



Issue No. 24 2014

The Dudley Group **NHS**
NHS Foundation Trust

YOUR trust



A CELEBRATION OF SERVICE

Recognising staff dedication of 650 years

ALSO IN THIS ISSUE

- ▶ Where people matter
- ▶ Annual review summary
- ▶ New outdoor gym
- ▶ How we spent the money
- ▶ Key achievements
- ▶ Patient Experience
- ▶ You said, we did
- ▶ Become a Trust governor



✉ foundationmembers@dgh.nhs.uk

🐦 @dudleyhospitals

www.dudleygroup.nhs.uk





News from The Dudley Group

Welcome to the autumn edition of Your Trust magazine. This issue also includes our 2013/14 Annual Review – a summary of the year that was, and a look at what we hope to achieve over the coming year. On pages nine to 18 you'll find an overview of our key achievements, our finances, and our performance against nationally and locally set targets.

2013/14 has been an extraordinary year with the launch of nursing and learning disability strategies, multiple award wins and a continued focus on providing high quality specialised care for our patients. The year has also been characterised by multiple inspections, even tighter finances, pressure from ever increasing targets and being under the spotlight from both the national and local press.

A real boost to our Maternity Department, and to the Trust as a whole, has been the success of our lead community midwife Lucy Johnson in winning the JOHNSON'S® Baby Award for Evidence into Practice in the 2014 Royal College of Midwives Annual Midwifery Awards for her Mom2Mom breastfeeding support project. Our Council of Governors was also named NHS Governing Body of the Year at the regional NHS Leadership Recognition Awards 2013.

Our Mortality Tracking System that helps us review deaths in hospital has been shortlisted for an E-health Insider award in the Best Use of IT to Promote Patient Safety category. Community nurse Kate Owen was also given the prestigious title of Queen's Nurse by The Queen's Nursing Institute (QNI) – see page six for more about Kate's award.

We were also visited by Cathy Warwick, Royal College of Midwives (RCM) chief executive, when she opened our newly refurbished Midwifery-led Unit. Turn to page five for photos and more from the event.

The Care Quality Commission (CQC) new style inspection programme has now been launched and will see every hospital visited by December 2015. Our visit happened in March and we are still waiting for the final report and rating.



In common with all Trusts nationally, both A&E performance and finances continue to be a challenge. As a result, our regulator Monitor is currently investigating our compliance with our foundation trust licence. We understand their concerns and welcome their support.

We've worked really hard to improve our A&E performance and to see, treat, admit or discharge our emergency patients within four hours of arriving at A&E. In the first three weeks of July we met the

target with an average of 96.76 per cent, and hit 100 per cent on two days during the month. We will continue to strive to maintain this improved performance.

Monitor is also concerned by our financial performance as, in line with the NHS as a whole, we have been under huge financial pressures against the backdrop of a budget freeze and the requirement to make more savings year on year. We have clear plans in

place to bring the books back into balance by 2015/16 and will be supported by Monitor in this work. We'll keep you updated on our progress.

One cost saving initiative is to reduce the amount we spend on printed publications. As a result, we will now only produce and distribute this magazine in a printed format once a year. Please make sure, if we don't already have your email address, that you send it to us so you continue to receive the magazine via email.

As many of you may have heard in the national media, there is country-wide shortage of qualified nurses in the UK and, as a result, we have travelled...



... our incredible team of dedicated staff has continued 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.



"The care was exceptional, staff were pleasant and helpful"

... overseas to recruit nursing staff. We have run a number of successful recruitment programmes in Portugal, Spain and Romania and welcomed the first cohort to Dudley in March 2014. We also continue to recruit our nursing graduates once they qualify.

We have introduced Patient Safety Huddle Boards on every ward so patients can see, at a glance, how an individual ward is doing. The boards display the name of the matron and lead nurse, and give facts such as the number of complaints and compliments received, incidents of C. difficile and MRSA, and the number of avoidable falls by patients.

This year we launched our nursing strategy which reflects what our staff say nursing means to them. We also produced our

The Way We Care video which can be found on our website www.dudleygroup.nhs.uk

Later in the year we also launched our Learning Disability Strategy, reinforcing our ongoing commitment to being an accessible and inclusive healthcare provider. More about these strategies can be found on page 11.

We are grateful that our incredible team of dedicated staff has continued 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 John Edwards (Chairman)

Dudley carers deserved a cuppa during Carers' Week

Friends and relatives of patients were treated to a cuppa during Carers' Week to help highlight the work of the hundreds of hidden carers in Dudley.



Denise McMahon enjoys a cuppa with hospital visitor Eric Wills

You deserve a cuppa

Carers Support volunteers took to the corridors and visited inpatient and outpatient areas to hand out specially made coffee cups with tea bags, biscuits, and information about how to access support for carers.

The volunteers also visited wards at Russells Hall Hospital with tea trolleys, offering a chat and a warm drink to visitors in an attempt to identify those who care for a loved one but don't access the support services on offer. Denise McMahon, Director of Nursing, also took to the wards for tea and chat with some of our visitors.

The Trust's 'I deserve a cuppa' campaign encouraged people who care for friends or family members to take a few minutes for a cup of tea or coffee and find out more about the services carers and patients can access.

Sharon McGlynn, Carer Co-ordinator said, "Many carers simply see themselves as helping out a friend or relative with everyday tasks and

often don't realise they have become a carer over time. These people make up the thousands of hidden carers in the UK who don't receive the support, advice or benefits available to them."

The 'I deserve a cuppa' campaign was run in collaboration with Healthwatch Dudley and Dudley's branch of the Royal Voluntary Service.





Governor Elections 2014

Have you thought about becoming a governor?

The Trust's award winning Council of Governors provide a vital link between The Dudley Group and the communities who use our services. Later this year there will be vacancies coming up in many of our constituencies.

During September we will be inviting our public members to come forward as candidates to fill governor vacancies available in the following public constituencies:

- ✓ **Brierley Hill (two posts)**
- ✓ **Dudley Central (one post)**
- ✓ **Dudley North (one post)**
- ✓ **Halesowen (one post)**
- ✓ **South Staffordshire and Wyre Forest (one post)**
- ✓ **Tipton and Rowley Regis (one post)**

There will also be vacancies in the following staff constituencies:

- ✓ **Nursing and Midwifery (three posts)**
- ✓ **Allied Health Professionals and Healthcare Scientists (one post)**
- ✓ **Staff Partner Organisations (one post)**

"Standing for election is a great opportunity for staff and members of the public to have their say to influence the way healthcare is provided," said The Dudley Group's Chairman and Chair of Governors John Edwards.

"Governors play an important part in the governance of the Trust and work closely with the Board of Directors advising on local health issues."

Why become a governor?



Rob Johnson, Lead Governor

The governor role is a responsible one but very rewarding and provides the opportunity to represent the views of the people in your constituency and influence the way services are delivered at The Dudley Group. You can make a real difference.

What to do next

If you are keen to make a difference to the way in health care is delivered in Dudley, please visit our website at www.dudleygroup.nhs.uk and search governors, otherwise call the Foundation Trust office on (01384) 321124 who will be pleased to help you further.

Governors play an important part in the governance of the Trust and work closely with the Board of Directors advising on local health issues.



Dates for your Diary 2014

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 To reserve your place call (01384) 321124 or email foundationmembers@dgh.nhs.uk

Thursday 4th September: 6:00pm
Council of Governors meeting

Thursday 11th September: 4:30pm
Annual Members meeting
(registration desk open from 4pm)

Thursday 25th September: 6:00pm
Becoming a governor information event

Thursday 9th October: 6:00pm
Becoming a governor information event

Thursday 11th December: 6:00pm
Council of Governors meeting

Trust Board meetings are held in public. Visit the Trust website for details of the venue, dates and times at

www.dudleygroup.nhs.uk
or call (01384) 456111
extension 1012

*Reminder
2014 Board
Meetings!*

Newly refurbished Midwifery-led Unit unveiled

The Midwifery-led Unit (MLU) at Russells Hall Hospital has received a £41,000 facelift with the help of a government grant.

The newly refurbished unit, which gives Dudley women a more homely setting for giving birth, was opened by the Royal College of Midwives (RCM) Chief Executive Professor Cathy Warwick CBE.

"We are very pleased Cathy agreed to unveil our newly refurbished unit because it gives us an opportunity to showcase the facilities we offer at Dudley," said Steph Mansell, Head of Midwifery.

"Our priority is to help ensure all women who visit the unit have the very best possible care and the developments in the MLU will contribute to this greatly," she added.

The MLU was redesigned to make women and their partners more comfortable during the birth of their babies. The unit now benefits from subdued lighting, inspirational artwork by local artists and a variety of birthing balls,

stools, mats and bean bags. It also has an extra equipment to keep women comfortable while maintaining the optimum position for effective labour.

Ahead of the unveiling, RCM's Cathy Warwick said, "I am delighted that the Trust has been able to improve their facilities for women, babies and their families through this additional government funding.

"I am sure the new facilities will be welcomed and well used by women in the area. The Trust and the midwifery team should be applauded for demonstrating such commitment in securing this investment for their maternity services. This year the Trust were the winners of an RCM award so we know what excellent work is being done to deliver better care and improve the experience for women in Dudley.

"I am also pleased to be re-launching the

RCM's Dudley Branch. Good communication between trusts, trade unions and professional associations and working together to ensure staff are given the right environment in which to work, is vital if we are to deliver high quality care for women. It is through co-operation and collaboration that this is being achieved here at Dudley."

The MLU is part of a comprehensive range of maternity and paediatric services offered at The Dudley Group. The unit works closely with our community midwives to create individual care plans for the 4,500 women who give birth every year in our care.

The department has also been successful in securing a further government grant and during 2014/15 will be improving the services offered to support bereaved families as well as additional facilities for partners.



The grand unveiling by RCM's Chief Executive Cathy Warwick



Our priority is to help ensure all women who visit the unit have the very best possible care and the developments in the MLU will contribute to this greatly



"I thought the team was fantastic"

Artist pictures

Local artists Anna Wakelam, Lucy Pryor and Rosella Longinotti with their artwork displayed in the Midwifery-led Unit.





District Nurse Team Leader for OPAT Kate Owen

Royal recognition The Queen's Nursing Institute

District Nurse Team Leader for OPAT (Outpatient Antimicrobial Therapy) Kate Owen has been given the prestigious title of Queen's Nurse by the community nursing charity The Queen's Nursing Institute (QNI).

The title is not an award for past service, but indicates a commitment to high standards of patient care, learning and leadership.

Earlier this year, Kate was presented with a badge and certificate by Jane Cummings, Chief Nursing Officer for England, at a ceremony at the Royal Garden Hotel in London.

Crystal Oldman, Chief Executive of the QNI said, "Congratulations are due to Kate for her success. Community nurses operate in an ever more challenging world and our role is to support them as effectively as we can. The Queen's Nurse title is a key part of this and we would encourage other community nurses to apply."

COMPLIMENT SPOT
"I felt relieved and not so worried. The nurse was friendly and explained everything."



Reminder service for patients

Our patients will now receive a text message reminder a few days before their appointment to help reduce the number of missed appointments.

The texts will contain the date and time of the appointment as well as the location and name of the clinician the patient is due to see. Messages won't contain any information about the nature of the treatment and will just act as a reminder. The new free service has been introduced in all outpatient clinics and is available to all patients.

To benefit from this service you will need to provide us with a valid mobile number if we don't hold one for you already. Patients who already have a mobile phone number attached to their file have automatically been signed up to the service but can also opt out if they wish.

Paul Assinder, Director of Finance and Information, said "We hope to gain over 9,000 hours of clinic time. This extra time will help us to see more patients and will also help keep waiting for an appointment to a minimum.

"When a patient doesn't attend on the day, it's too late to offer their slot to somebody else. If you can't attend your appointment, it's really important that you let us know so we can reschedule for another time and offer your appointment to another patient.

"We really hope that this new service will help to improve the service we offer and allow us to provide all our patients with timely, high quality care."

In the first month of the project the number of appointments not attended had reduced by 18 per cent, and we expect this to further improve as more people provide us with mobile numbers.

"We hope to gain over 9,000 hours of clinic time."



Did you know?

-  We lost over 2,300 hours of clinic time due to patients not attending appointments in April, May and June this year
-  More than 2,500 outpatient appointments are missed every single month
-  The equivalent of 1,000 working days is lost each year due to patients not attending appointments

Thank you to all our volunteers



The hard work and commitment of our 400+ volunteers was celebrated during Volunteers' week (1-7 June).

Staff across the Trust showed their thanks to our volunteers, who regularly give up their time to lend a hand at Russells Hall, Corbett and Guest, by filling out thank you cards which were then displayed in the reception areas during the week.

"Thank you for all you do – you give staff and patients fabulous support and we wouldn't be able to give such a great service without you," wrote Paula Clark, Chief Executive.

If you are interested in volunteering with us, application packs can be obtained by contacting

Jane Fleetwood, Volunteer Coordinator, on (01384) 456111 ext 1887 or via email on volunteering@dgh.nhs.uk

"You do an amazing job. Thank you!"



The Friends & Family Test



"Everything was explained clearly"

"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 2014:

Inpatient Score: 85
(national average 74)

A&E score: 57
(national average: 53)

Maternity antenatal: 78
(national average: 67)

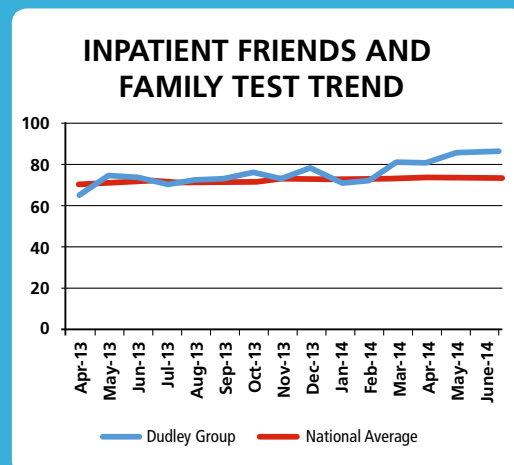
Maternity birth: 83
(national average: 77)

Maternity postnatal ward: 79
(national average: 67)

Maternity postnatal community: 85
(national average: 77)

The chart shows the score trend for the Inpatient Friends and Family Test. We are pleased to see a gradual and sustained increase in score as we listen to, and learn from, your feedback.

The Friends and Family Test will be expanding later on this year to include outpatients, day case and community services.



You said, we did...

YOU SAID

It would be helpful if the car parking machines allowed card payments as you don't always have money with you.

WE DID

We have now introduced chip and pin facilities to car park payment machines in the following locations:

- Russells Hall Hospital – One machine in the main entrance and one at the maternity entrance
- Corbett Outpatient Centre
- Guest Outpatient Centre

YOU SAID

We need to replenish the bus timetables in the carousels at Russells Hall Hospital.

WE DID

We have contacted Centro and put a new process in place to keep the bus timetables stocked up.



LONG SERVICE AWARDS

More than 650 years' service for The Dudley Group has been celebrated by staff who attended the Long Service Awards presentation in May 2014.

The celebrations shone the spotlight on staff who had reached key milestones in their years of service for the Trust, ranging from 15 to 40 years.

Welcoming staff and their guests to the event, Chief Executive Paula Clark said, "The people we are celebrating today have dedicated so much of their working lives to being an invaluable part of the Dudley community and deserve the utmost respect and recognition for their commitment.

"You are the people who have stuck with the Trust over the years despite challenges and difficult times and really have helped to give us both the stability and confidence in our staff that we need in times of change."

Award recipients were presented with a long service certificate and a badge, and treated to a celebratory cup of tea and a slice of long service cake made especially for the event.

“The people we are celebrating today have dedicated so much of their working lives to being an invaluable part of the Dudley community.”



WHERE PEOPLE MATTER



OUR VISION

To be a highly regarded healthcare provider for the Black Country and West Midlands offering a range of closely integrated acute and community based services driven by the philosophy that people matter

Quality Report and Accounts

Summary 2013/14

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 2013/14 can be found on our website www.dudleygroup.co.uk

Choosing our Quality Priorities for 2014/15

The Board of Directors and our Council of Governors agreed that our Quality Priorities for 2013/14 should be carried forward to 2014/15 because all five of the existing priorities remain important both to the Trust and to our patients. We also added an additional priority for 2014/15, mortality, in response to our recommendations from the Keogh Review. Our target is to ensure that, by March 2015, 85 per cent of in-hospital deaths are reviewed within 12 weeks by a specialist team. More detailed information about this and all our priorities can be found in our full Quality Report on our website.

Quality Priorities 2014/15

- | | |
|-----------------------|--------------|
| 1. Patient Experience | 4. Nutrition |
| 2. Pressure Ulcers | 5. Hydration |
| 3. Infection Control | 6. Mortality |

This year we also involved the public and local organisations in the choosing of our priorities. We made a questionnaire available on our website and asked Trust members for their views at one of our open days. The responses we received mainly agreed with our choices for our priorities.

Summary of Key Achievements 2013/14



- ▶ We made a successful bid for a £41,640 government grant to make improvements to our Maternity Department. The Maternity Care Settings Fund grant will be used to improve the service we offer bereaved parents and vulnerable women as well as extending our facilities for birth partners who wish to stay with new mums following birth. See page 5 for more information.



- ▶ Our Learning Disability Strategy was launched by our newly appointed Learning Disability Liaison Nurse as part of our ongoing commitment to being an accessible and inclusive Trust. The strategy outlines a set of core standards that our staff must adhere to and reinforces the principles behind the Mental Capacity Act.

- ▶ After successful recruitment programmes in Madrid, Porto and Lisbon, we successfully recruited staff nurses who joined the Trust in March 2014 and have proved a valuable addition to the Trust's nursing team.
- ▶ Hypo Boxes containing all that is needed for the prompt and appropriate treatment of hypoglycaemic episodes were launched in wards and other clinical areas. The boxes contain a selection of high-glucose products and guidelines on how to best treat patients.
- ▶ Our Long Service Awards continued to recognise staff who have reached key milestones working at The Dudley Group, ranging from 15 to 45 years without a break in service. During 2013/14 we celebrated an amazing 9,293 years of service.



- ▶ Our annual Committed to Excellence awards recognised the hard work and dedication of the very best of The Dudley Group and for the first time ever had a Rising Stars award for staff in a student or trainee role.
- ▶ A new sensory room was opened on our Children's Ward following successful fundraising by some of the ward's play specialists. The room improves our provision for children with additional learning needs and features a cushioned floor and specialist toys and equipment.
- ▶ Our Mom2Mom breastfeeding support project was named as the best of its kind at the Royal College of Midwives Annual Midwifery Awards. The project encourages Dudley's new mums to breastfeed.
- ▶ We were chosen as a pilot site for the Specialist Care at Home project in collaboration with Macmillan Cancer Support, Dudley CCG and Mary Stevens Hospice. The scheme brought with it a £250,000 grant and will improve palliative care for patients in Dudley by offering end of life care at home.
- ▶ The Action Health exercise rehabilitation programme for recovering cancer patients was launched in collaboration with Action Heart and Macmillan Cancer Support. The 12-week programme is tailored to each patients' individual needs and is based on research that shows physical activity can help during both treatment and recovery of cancer.
- ▶ We launched our very own Nursing Strategy based on the Chief Nursing Officer for England's Six Cs of care, compassion, communication, competence, commitment and courage. We also launched the national Health Care Assistant Code of Conduct which focuses on standards of care we expect from our equally invaluable clinical support workers.



Priority 1 Patient Experience

We value the feedback of our patients and so set our patient experience targets based on what they tell us. We can then make sure we are improving the areas that are a priority for the people who use our services.

Hospital priority 2013/14

a) Maintain an average score of 85 or above throughout the year for patients who report receiving enough assistance to eat their meals.

b) By the end of the year, at least 80 per cent of patients will report that their call bells are always answered in a reasonable time.

How we did during 2013/14

	Q1	Q2	Q3	Q4	2013/14
Patients who reported receiving enough assistance to eat their meals	77.3	77.6	81.2	91.7	81.8

Although we improved throughout the year, we did not meet the 85 per cent target until Q4 and so failed to achieve this priority for the year as a whole.

We exceeded our call bell target, with 88.6 per cent of patients telling us that their call bells were always answered in a reasonable time.

We measured this priority using our real-time surveys where we ask a random selection of inpatients to tell us about their experience. During 2013/14, 1440 patients took part in the survey.

Community priority 2013/14

a) Increase the number of patients who use their Single Assessment Process folder/Health and Social Care Passport to monitor their care from 49.4 per cent to 80 per cent by the end of the year.

b) Increase the number of patients who would know how to raise a concern about their care and treatment if they so wished from 86.8 per cent to 90 per cent by the end of the year.

How we did during 2013/14

We did not achieve our target relating to the Single Assessment Process folder. In fact, fewer patients than in 2012/13 told us they used the folder to monitor their care (43.3 per cent in 2013/14 compared to 49.4 per cent in 2012/13). Almost 90 per cent; however, told us they did understand its purpose and so we asked patients why they did not use it.

The reasons patients told us were: they did not feel any need to, they did not know they could, they were happy that Trust staff already explained their treatment to them, they had physical reasons why they could not do this e.g. visual impairment. For this reason this will not be carried forward as it does not appear to be a priority for patients.

Of those asked, 83.3 per cent of patients told us that they would know how to raise a concern about their care and treatment if they wished to do so, against a target of 90. There has been a slight dip in this score compared to 2012/13 and so, because this is an important priority, it will be retained for 2014/15.

We measured this priority using an annual survey of our community patients. The survey received 668 responses in total, with 261

respondents answering the question relating to part a) as not all patients have a Single Assessment folder, and 615 respondents answering the question relating to part b).

NEW FOR 2014/15

Hospital	Community
a) Maintain an average score of 8.5* or above throughout the year for patients who report receiving enough assistance to eat their meals.	a) 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)
b) 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.	b) 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)

* Change of scoring system to be consistent with the national surveys. Now out of 10 rather than 100

Developments planned for 2014/15

- ▶ Continue to recruit volunteer mealtime assistants who will be trained and in place on the wards where needed
- ▶ Targeted patient experience surveys will be done with patients who need mealtime assistance to make sure patients are getting the help they need
- ▶ Call bell data will be included on the new ward huddle boards to keep the focus on this important issue and to let staff and patients know how their ward is performing
- ▶ Review and further develop the call bell pilot carried out on our surgical wards and roll out to all wards
- ▶ Develop postcard-style information and refresh posters to give to patients advice on who to contact if they are worried and how to raise a concern
- ▶ Review appointment and discharge letters to make sure patients receive information on who to contact if they are worried after treatment and how to raise a concern
- ▶ Utilise the Single Point of Access (SPA) telephone number for patients to use

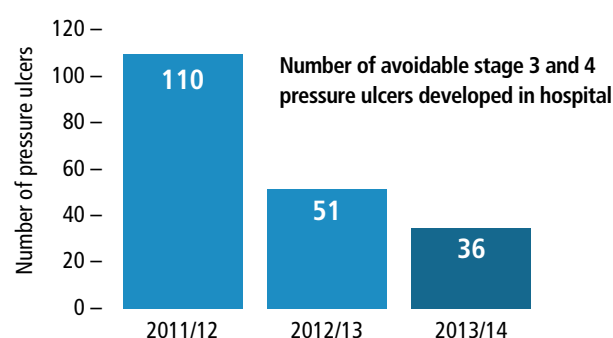
Priority 2 Pressure Ulcers

Hospital priority 2013/14

- a) Reduce avoidable stage 4 hospital acquired pressure ulcers* so that the number for 2012/13 has been reduced by 50 per cent in 2013/14.
- b) Reduce avoidable stage 3 hospital acquired pressure ulcers so that the number for 2012/13 has been reduced by 25 per cent in 2013/14.

How we did during 2013/14

We have consistently reduced the number of stage 3 and 4 pressure ulcers developed in hospital for the past three years with a total of 36 ulcers in 2013/14 compared to 51 in 2012/13 and 110 in 2011/12.



Our target to reduce the number of stage 4 pressure ulcers was exceeded, with zero ulcers recorded throughout the whole of 2013/14, a huge reduction on the 28 recorded in 2012/13.

Although we have reduced the total number of stage 3 and 4 pressure ulcers, we did not achieve our target to reduce stage 3 pressure ulcers by 25 per cent. The total number for the year was 36; however, it is likely that the number of stage 3 ulcers has risen because, as awareness and education have improved, some of these may previously have developed into stage 4.

*also commonly referred to as bed sores

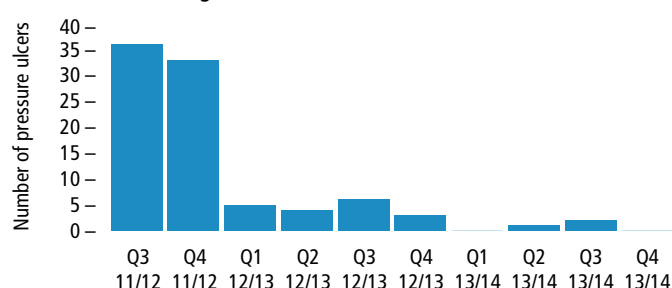
Community priority 2013/14

Reduce avoidable stage 3 and 4 acquired pressure ulcers that occur on the district nurse caseload so that the number for 2012/13 has been reduced by 25 per cent in 2013/14.

How we did during 2013/14

Our community staff did a wonderful job in reducing pressure ulcers with just three ulcers reported throughout the whole of 2013/14, a reduction of over 80 per cent.

Total number of avoidable stage 3 and 4 pressure ulcers developed on the district nursing caseload



Developments planned for 2014/15

- ▶ Continue to support hospital staff in the effective use of new pressure easing hybrid mattresses
- ▶ Utilise the equipment coordinator to monitor current practice in all wards. This will include checking that SKIN bundles used for monitoring pressure ulcers are completed effectively and ensuring patients are cared for using the appropriate equipment
- ▶ Develop and embed the use of a new equipment selection flow chart for the community service supported by training sessions
- ▶ Continue weekly meetings with the pressure ulcer group to review any stage 3 or 4 ulcers that may develop while patients are in our care
- ▶ Continue to work with private care agencies and organise education sessions and updates as required
- ▶ Support nursing homes with regular link nurse meetings
- ▶ Following the success of a first newsletter sent out to nursing homes, the introduction of a regular newsletter to update nursing home staff and practice nurses
- ▶ Education sessions to continue for all staff with practical sessions
- ▶ Play a role in working with national groups to agree standard definitions for wounds that are diabetic foot ulcers or related to circulation problems compared to pressure ulcers

NEW FOR 2014/15

Hospital	Community
Ensure that there are no avoidable stage 4 hospital acquired pressure ulcers throughout the year.	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 hospital acquired pressure ulcers in 2014/15 does not increase from the number in 2013/14.	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.

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 Quality Report 2014, several reported pressure sores were still being investigated. This will mean that the actual end of year figures may change. The figures will be rectified in next year's Quality Report.

Priority 3

Infection Control

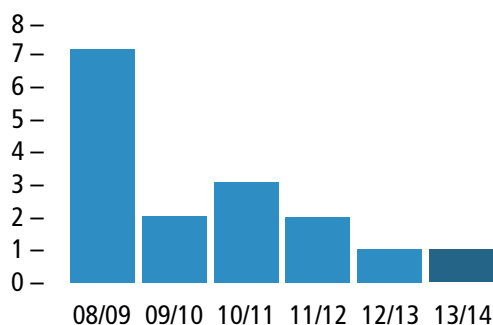
Reduce our MRSA and Clostridium difficile (C. diff) rates in line with national and local priorities:

- ▶ Have no post 48 hour cases of MRSA bacteraemia (blood stream infections).
- ▶ Have no more than 38 post 48 hour cases of Clostridium difficile.

How we did during 2013/14

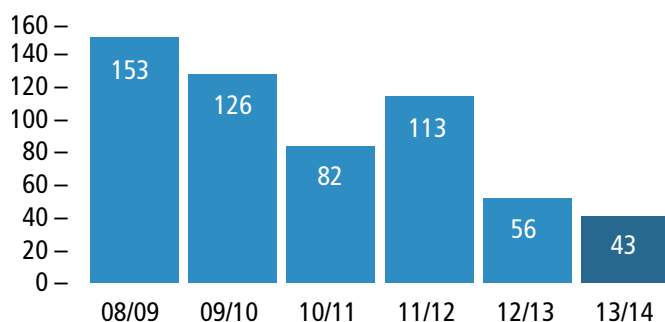
We have continued our good work to maintain a low level of MRSA bacteraemia; however, we did not achieve the target of having no cases with one confirmed case during 2013/14.

Total MRSA cases per year



Although 2013/14 has seen our best performance against C. diff in six years, we failed to meet this priority. Our target for the year of 38 was set by the government and we knew it would be a challenge. This has proved to be the case, with 43 cases over the year.

Total C. difficile cases per year



NEW FOR 2014/15

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

MRSA

Have no post 48 hour cases of MRSA bacteraemia (blood stream infections).

Clostridium difficile

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

Developments planned for 2014/15

- ▶ Working with our hydrogen peroxide vapour (HPV) 'fogging' contractor to agree a rolling programme of decontamination services to assist in the prevention of cross infection
- ▶ Providing further training around specimen collection and utilising the specimen checklist relating to C. diff
- ▶ Developing further infection control education programmes and competencies that can be utilised across the Trust
- ▶ Working with community nursing teams to enhance their knowledge around specimen retrieval, infection prevention and control, and data collection
- ▶ Developing an agreement with Dudley CCG on local actions, including an algorithm to differentiate between avoidable and unavoidable cases
- ▶ Publishing the numbers of avoidable and unavoidable C. diff cases on the Trust website





Priorities 4 & 5

Nutrition & Hydration

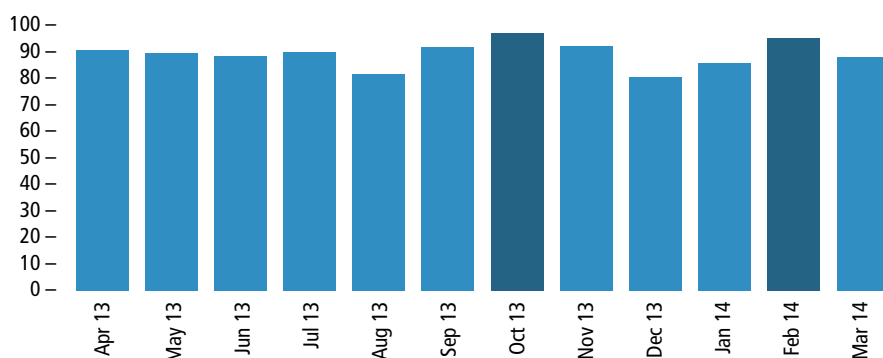
Nutrition

- Increase the number of patients who have a weekly risk reassessment regarding their nutritional status. Through the year on average at least 90 per cent of patients will have the weekly risk assessment completed and this will rise to at least 93 per cent by the end of the year (March 2014).
- Increase the number of patients having a food recording chart and a fluid balance chart in place if the Malnutrition Universal Screening Tool (MUST) score is 1 or above. Through the year on average at least 90 per cent of patients will have the weekly risk assessment completed and this will rise to at least 93 per cent by the end of the year (March 2014).

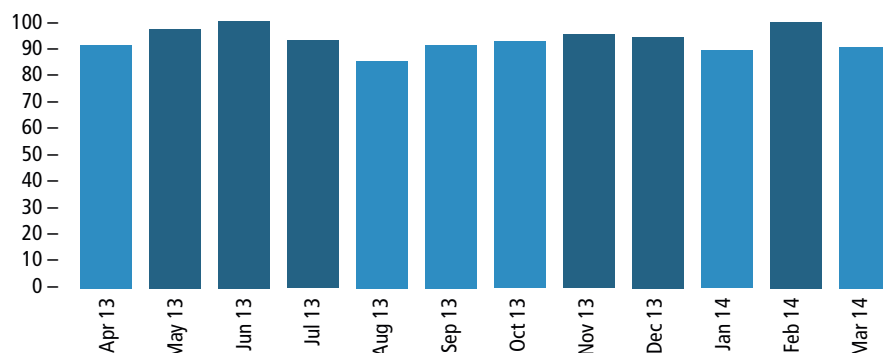
How we did during 2013/14

We marginally missed out on achieving the target for patients who have a weekly risk reassessment with an actual result of 90 per cent against a target of 93 per cent. We also narrowly missed the MUST target for 2013/14, achieving an average of 89 per cent for the year.

MUST Weekly Reassessments 2013/14



Food/fluid balance chart evident 2013/14



Hydration

Increase the number of patients who have their fluid balance charts fully completed. Through the year on average at least 90 per cent of patients will have their charts fully completed and this will rise to at least 93 per cent by the end of the year (March 2014).

How we did during 2013/14

We are pleased to announce that we achieved this priority, with 91 per cent completed over the year, and a March 2014 figure of 95 per cent.

NEW FOR 2014/15

Nutrition

Increase the number of patients who have a weekly risk reassessment regarding their nutritional status. Through the year on average at least 90 per cent of patients will have the 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 by lunchtime.

Developments planned for 2014/15

- ▶ Mealtime audits will be reviewed to develop a more robust system of ensuring appropriate action is taken
- ▶ A more automated system of ensuring that patients and staff are forewarned about mealtimes rather than relying on the use of the hand bells will be introduced
- ▶ An electronic learning package will be implemented for staff
- ▶ A formal strategy will be developed to ensure that nutrition and hydration remain priority issues
- ▶ All current menus will be reviewed to ensure greater choice for patients
- ▶ All nutrition based policies will be reviewed and amended to ensure they reflect up-to-date practice

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	Target 2013/14	National 2013/14	Trust 2013/14	Target Achieved/ Not Achieved
1. Access								
Maximum time of 18 weeks from point of referral to treatment (admitted patients)	95.8%	97.03%	95.7%	96.1%	90%	91.4%*	93.95%	
Maximum time of 18 weeks from point of referral to treatment (non-admitted patients)	99.1%	99.2%	99.2%	99.5%	95%	96.9%*	99.18%	
Maximum time of 18 weeks from point of referral to treatment (incomplete pathways)	N/A	N/A	N/A	98.1%	92%	94.1%*	96.74%	
A&E: Percentage of patients admitted, transferred or discharged within 4 hours of arrival	98.1%	98.8%	97.27%	95.4%	95%	95.7%	93.74%	
A maximum wait of 62 days from urgent referral to treatment of all cancers	86.5%	87%	88%	88.7%	85%	86.5%^	89%	
All cancers: 62 day wait for first treatment from consultant screening service	N/A	99.6%	96.6%	99.4%	90%	94.9%^	99.6%	
All cancers: 31 day wait for second or subsequent treatment (surgery)	N/A	99.6%	99.6%	99.2%	94%	97.4%^	100%	
All cancers: 31 day wait for second or subsequent treatment (anti-cancer drug treatments)	N/A	100%	100%	100%	98%	99.7%^	100%	
A maximum wait of 31 days from diagnosis to start of treatment for all cancers	99.3%	99.8%	99.7%	99.5%	96%	98.4%^	99.9%	
Two week maximum wait for urgent suspected cancer referrals from GP to first outpatient appointment	98%	96.8%	97.2%	96.2%	93%	95.4%^	97.5%	
Two week maximum wait for symptomatic breast patients	69%	98.2%	99%	98.1%	93%	95.1%^	98.2%	
2. Outcomes								
Certification against compliance with requirements regarding access to healthcare for people with a learning disability	N/A	N/A	Compliant	Compliant	Compliant	-	Compliant	
Data Completeness for community services: Referral to treatment information	N/A	N/A	N/A	97.3%	50%	+	98.4%#	
Data Completeness for community services: Referral information	N/A	N/A	N/A	65.6%	50%	+	64.6%#	
Data Completeness for community services: Treatment activity information	N/A	N/A	N/A	99.1%	50%	+	100%#	

Notes N/A applies to targets not in place at that time + applies to national figures not available
 - applies to national figures not being appropriate # Latest monthly figure for March 2014
 * applies only from April 2013 to February 2014 as full year figures are not currently available
 ^ applies only from April 2013 to December 2013 as full year figures are not currently available

How we spent the money in 2013/14

In line with the wider NHS, the Trust faced a challenging year financially, and whilst income increased marginally, the overall effect was a reduction. The Trust continued its drive to make efficiency savings and developed schemes to deliver £9.4m of savings and revenue generation which helped us achieve a modest surplus at the end of the year of £0.3m.

Total spend 2013/14

OPERATING EXPENSES FOR 2013/14

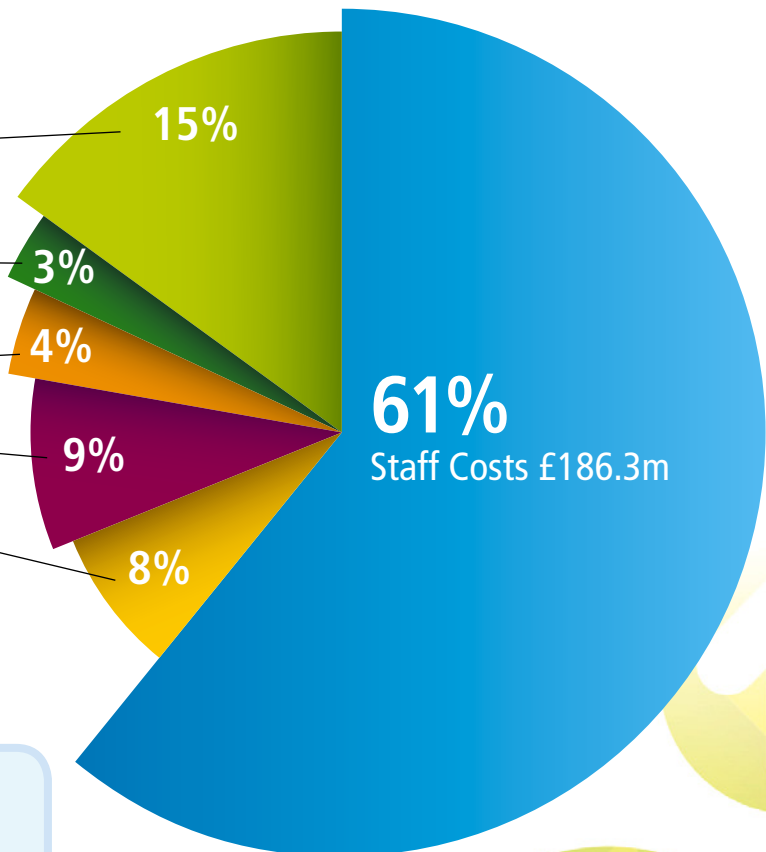
Other spend **£46.7m**. Includes £31.8M in relation to payments to the Trust's PFI partner for services provided

Depreciation, amortisation and impairments **£9.1m**

Establishment, transport and premises **£11.3m**

Drug Costs **£28.6m**

Supplies and Services **£24.1m**
Services from other NHS bodies **£0.3m**



Total Spend 2013/14 £306.4m

Investments

- ▶ Once again, the Board of Directors decided to invest heavily in front line clinical services and has spent £5.7 million on new equipment and infrastructure to support continual improvement to the quality of care to patients
- ▶ We spent £3.1m on our ongoing medical equipment replacement programme
- ▶ £0.9m was invested in Information Technology to improve the efficiency of Trust processes
- ▶ £0.7m was invested in upgrades to our GI Unit and the establishment of a simulation laboratory, the latter central to our training programme for medical students
- ▶ We invested in an extra 170 Whole Time Equivalent new staff, the majority of whom are frontline clinical staff

Statement of Comprehensive Income

	Year Ended 31 March 2014 £'000	Year Ended 31 March 2013 £'000
Operating Income from operations	316,456	298,441
Operating Expenses of operations	(305,926)	(283,212)
OPERATING SURPLUS/(DEFICIT)	10,530	15,229
FINANCE COSTS		
Finance income	134	485
Finance expense - financial liabilities	(10,759)	(10,472)
PDC Dividends payable	(2,254)	(2,344)
NET FINANCE COSTS	(12,879)	(12,331)
Corporation tax expense	0	0
Surplus/(Deficit) from operations	(2,349)	2,898
SURPLUS/(DEFICIT) FOR THE YEAR	(2,349)	2,898
Other comprehensive income		
Will not be reclassified to income and expenditure:		
Impairments	(318)	0
Revaluations	3,321	0
May be reclassified to income and expenditure where certain conditions are met:		
Fair Value gains/(losses) on Available-for-sale financial instruments	0	0
TOTAL COMPREHENSIVE INCOME/(EXPENSE) FOR THE YEAR	654	2,898

All income and expenditure is derived from continuing operations.

There are no Minority Interests, therefore the deficit for the year of £2,349,000 (2012/13 surplus of £2,898,000) and the Total Comprehensive Income of £654,000 (2012/13 £2,898,000) is wholly attributable to the Trust.

Statement of Financial Position

	31 March 2014	31 March 2013	1 April 2013
	£'000	£'000	£'000
Non-current assets			
Intangible assets	1,148	1,281	576
Property, plant and equipment	218,083	218,509	219,000
Other Investments	0	0	0
Trade and other receivables	9,924	9,314	8,733
Total non-current assets	229,155	229,104	228,309
Current assets			
Inventories	2,896	3,088	2,837
Trade and other receivables	18,114	7,318	6,289
Other financial assets	0	0	0
Cash and cash equivalents	26,165	32,906	36,346
Total current assets	47,175	43,312	45,472
Current liabilities			
Trade and other payables	(19,329)	(15,728)	(15,135)
Borrowings	(5,344)	(4,978)	(4,897)
Provisions	(2,945)	(430)	(706)
Other liabilities	(1,809)	(245)	(2,048)
Total current liabilities	(29,427)	(21,381)	(22,786)
Total assets less current liabilities	246,903	251,035	250,995
Non-current liabilities			
Borrowings	(142,069)	(146,855)	(151,365)
Total non-current liabilities	(142,069)	(146,855)	(151,365)
Total assets employed	104,834	104,180	99,630
Financed by			
Taxpayers' equity			
Public Dividend Capital	22,579	22,579	20,927
Revaluation reserve	55,608	52,649	52,709
Income and expenditure reserve	26,647	28,952	25,994
Total Taxpayers' and Others equity	104,834	104,180	99,630

Adding colour to the relatives' rooms



Hayley Smith creating a friendlier environment for families

Hayley Smith, Administrative Assistant in Critical Care, happily volunteered to paint four pictures to display in the unit's relatives' rooms.

The relatives' rooms are a place where friends and families of patients can rest while their loved one is being seen by a doctor or nurse.

Painting is one of Hayley's favourite hobbies and she thought it would be a great opportunity to try and make the rooms have a friendlier environment.

“It makes the surroundings a bit more pleasant for friends and families”

Hayley said, “I know how difficult it can be for relatives when their loved ones are in hospital and, although it's only something very little, it makes the surroundings a bit more pleasant for friends and families.”

✓ **COMPLIMENT SPOT**
“The words of assurance from medical staff after the operation were greatly appreciated”

Craft group created for our stroke patients

Occupational therapists have set up a group for stroke patients as part of their ongoing rehabilitation. The group uses art and crafts to create displays and takes place every Tuesday on ward A3.

The craft group created a spring display throughout May and June 2014 which involved cutting, sticking, drawing and painting to create a display of trees, flowers, butterflies and birds.

To keep up with current events, the group also created a display for the World Cup 2014 which involved making flags of all the qualifying countries and even a World Cup trophy!

Occupational therapists have received positive feedback from patients, families and ward staff about how much the displays brighten up the ward whilst helping patients with their rehabilitation.



Occupational therapist Mary Groves creating an art display with a patient

ion yet?

Shared your organ donation decision?



82%

of the population definitely want to donate, or would consider donating, their organs – but only **50%** have talked about it with their families

Only

31%



of families would agree to donation going ahead if they are unaware of their loved one's decisions

On average

3 people a day die...



...in need of a transplant because there are not enough organs available

One donor



can transform the lives of nine people



Give the gift of life

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.

This year's Transplant Week campaign focused on 'spelling it out' – making sure you tell your friends, family and loved ones that you wish to be an organ donor.

During Transplant Week staff, patients and visitors were given the chance to sign up at the main reception in Russells Hall Hospital. More than 100 people in Dudley signed up to the register during Transplant Week, taking the total of registered donors in the Dudley postcode area to 102,061.

I want to sign up! 

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**

If you believe in organ donation, prove it...

...register now



0300 123 23 23
www.organdonation.nhs.uk

Donation after your death: Why should I join the register?

As many as 1,000 patients a year, or three people a day, will die before they can receive the transplant they need because there are not enough organs available.

If your family does not know of your wish to become an organ donor after death, it is harder for them to know what to do. Joining the Organ Donor Register and talking to them about your wishes can bring comfort to your family by knowing they are fulfilling your wish to help others after death.

"Although organ transplantation is one of modern medicine's greatest achievements, it is completely dependent on the generosity of donors and their families who, at the hardest time, give the greatest gift" said Julian Sonksen, Clinical Lead for Organ Donation.

Rebecca Timmins, Specialist Nurse for Organ Donation, said, "In Dudley alone there are 36 people waiting for kidney transplants, three waiting for heart transplants and two waiting for lung and liver transplants. Signing up to become an organ donor could mean the chance of life for these people.

"More than 100,000 people in the Dudley area are already on the register, and it helps make their wishes clear; how many more know their wishes but haven't yet expressed them?"



Meet the team ... The matrons

Ian Dukes, Staff Elected Governor for Medical and Dental staff, is a consultant in emergency medicine based in our busy Emergency Department. Here he invites you to learn more about our newly restructured senior nursing team.

Nursing and midwifery staff make up over a third of our workforce and keep our hospital and community based services running smoothly 365 days a year. With such a large number of employees to look after, leadership of our nurses is very important.

To make sure the patient is at the heart of everything we do, we have changed the way our senior nurses work on the wards by introducing more traditional-style matrons who spend more of their time in their patient areas.

Denise McMahon, Director of Nursing, said "We've always had matrons leading our

nursing teams but patients told us they wanted them to be more visible on the wards and in clinical areas.

"Patients and their relatives wanted to be able to speak to the matrons if they had a query or concern, and we encourage them to raise any issues they have with them straight away wherever possible.

"In response to the feedback, we decided to change the way our senior nursing team was structured to let our matrons spend more time on the front line working face-to-face with those who use our services, supported by our new Heads of Nursing."

With the new structure also comes a smart

new uniform for some of our senior nurses, with the introduction of grey tunics for our matrons and black tunics for our heads of nursing – both with red epaulettes. Matrons and heads of nursing will also be wearing belts with their iconic qualified nurse buckles.

The feedback from patients on the new uniforms has been every positive so far. On seeing a matron donning her new uniform, one patient said, "There's no doubt who's in charge here!"

To find out who the matrons are for each area of the Trust, visit our website at www.dudleygroup.nhs.uk/matrons



COMPLIMENT SPOT

"The
aftercare was
brilliant when
I came out of
surgery"

Outdoor gym declared open

The new gym, opened by Dudley's Mayor Councillor Alan Finch, at Russells Hall Hospital is the first outdoor gym on a hospital site in Britain.

The brand new facilities have been installed as part of the collaboration between Action Heart, Dudley Council and The Dudley Group to improve health and well being of our patients, visitors and staff.

"In Dudley we have a long track record of providing a nationally recognised cardiac rehabilitation programme," said Mayor Alan Finch.

"We hope it will raise the profile further of all of the outdoor gyms across the borough," he added.

Action Heart welcomes everyone to use the equipment which is located outside South Block, to the left of the Action Heart gym.

The gym also provides a 'step down' rehabilitation facility for patients being discharged from hospital as the equipment has been designed so it is easy to use.



Dudley's Mayor
Councillor Alan Finch

"In Dudley we have a long track record of providing a nationally recognised cardiac rehabilitation programme."

GastroCycle



core
FIGHTING GUT AND LIVER DISEASE

Two of the Trusts very own gastroenterology consultants took to their bikes in June 2014 to embark on a 240 mile trip to raise money for the gut and liver disease charity CORE.

Dr Neil Fisher and Dr Sharan Shetty began their journey at Regent's Park in London as part of the GastroCycle 2014 charity bike ride.

The ride lasted three days and saw cyclists arrive in Manchester on Sunday 15th June – just in time for the British Society of Gastroenterology Annual Conference.

Our consultants were two of 50 cyclists taking part in the ride which raises for money for research projects into Crohn's Disease, gastrointestinal cancer, pancreatic cancer and other conditions that affect the gut, liver and pancreas.



Changes to outpatient prescription forms

The prescription form patients take to their own GPs for non-urgent medicines following outpatient appointments at hospital has been updated.

The most noticeable change is the colour: the form used to be pink but has now been changed to white with a pink border after GPs told us pink forms were difficult to scan.

Following discussions at the Medicines Management Committee in Dudley, we have also updated the form to include more information for patients about taking

non-urgent medicine requests to their GPs.

There is more space for prescribers to add their details and there is a duration column to help your GP practice tell you if your medication is a regular repeat prescription.

To help improve your experience, an extra column has been added so that prescribers can confirm that they have spoken to you about how to use your new medication and any possible side effects.

On the reverse of the form the list of prescription charge exemptions has been updated in line with the new benefits system.

Dudley Group NHS Charity
Fundraising Manager:

Karen Phillips

Russells Hall Hospital, Dudley, DY1 2HQ

(01384) 456111 Ext: 3349

karen.phillips@dgh.nhs.uk

www.dudleygroup.nhs.uk/our-charity

www.justgiving.com/dghc

Twitter: @DGNHSCharity

Facebook: DudleyGroupNHSCharity

Charity Number: 1056979



Charity Update for 2013/14

Free radio WALK for Kids

In June 2013, thousands of walkers took part in the Free Radio 15 mile Walk for Kids.

As a result, the radio station was able to donate £30,000 to our Neonatal Unit which enabled the purchase of a specialist Giraffe incubator.

The Neonatal Unit also benefitted from the 2013 Annual Trust Charity Football Match. A whopping £5,500 was raised. This has funded a phototherapy unit for babies suffering with jaundice. This revolutionary equipment means that babies can be treated in their own cot and not have to go into an incubator.

JustGiving

2013 also saw the launch of a JustGiving page to support our Breast Cancer Research Project led by Professor Amtul R Carmichael. At the time of going to print the campaign had raised over £3,000.

Will Fortnight

Thank you to everyone who had a will written during our Will Fortnight in October, we raised a record £4,000. This year's Will Fortnight will run from 6th to 17th October 2014. For a list of the solicitors who are supporting us this year, please contact Karen Phillips on (01384) 456111 extension 3349.

Cancer Appeal Our on-going appeal 'Cancer: caring for the patient and the family' raised nearly £6,000. For the second year running it was supported by the online giving campaign hosted by the Big Give. Our appeal was also backed by the national women's magazine Candis and sponsored by Chartway Engineering Ltd based in Brierley Hill.

Looking forward

We are shortly to launch a monthly eNewsletter to keep all of our dedicated supporters up to date with what our fundraisers are doing and where your generous donations are improving things for our patients and staff. Please get in touch if you wish to receive a copy.

You can also follow us on Twitter and post your fundraising ventures on our Facebook page, keep spreading the word.

Our JustGiving pages make it really easy to encourage friends and colleagues to donate online. You can use this forum to create team pages and 'in memory' pages.

Liaising with the wards, departments and community colleagues is an important aspect to our charity. Understanding their requirements can unveil areas of need where the charity can help. This knowledge can also help prospective fundraisers decide on an area of care to work towards. So if you want to fundraise for us but not sure of a goal, get in touch, we're here to help.



Charity Football Match & Family Fun Day

- ▶ Sunday 28th September 2014
- ▶ Gates open 12.30pm
- ▶ Kick Off 2pm Stourbridge Football Club
- ▶ Tickets £3 per adult
- ▶ Children under 12 go free

Special guests Steve Bull and Jody Craddock will be in attendance.

This year we hope to raise £6,000 for our Children and Adult Emergency Department at Russells Hall Hospital. Your support could make our patients' visits to our Emergency Department a positive, less daunting experience.

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

You are invited to the latest

Meet Your Experts event & 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 A&E and other emergency services
- ✓ Meet the frontline staff delivering emergency care

- ▶ Russells Hall Hospital, Pensnett Road, Dudley, DY1 2HQ
- ▶ Thursday 11th September 2014 ▶ 4.30pm - 8.00pm
- ▶ Registration from 4.00pm (light refreshments served)

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

ਜੇਕਰ ਇਹ ਲੀਫਲੈਟ (ਫੋਟਾ ਇਸਤਿਫਾਦਾ) ਤੁਸੀਂ ਆਪਣੀ ਭਾਸ਼ਾ (ਪੰਜਾਬੀ) ਵਿੱਚ ਲੈਣਾ ਚਾਹੁੰਦੇ ਹੋ ਤਾਂ ਕ੍ਰਿਪਾ ਕਰ ਕੇ ਪੇਸ਼ਟ ਇੰਨਫਰਮੇਸ਼ਨ ਕੇ-ਆਓਰੀਨੇਟਰ ਨਾਲ **0800 0730510** ਟੈਲੀਫੋਨ ਨੰਬਰ 'ਤੇ ਸੰਪਰਕ ਕਰੋ।

यदि आपको यह दस्तावेज़ अपनी भाषा में चाहिये तो पेशन्ट इनफ़र्मेशन को-आर्डिनेटर को टैलीਫ਼ोन ਨੰਬਰ **0800 0730510** पर फ़ोन करें।

જો તમને આ પત્રિકા તમારી ਧਿਆਨੀ ਭਾਸ਼ਾ (ਪੰਜਾਬੀ) ਵਿੱਚ ਲੈਣੀ ਚਾਹੀਦੀ ਹੈ, ਤਾਂ ਕ੍ਰਿਪਾ ਕਰਕੇ ਪੇਸ਼ਟ ਈ-ਆਓਰੀਨੇਟਰ ਨਾਲ **0800 0730510** 'ਤੇ ਸੰਪਰਕ ਕਰੋ।

आपनि यदि এই প্রচারপত্রটি আপনার নিজের ভাষায় পোতে চান, তাহলে দয়া করে পেশেন্ট ইনফর্মেশন কো-অর্ডিনেটরের সাথে **0800 0730510** এই নম্বরে যোগাযোগ করুন।

إذا كنت ترغب هذه الورقة مترجمة بلغتك الأصلية (اللغة العربية)، فراجعنا اتصل بمنسق المعلومات للمريض **0800 0730510** على التلّفون Information Co-ordinator

سبب ضرورت المعلومات کوئی زبان (دور) میں حاصل کرنے کے لیے ہمیں اپنی ٹیلیفون نمبر **0800 0730510** پر وقت انگریزی میں (پنجشنبہ) کے مطابق کسی کے ساتھ
میں (پنجشنبہ) کے ساتھ مل کر۔



This leaflet can be made available in large print, audio version and in other languages. Please contact **0800 073 0510**.

Subscribe to Your Trust

Contact us on
(01384) 321124 or email
foundationmembers@dgh.nhs.uk

In an effort to make further savings, this magazine will now only be produced and distributed once a year in printed format. To ensure you stay up to date, we will produce e-versions on a regular basis. If you don't already receive the magazine via email, please let us know.