on page 23. Here she invites you to learn more about our exciting new community transformation project.

As well as providing hospital-based care to the people of Dudley, the Trust also offers healthcare services in the community; in people's own homes, in health and social care centres, and in GPs surgeries across the Dudley borough.

Because patients are at the heart of everything we do, we have started the Community Integration Project to make sure our patients receive the very best care, wherever they are.

## PROJECT MISSION

**To deliver high quality, efficient and safe patient focused care by the right person, in the right place at the right time.**

As part of the project, we have recruited 14 Community Champions to work on the project's five work streams and act as champions for change in their own workplaces. Our 14 champions represent all roles and levels in our community services, from podiatrists to district nurses, therapists to team leaders and dietitians to managers.

Paula Clark, Chief Executive, said, "By enhancing and building up community services we can offer patients care that's not only closer to home but also care that helps to keep them out of hospital wherever possible, which we all know is better for the patient and the NHS.

"We know we need to look at the way we deliver integrated care to the people of Dudley, making sure the services we offer are tailored to the needs of patients and their loved ones – not the other way round."

## The project is focusing on five key areas, called work streams:



### Communication pathways

Looking at ways to improve communication between hospital based and community based teams to ensure a seamless patient experience



### Service infrastructure

Looking at integrating technology and IT systems for more efficient, smart working and better reporting



### Skills development

Looking into ways we can keep the development of staff at the forefront, developing teams of highly skilled and competent individuals across all our services



### Workforce

Looking at our workforce to ensure the delivery of the highest quality patient-centred care



### Admission and discharge

Looking at ways to improve the experience of patients when being admitted to, or discharged from, hospital into the care of community staff



By enhancing and building up community services we can offer patients care that's not only closer to home but also care that helps to keep them out of hospital wherever possible, which we all know is better for the patient and the NHS.



### COMPLIMENT SPOT

"Each and every member of staff I came into contact with was caring, thoughtful, generous of spirit and highly professional"

# State-of-the-art simulation centre

Trainee doctors and medical students at Russells Hall Hospital are being trained in a new state-of-the-art simulation centre using mannequins that can mimic real patient illnesses and responses to treatment.

The Ron Grimley Undergraduate Simulation Centre, has been designed to offer a training environment as close to real life as possible.

The centre, which was opened on the 3rd December 2014 by Professor Kate Thomas, Vice Dean of Birmingham Medical School, has a fully functional two-bedded ward area which can also be adapted to become an operating theatre.

The new facility also has an Echocardiogram (ECHO) simulator and a state-of-the-art virtual fibrescope that allows anaesthetists to practice the skill of fibre optic intubation.

All simulation sessions are recorded and then played back as part of the debriefing technique allowing trainees to see how they have performed.

The centre is part of the Undergraduate Teaching Academy but is used by medical students and foundation year doctors as part of their training. A programme for final year nursing students and student theatre staff has just been developed.

Mr Atiq-Ur Rehman, Head of Undergraduate Teaching Academy, said, "Our state-of-the-art technology will provide students and qualified staff of all disciplines real-life medical scenarios and emergency situations that they can react to and respond to with no risk to patients.

"As a Trust, we are always focused on our patient safety and this facility has great potential in helping us to train our future doctors, nurses and allied health professionals across all specialties in a safe, controlled environment."



## New kidney stones technique means faster recovery for patients

A groundbreaking new technique for removing kidney stones that reduces risks, shortens length of stay and allows a speedier recovery for patients, is now being offered to patients.

The Dudley Group's Consultant Urologist Mr Asad Abedin is one of only a handful of surgeons in the country, and the first in the West Midlands, undertaking the new procedure known as Mini-PCNL (percutaneous nephro-lithotomy).

### Benefits of Mini-PCNL

- ✓ Less invasive
- ✓ Uses smaller instruments (5mm tract compared to 10mm)
- ✓ Stones destroyed using surgical laser
- ✓ More comfortable for patients
- ✓ Less strain on the body
- ✓ No stitches required post-op
- ✓ Home after 24 hours rather than three to four days in hospital

## Patient story

Dale Crampton, aged 45, from Halesowen in the West Midlands had his first kidney stones operation in October 2014. The traditional keyhole surgery method was used and Dale spent a week in hospital feeling very ill followed by six weeks recovering off work. Over the next seven years, Dale underwent six more operations, each time spending a week in hospital and several weeks off work recovering.

In 2014 while on holiday in Spain, Dale realised another stone was forming and asked for an appointment at Russells Hall Hospital. This time his consultation was with Mr Asad Abedin who proposed carrying out a new procedure.

The procedure went ahead. When Dale woke after surgery, he was amazed by how he felt. He was walking around the ward the next day and back at work the following week.



Dudley Group NHS Charity  
Fundraising Manager:

## Karen Phillips

Russells Hall Hospital, Dudley, DY1 2HQ

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karen.phillips@dgh.nhs.uk

www.dudleygroup.nhs.uk/our-charity

www.justgiving.com/dghc

Twitter: @DGNHSCharity

Facebook: DudleyGroupNHSCharity

Charity Number: 1056979



## Charity Football Match & Family Fun Day

### WOLVES ALL STARS V DUDLEY GROUP EMERGENCY SERVICES

- ▶ Sunday 27th September 2015
- ▶ Gates open 12.30pm
- ▶ Kick Off 2pm
- ▶ Stourbridge Football Club
- ▶ Tickets £5 per adult
- ▶ Children under 12 go free

This year we hope to raise £8,000 for our Children and Adult Emergency Department at Russells Hall Hospital. Your support could help us offer our patients the best experience possible during a really traumatic time.

## Charity Update for 2014/15



## Illuminating vein finder for the Emergency Department

Wolves legend Steve Bull MBE has presented the Emergency Department with a state-of-the-art vein finder bought with donations to the Steve Bull Foundation.

### 2014 Charity Football Match

The Emergency Department were the beneficiaries of the 2014 Annual Trust Charity Football Match which was held at Stourbridge FC and was attended by over 600 spectators. Steve Bull paid us a visit and was happy signing autographs for the crowd. The teams were joined on the pitch by Jody Craddock, Mel Eaves and Dale Rudge. A whopping £12,000 was raised which will go a long way to ensuring our patients visit to the department is a less daunting and a more positive experience. One of the items purchased was an Infrared Vein Finder (see photo above). This device enables staff to quickly identify a vein that may not necessarily be found by sight or touch. It is particularly effective for babies and children when veins do not always show.

### Skydive and other challenges

The introduction of a Skydive challenge to our calendar has proved an enormous success, generating over £5,000 from the five brave people who took the challenge last year. We shall soon be introducing some more major events if you are feeling brave and ready for a life changing experience. Look out for the London to Paris Cycle Ride and an overseas trek. All the challenges are fully organised with travel, accommodation, etc., and you will get fundraising support from us.

### Staff Fundraising

Some of our fantastic staff continue to fundraise for their wards and departments. Liaising with the wards, departments and community colleagues is important. Understanding needs can unveil areas of care where the charity can help. This knowledge can also help prospective fundraisers decide on an area of care to work towards.

### On-going Charity Appeals

Our appeal 'Cancer: caring for the patient and the family' has been so popular that we will soon be introducing two new campaigns: Dementia Care and Rehabilitation. Both of these areas of care will benefit enormously from charitable funds.

### Thank You to our supporters

We would like to thank all the wonderful people who support our charity. As always we are overwhelmed by the generosity and energy of our supporters. Their enthusiastic and often imaginative fundraising is an inspiration.





*You are invited to the latest*

# Annual Members Meeting

- ✓ Find out how the Trust has performed in the previous year
- ✓ Take a look at our future plans
- ✓ Learn more about our community services integration
- ✓ Meet your governor representatives

**OPEN  
TO ALL**  
**FREE EVENT  
PARKING**

- ▶ Russells Hall Hospital, Pensnett Road, Dudley, DY1 2HQ
- ▶ Thursday 10th September 2015 ▶ 4.30pm – 7.30pm
- ▶ Registration from 4.00pm

The event is free and open to all. To book your place please call **(01384) 321124** or email [foundationmembers@dgh.nhs.uk](mailto:foundationmembers@dgh.nhs.uk)

This leaflet can be made available in large print, audio version and in other languages, please call 0800 073 0510.

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