Issue No.27 Summer 2017





Yourtrust

Electronic Patient Record Thanking our staff Wheelchair campaign Hospital haircuts

ALSO IN THIS ISSUE

Committed to Excellence

The Dudley Group annual staff awards hosted by BBC News presenter Nicholas Owen. See page 6

> Annual Summary 2016/17 Overview of the Trust's performance

and finances over the year. See page 7

Fast-track kidney op

Patients can now receive fast-track emergency nephrostomy procedures. See page 22

foundationmembers@dgh.nhs.uk

DUDLEY GETS ITS FIRST PARTICIPANTS IN THE NATIONAL 100,000 GENOMES PROJECT



News from The Dudley Group

WELCOME TO YOUR TRUST

MAGAZINE, sharing news from across The Dudley Group. The issue includes our 2016/17 Annual Summary - an overview of our performance and achievements during the year. On pages 7 to 18 you will find a summary of performance against our quality priorities and national

66 As always,

our incredible

challenge and

go above and

teams have

risen to the

consistently

beyond... 77

targets, our end-of-year financial position and some of the 2016/17 key highlights.

In line with the NHS as a whole, 2016/17 was another challenging year for us here in Dudley. Demands on our services have reached levels never seen before, with more patients than ever accessing services. As always, our incredible teams have risen to the challenge and consistently go above and beyond to ensure our patients receive the very best care we can provide.

This hard work is highlighted by the Trust's

continued good performance against key performance targets and great feedback from patients through the Friends and Family Test.

We have seen a number changes at Board level during the year and into 2017/18, with our Chief Executive of seven years, Paula Clark,

leaving the Trust to join University Hospitals of North Midlands in September 2016. Dr Paul Harrison, our Medical Director, took on the CEO role on an interim basis until new Chief Executive Diane Wake took up the reigns in April 2017.

Also moving on to pastures new was our Chief Nurse Dawn Wardell who has joined NHS England West Midlands, and we welcomed our interim Chief Nurse Siobhan Jordan in May 2017. Another new face is Andrew McMenemy, Director of Human Resources, who joined us in the autumn and will help us continue to retain and recruit an excellent workforce. We also said farewell to our Director of Strategy

> and Performance Anne Baines in May 2017, and look forward to welcoming Anne's successor later in the year.

Our annual Committed to Excellence staff awards, funded by sponsorship, were again a great success, with individuals and teams from across the organisation recognised for the exceptional work and unwavering dedication to patient care. You can see our first-place winners on page 6 and all photos from the night are available on our website.

As we look to the future I look forward to working closely with Diane and the Board as we develop and improve further as a Trust.

Jenni Ord Chairman



I AM THRILLED to have joined the Trust in April 2017 at such an exciting time. I am looking forward to making a difference for the patients of Dudley and surrounding areas by continuing our work in partnership to make our local services right for local people.

As we move into 2017/18 and beyond, working with GPs and other local providers to develop the services will result

in groundbreaking changes to the way services are accessed and coordinated for our patients. Together with my executive team, I will be working hard over the coming year to ensure our hospital and community services continue to perform amongst the best in the country, and are sustainable long term.

L Going paperless will allow us to spend more time with you and we will also be able to share information about your care with your GP and other healthcare providers. 77

Our work to become a Digital Trust, with a full Electronic Patient Record (EPR), will begin to gain real traction this year as work with our partners Allscripts continues. Our EPR will allow us to offer patients more effective, safer care as our staff will have access to patients' most up to date health records wherever they are working. Going paperless will allow us to spend more time with you and we will also be able to share information about your care with your GP and other healthcare providers. Read more on page 5.

We have recently received confirmation from the Department of Health that we will receive an additional £1m of funding this year to ease pressure on our Emergency Department. This is excellent news for patients and we plan to use this money to build a brand new urgent care centre (UCC) integrated with our Emergency Department. This will allow a centralised point of access for patients and a seamless service with clinicians from primary care and the hospital working even more closely together.

I am looking forward to meeting as many of our staff, patients, external partners and Foundation Trust members as possible over the coming year, and intend to work closely with them, along with our Council of Governors, to make sure patients' and the public's voices are heard at the Board and their feedback used to make a difference to services.

Diane Wake Chief Executive

Get social with us!

NHS

Want to stay up-to-date with all the latest Trust news and info? Check out our Facebook and Twitter pages for our latest job vacancies, volunteering opportunities, press releases, Trust events, photos and announcements.

If you don't already, like or follow us and invite your friends to do the same! Find us on both Facebook and Twitter by searching for 'DudleyGroupNHS'

DudleyGroupNHS



The Twitter page



LL There's nothing I find more rewarding than volunteering here at Russells Hall Hospital. It's great to know I can make a difference to patients, even if it's just making them smile or having someone to talk to. **17** Brian Jones

Join our team of volunteers

VOLUNTEERING WITH US can make such a difference to patients and visitors. We are currently recruiting volunteers to join our fabulous team. If you are aged 16 or over, and you can spare a few hours a week, why not get in touch? We'd love to hear from you!

We have a variety of volunteering roles with vacancies at the moment, from assisting patients at mealtimes to helping visitors find their way around our hospitals. If you are interested in becoming a volunteer, please telephone our volunteers' coordinator on (01384) 456111 ext. 1887 or email volunteering@dgh.nhs.uk

What our volunteers say

Brian Jones, 75, from Swindon started volunteering with us three years ago. He spends most of his volunteering time on Ward C3, our elderly care unit, where he serves drinks, helps with administration tasks and spends time with patients.

800 389

Extra support at home for patients over the age of 65 who leave hospital

ALL DUDLEY PATIENTS over the age of 65 now receive a telephone call after they are discharged from hospital to see if they need extra help and support at home.

A team of ten care coordinators help patients with anything from benefits to carers support, home repairs to community fire prevention, and any other health or social care needs.

"Our care coordinators ensure vulnerable patients feel settled and sorted once they are out of hospital and back at home," said Paul Bytheway, Chief Operating Officer for the Trust.

"They provide patients with a vital link between the hospital, their GPs and other community-based services, helping them to live independently and remain in their own homes," he added.

One patient who has already received help from a care coordinator is Ronnie Myatt, 81, from Brierley Hill.

"I was delighted when Karen called to check how I was managing at home. It gave me real peace of mind to know that someone was thinking about me and was interested in my recovery," said Ronnie. Care coordinators pictured with Chief Operating Officer Paul Bytheway and Director of Operations for Medicine and Integrated Care Johanne Newens launching the new service at Russells Hall Hospital. Also pictured are members of the West Midlands Fire Service who support patients with accessing community fire prevention.

LL It gave me real peace of mind to know that someone was thinking about me and was interested in my recovery. **77**

The coordinators work with teams of different specialists at each GP practice to determine which patients are most frail or vulnerable and in need of a follow up phone call.

They will also discuss people who visit hospital frequently, and use the meetings to support them so they can remain in their own home.

Good hair day for patients at Russells Hall Hospital



Halesowen College Student Umaer Hussein treats patient Ronald Singleton to a trim during his stay. INPATIENTS AT RUSSELLS HALL HOSPITAL are being treated to a 'new do' thanks to barbering students from Halesowen College who provide free haircuts and male grooming treatments.

The new barbering service was introduced to make hospital stays more pleasant after the success and popularity of beauty treatments already offered by Dudley College beauty students.

The service has been a real success and patients have been thrilled to receive a treat during their hospital stay.

Patient Ronald Shingleton, who received a trim from one of the students, said, "I am really pleased with my new haircut. They have done a great job."

Barber student Umaer Hussein said, "I really enjoy barbering and it is so rewarding knowing that I am doing it for the benefit of patients."

Halesowen College course leader Paula Evans, who oversees the students during the haircuts, said, "The students have really embraced their visits to Russells Hall Hospital and we are really proud of what they have achieved so far."

Trust invests in multi-million pound electronic patient record

WE ARE INVESTING £32 MILLION over the next 10 years in a Digital Trust programme to develop a full electronic patient record (EPR).

We signed a 10 year contract with Allscripts to deliver 'Sunrise Clinicals', a complete digital clinical solution, across the Trust, including the capability to share records with patients.

Medical Director and Deputy Chief Executive, Dr Paul Harrison said "This is the biggest investment in IT the Trust has ever made and is an exciting development for everyone.

"The work to transform Dudley into a Digital

Trust will revolutionise the way we work, delivering more effective and safer clinical care. This will save money to spend on frontline services, and free up more time for us to spend with patients," said Dr Harrison.

"There are significant benefits for patients. The system will ensure all information about a patient's treatment is available anywhere across the Trust at any time of the day or night.

"This will support clinical decisions, helping to increase the reliability and consistency of the care we offer, and enable relevant clinical information to be shared with the patient, their GP and other organisations responsible for looking after them."

During the last year, hundreds of members of staff have volunteered to be part of a rigorous selection process, choosing the Sunrise solution from Allscripts as the preferred supplier in early December.

Dr Harrison said "We have spent the last two years ensuring that we have selected the right system by talking with clinicians and other health care professionals, and building a robust and secure IT infrastructure to support this project."

Dr Paul Harrison (fourth from left) signs the new contract with Allscripts UK Managing Director Steve Brain (second from left)

LL There are significant benefits for patients. The system will ensure all information about a patient's treatment is available anywhere across the Trust at any time of the day or night **17**



OUR STAFF WERE RECOGNISED for their dedication and commitment to patient care at our annual staff awards hosted by BBC news presenter Nicholas Owen.

More than 200 staff gathered at The Venue in Dudley for the Committed to Excellence awards ceremony where individuals and teams were presented awards in five categories for going the extra mile to provide care to Dudley patients in hospital and in the community.

Opening the ceremony, Medical Director and Deputy Chief Executive Dr Paul Harrison thanked all staff shortlisted.

He said, "Almost 700 nominations were received this year so congratulations to all of you for making it as a finalist. This is your night, whether you provide direct patient care or provide support from behind the scenes.

"The awards are fully funded by our generous event sponsors, in particular the awards' main event sponsors Allscripts and Interserve."

Photos of all winners and runners up can be found on our Facebook page and on our website www.dudleygroup.nhs.uk/excellence

If This is your night, whether you provide direct patient care or provide support from behind the scenes



Excellence in Service Improvement - Children's Listening into Action Implementation Team





WITH THANKS **TO OUR** SPONSORS...

⊗ Allscripts[.]

GOLD CATEGORY SPONSORS

Interserve

SILVER CATEGORY SPONSORS

nical

Sills

Unsung Hero – Non-

intu

BRONZE CATEGORY SPONSORS T. WALL

Victoria Daniels





Annual Summary 2016/17

Every year we publish our Annual Report, Accounts and Quality Report which gives a detailed account of our performance throughout the year in key quality, financial and national priority areas.

Over the coming pages you will find an overview of the year's achievements, details of our performance against our five quality priorities and a summary of our financial statements.

The full Annual Report, Accounts and Quality Report is available on our website at www.dudleygroup.nhs.uk

OUR VISION

Trusted to provide safe, caring and effective services because people matter. Delivered through our six strategic objectives:



1. DELIVER A GREAT PATIENT EXPERIENCE



2. DELIVER SAFE AND CARING SERVICES



3. DRIVE SERVICE IMPROVEMENT, INNOVATION & TRANSFORMATION



4. BE THE PLACE PEOPLE CHOOSE TO WORK



5. MAKE THE BEST USE OF WHAT WE HAVE



6. DELIVER A VIABLE FUTURE



Supported by our values of Care, Respect and Responsibility.

Summary of Key Achievements 2016/17

Back into balance

We ended the financial year with a surplus after making more than £9m in efficiency savings and receiving almost £12m of Sustainability and Transformation Funding. Check out pages 15 to 17 for more detail about our finances and how we spent our money this year.

Award recognition

- We received a CHKS Top Hospitals award for being one of the best performing trusts in the UK.
- Our Learning Disabilities Liaison Nurse Jacqui Howells was crowned winner of the Good Nurse Award at the Great British Care awards after being nominated by her patients.
- Sarah Clarke, Victoria Perry and Kate O'Connor, who support student nurses whilst on placement, were finalists in the Student Nursing Times Awards Educator of the Year category.
- Our Day Case Surgery team made the shortlist in both the Nursing Times Awards and the Health Service Journal's Value in Healthcare Awards.



100,000 Genomes research

We recruited Dudley's first ever patients to the national 100,000 Genomes Project which aims to use the genes of people with rare diseases to identify new drugs and treatment options. More on this on page 22.



IT investment

We invested $\pm 32m$ – the biggest investment in IT we have ever made – in a brand new Electronic Patient Record (EPR) system which will revolutionise the way we work and be a core part of our journey to become a Digital Trust. Read more about Digital Trust and our new EPR on page 5.

> Victoria, Kate and Sarah made the final shortlist for their work with student nurses



Open visiting for carers

We pledged our support for John's Campaign by implementing open visiting for carers of patients with dementia and other long-term conditions. This allows carers to support their loved ones and help them feel more at ease in unfamiliar surroundings.

Key national targets

We achieved three of our four key NHS Improvement targets relating to referral to treatment times and urgent cancer referrals. Despite narrowly missing the target to see, treat, admit or discharge 95% of patients within four hours of arrival at A&E, we were still amongst the best performers in the country. Page 14 gives more information about these nationally-set standards.

Infection prevention and control

We fully met our quality priority targets for both MRSA and clostridium difficile, with 0 cases of MRSA and just 13 cases of C. diff (against a target of 29) attributed to the Trust due to a lapse of care. Full details about this target can be found on page 11.

Support for patients after hospital

We launched our brand new care coordinators service which provides extra support to vulnerable patients after they are discharged from hospital. Our team of 10 coordinators catch up with patients shortly after they leave hospital with a phone call to identify any support they might need. See page 4 for more information.





Priority 1 Patient Experience



Friends and Family Test Partially achieved

Achieve monthly scores in the Friends and Family Test (FFT) for all areas that are equal to or better than the national average.

Maternity postnatal, both ward and community, were the only areas to meet this target throughout the year. Maternity antenatal, maternity birth and inpatients narrowly missed the target, with just one month of the year below average. We have more work to do in the remaining three areas.

		APR	MAY	JUN	JULY	AUG	SEP	ост	NOV	DEC	JAN	FEB	MAR
≥	Antenatal	×	~	~	~	~	~	~	~	~	~	~	~
MATERNITY	Birth	~	×	~	~	 ✓ 	~	~	~	~	~	~	~
ATEI	Postnatal (ward)	~	~	~	~	~	~	~	~	~	~	~	~
ž	Postnatal (community)	~	~	~	~	 ✓ 	~	~	~	~	~	~	~
	Inpatient	~	~	~	×	~	~	~	~	~	~	~	~
	A&E	~	~	~	~	 ✓ 	~	~	~	~	×	×	×
	Community	~	~	×	~	~	~	~	~	×	×	~	~
	Outpatients	×	×	~	×	×	×	~	~	~	~	~	~

Pain Management Partially achieved

Ensure that in 95% or more cases:

- a patient's pain score is recorded at least every four hours (unless otherwise indicated in the exception box)
- there is documented evidence of the monitoring of the efficacy of all pain relief administered

The second part of this target was met, with 96% of patients having the efficacy of their pain relief monitored and documented. Unfortunately, the first part of this target was closely missed, with an overall percentage of 90% for the year.

	Q1	Q2	Q3	Q4	16/17
Pain score recorded	92%	92%	92%	86%	90%
Efficacy of pain relief	92%	95%	97%	99%	96 %

Developments in 2016/17

- new SMS solution which allows Emergency Department patients to complete the Friends and Family Test survey by text message
- patient feedback database developed to streamline reporting to managers across the Trust
- 'you said, we have' improvement scheme embedded across all areas
- nursing documentation templates reviewed to ensure they are streamlined, fit for purpose and avoid duplication
- pain control training needs assessed and an effective update package put in place for staff

New priorities for 2017/18

- Achieve monthly scores in Friends and Family Test for all areas that are equal to or better than the national average.
- Improve the overall year score from 2016/17 to 2017/18 for the following question used in our local real-time survey: Were you involved as much as you wanted to be in decisions about your care?
- Ensure that in 95% or more cases, a patient's pain score is recorded at least every four hours (unless otherwise indicated in the exception box).

- expand the Friends and Family Test SMS survey solution across all areas of the Trust
- hold a Friends and Family Test awareness day
- implement Red2Green across all wards supporting patients to be involved in decisions about their care
- roll out a new patient observation chart (NEWS) which includes a section for recording pain scores
- ensure that training for the new chart includes importance of recording pain scores (or where not relevant, to record this in the exceptions box)
- improve the way FFT feedback is shared with areas to support local and trust wide improvement actions

Priority 2 Pressure Ulcers



Hospital Partially achieved

Ensure that there are 0 avoidable stage 4 hospital-acquired pressure ulcers throughout the year.



Community Partially achieved

Ensure that there are 0 avoidable stage 4 pressure ulcers acquired on the district nurse caseload throughout the year.

There was one stage 4 avoidable pressure ulcer acquired on the district nurse caseload in 2016/17.

Ensure that the number of avoidable stage 3 hospital-acquired pressure ulcers in 2016/17 reduces from the number in 2015/16.



Ensure that the number of avoidable stage 3 pressure ulcers acquired on the district nurse caseload in 2016/17 reduces from the number in 2015/16.



Developments in 2016/17

- Wound Care Wednesday education sessions successfully launched
- video produced to support mandatory training
- audit of pressure relieving equipment in nursing and residential homes completed
- pathway improved for purchasing specialist seating
- > wound care audit carried out in hospital and community
- SKIN bundle training delivered to residential homes and care agencies

New priorities for 2017/18

As we have not achieved all our pressure ulcers targets this year, our 2016/17 priorities will be carried over to 2017/18.

- review Trust SKIN bundle (pressure ulcer prevention and management document)
- redesign and improve root cause analysis process
- explore new pressure prevention equipment for patients' heels
- develop verification process to include image review by the Tissue Viability team

Priority 3 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 CCG to agree on any avoidability/lapses in care.

MRSA bacteraemia Achieved

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



Clostridium difficile Achieved

Have no more than 29 post 48 hour cases of Clostridium difficile with a lapse in care identified.







Developments in 2016/17

- > patient-held card introduced for patients diagnosed with C. diff
- staff newsletter launched
- improvements made to cannulae monitoring and documenting in theatres
- central line monitoring forms reviewed
- best practice information card developed for doctors joining the Trust
- antimicrobial stewardship work updated to reflect new NICE recommendations

New priorities for 2017/18

Prevention and control of infection remains a key local and national priority and so our 2016/17 priorities will be continued into 2017/18.

- improve sharing of key data in ward areas
- hold a cannula awareness day
- implement new C. diff investigation tool and assessment form
- develop a patient information leaflet on Glycopeptide Resistant Enterococcus (GRE) – enterococcus is a bacteria normally found in the bowel of healthy individuals. Sometimes these bacteria become resistant to a group of antibiotics called glycopeptides (such as Vancomycin)
- participate in international antibiotic awareness events
- hold information sessions for staff, patients and visitors at the Health Hub

Priority 4 Nutrition & Hydration





Nutrition and Hydration Audit Partially achieved Ensure that the audit score (made up of 24 items):

- is 95% or above in each for the first three quarters for the Trust overall.
- is 95% or above in the final quarter for every ward in the hospital.

In quarter 4, 14 wards achieved scores of 95% or better. Seven wards missed the target.

Nutrition Audit – average score per quarter



Malnutrition Universal Screening Tool (MUST) Partially achieved

- At least 95% of acute patients will receive a nutritional assessment using MUST.
- At least 95% of patient will receive a nutritional assessment using MUST on initial contact with the community health nursing team.

MUST score table

	Q1	Q2	Q3	Q4	16/17
Acute	88%	89%	85%	79%	85%
Community	100%	94%	96%	97%	96%

Developments in 2016/17

- new visual boards put up behind beds to highlight the nutrition and hydration needs of patients
- new care bundle successfully piloted and audited
- new standards for nutrition and hydration introduced for inpatients
- electronic MUST calculator made available on all Trust computers
- equipment audited and additional weighing scales purchased

New priorities for 2017/18

As not all aspects of these targets were met, these priorities will be carried forward to 2017/18.

- review care bundle and food chart documents
- evaluate progress of patient weighing
- implement improved fluid balance charts
- review and relaunch protected mealtimes
- review criteria guidance for dietetic referrals
- work with catering staff to ensure meals meet patients' needs

Priority 5 **Medication**



Medication results table

dated.

Medication Not achieved

The results for the following two indicators will be equal to or better

All medications that have been

Omission codes are evident for all medication including Enoxaparin not

administered as prescribed.

administered have been signed and

	15/16	Q1	Q2	Q3	Q4	16/17
Medications signed and dated	98%	94%	95%	91%	88%	92%
Medication omission codes evident	95%	92%	93%	85%	83%	88%

Developments in 2016/17

- medications lead identified in nursing (a matron) and pharmacy
- monthly link workers meetings launched, chaired by above leads
- link workers implemented teaching programme with different focus each month
- improvements made to TTO (to take out) medication process

New priorities for 2017/18

Ensure that in 95% or more cases, all prescribed medications will either:

- a) be signed and dated as administered or
- b) have an omission code recorded

- > refocus priorities of link workers and create an action plan to share with senior teams
- develop posters for medication rooms and treatment trolleys reminding staff of issues related to missed dosages and the efficacy of pain medication
- review the Medicines Management Hub intranet pages to make more user friendly for clinical staff

Our performance against targets set out in NHS Improvement's Risk Assessment and Single Oversight Framework

National targets and regulatory requirements	Trust 2012/13	Trust 2013/14	Trust 2014/15	Trust 2015/16	Target 2016/17	National 2016/17	Trust 2016/17	Target Achieved/ Not Achieved
1. Access								
Maximum time of 18 weeks from point of referral to treatment (RTT) in aggregate – patients on an incomplete pathway	98.1%	96.74%	95.43%	95.06%	92%	+	95.43%	÷
A&E: maximum waiting time of 4 hours from arrival to admission, transfer, discharge	95.4%	93.74%	94.68%	98.18%*	95%	89.1%	94.16%	
All cancers: 62 day wait for first treatment from urgent GP referral for suspected cancer	88.7%	89%	85.6%	84.3%	85%	81.9%	85.3%	\odot
All cancers: 62 day wait for first treatment from NHS Cancer Screening Service referral	99.4%	99.6%	97.3%	96.2%	90%	91.8%	98.2%	;;;

ⓒ = Target achieved ⊖ = Target not achieved

2016/17 National Figures taken from NHS Statistics and Cancer Waiting Times Database (quarterly figures averaged)

+ National figures not available. *This updated figure (compared to that in last year's report [96.92%] which was for the accident and emergency department) is the nationally reported percentage from both the A&E department and urgent care centre.



How we spent the money in 2016/17

If more detailed information about our financial performance is required, please see the full Annual Report and Accounts on our website www.dudleygroup.nhs.uk

OPERATING EXPENSES 2016/17

Establishment, transport and premises: £5.9M 1.8%

Depreciation, amortisation and impairments: £8.8M 2.7% Services
Drug costs: £34.1M 10.4%
Supplies and services: £29.1M 8.9%

Total Spend 2016/17 **£326.8m**

Services from other NHS bodies: £0.5M 0.2%

Other spend: £45.2M 13.8% Includes £23.5M in relation to payments to the Trust's PFI partner for services provided

Staff costs: £203.2M 62.2%

INCOME FROM ACTIVITIES 2016/17



*The Trust has received £11.945m of the Sustainability and Transformation Fund (STF) in 2016-17. £10.5m of this amount related to a core element of the fund which the Trust received for achieving both its financial and performance targets during the year. In addition the Trust received £390k incentive STF and £1.055m bonus STF for achieving the overall financial control total set by NHSI. The £11.945m is recognised in other operating income within the statement of comprehensive income. The Trust was paid £7.656m during 2016-17 with the remaining £4.289m stated as a debtor within trade and other receivables on the statement of financial position.

Foundation Trust

Consolidated & Foundation Trust Statements of Comprehensive Income

For the year ended 31 March 2017

For the year ended 31 March 2017			Restated*		Restated*
		Year Ended	Year Ended	Year Ended	Year Ended
		31 March 2017	31 March 2016	31 March 2017	31 March 2016
	Note [#]	£'000	£'000	£'000	£'000
Operating Income from patient care activities	3	315,280	303,071	315,280	303,066
Other Operating Income	4	36,862	22,834	36,796	22,797
Total Operating Income from continuing operations		352,142	325,905	352,076	325,863
Operating Expenses of continuing operations	5	(326,788)	(314,917)	(326,634)	(314,855)
Operating Surplus / (Deficit)		25,354	10,988	25,442	11,008
Finance costs					
Finance income	9	122	164	72	112
Finance expense - financial liabilities	10	(11,089)	(11,232)	(11,089)	(11,232)
PDC Dividends payable		(2,976)	(2,796)	(2,976)	(2,796)
Net Finance costs		(13,943)	(13,864)	(13,993)	(13,916)
Gain/(loss) of disposal of assets	13	0	(37)	0	(37)
Corporation tax expense	11	(34)	(25)	0	0
Surplus/(Deficit) for the year from continuing operations		11,377	(2,938)	11,449	(2,945)
SURPLUS/(DEFICIT) FOR THE YEAR		11,377	(2,938)	11,449	(2,945)
Other comprehensive income					
Will not be reclassified to income and expenditure:					
Impairments	13	(23,294)	0	(23,294)	0
Revaluations	13	0	26,982	0	26,982
May be reclassified to income and expenditure where certain conditions are met:					
Fair Value gains/(losses) on Available-for-sale financial instruments	14	175	(64)	0	0
TOTAL COMPREHENSIVE INCOME/(EXPENSE) FOR THE YEAR		(11,742)	23,980	(11,845)	24,037

See full Annual Report and Accounts (pages 5 to 39 of Section 3: Annual Accounts) for notes

* Restated to separately show the Gain/(loss) of disposal of assets.

All income and expenditure is derived from continuing operations.

There are no Non-Controlling Interests in the Group, therefore the surplus for the year of £11,377,000 (2015/16 deficit of £2,938,000) and the Total Comprehensive Expense of £11,742,000 (2015/16 Total Comprehensive Income of £23,980,000) is wholly attributable to the Trust.

Consolidated & Foundation Trust Statements of Financial Position

Year Ended Year En	As at 31 March 2017		Gr	roup	Foundat	ion Trust
Intangible assets 12 2,599 1,421 2,599 1,421 Property, plant and equipment 13 208,560 226,166 208,560 236,166 Other Investments 14 1,311 1,136 0 0 0 Trade and other receivables 17 10,338 9,256 10,338 9,256 Total non-current assets 222,808 247,979 221,497 246,843 Current assets 16 2,897 3,028 2,730 2,826 Inventories 16 2,897 3,028 2,730 2,826 Trade and other receivables 17 21,802 9,219 21,932 9,333 Other Investival 1,24 18,026 23,623 17,367 23,383 Total current assets 24 18,026 23,623 17,367 23,383 Total current assets 18 (18,144) (18,688) (17,913) (18,648) Borrowings 23 (5,156) (5,344) (5,156) (5,344) Provisions 21 (140) (279) (140)			31 March	31 March	31 March	31 March
Property, plant and equipment 13 208,560 236,166 208,560 236,166 Other investments 14 1,311 1,135 0 0 Trade and other receivables 17 222,808 247,979 221,497 246,843 Current assets 16 2,897 3,028 2,730 2,826 Trade and other receivables 17 21,802 9,219 21,982 9,333 Other financial assets 15 1,028 1,227 0 0 0 Cash and cash equivalents 24 18,026 23,623 17,367 23,833 Total current assets 43,753 37,097 42,079 35,542 Current liabilities 18 (18,144) (18,688) (17,913) (18,648) Borrowings 23 (5,156) (5,344) (5,156) (5,344) (24,957) (24,957) Total current liabilities 19 (1,788) (2,495) (1,788) (2,495) (1,788) (2,495) Total current liabilities 19 (1,788) (2,4957) (127,432) (132,707) </th <th>Non-current assets</th> <th>Note[#]</th> <th>£'000</th> <th>£'000</th> <th>£'000</th> <th>£'000</th>	Non-current assets	Note [#]	£'000	£'000	£'000	£'000
Other investments 14 1,311 1,136 0 0 Trade and other receivables 17 10,338 9,256 10,338 9,256 Total non-current assets 222,808 247,979 221,497 246,843 Inventories 16 2,897 3,028 2,730 2,826 Inventories 16 2,897 3,028 2,730 2,826 Trade and other receivables 17 21,802 9,219 21,982 9,333 Other financial assets 15 1,028 1,227 0 0 Cash and cash equivalents 24 18,026 23,623 17,367 23,383 Total current assets 18 (18,144) (18,648) (17,913) (18,648) Borrowings 23 (5,156) (5,344) (5,156) (5,344) Provisions 21 (140) (279) (140) (279) Total assets less current liabilities 19 (17,88) (2,495) (127,612) (132,707) (127,612) (132,707) Total assets less current liabilities 19	Intangible assets	12	2,599	1,421	2,599	1,421
Trade and other receivables 17 10,338 9,256 10,338 9,256 Total non-current assets 222,808 247,979 221,497 246,843 Current assets 16 2,897 3,028 2,730 2,826 Trade and other receivables 17 1,028 1,227 0 0 Cash and cash equivalents 24 18,026 23,623 17,367 23,383 Total current assets 43,753 37,097 42,079 35,542 Current liabilities 18 (18,144) (18,688) (17,913) (18,648) Borrowings 23 (5,156) (5,344) (5,156) (5,344) Provisions 21 (140) (279) (140) (279) Other liabilities 19 (1,788) (2,495) (1,788) (2,495) Total current liabilities 241,333 258,270 238,579 255,619 Non-current liabilities 18 (80) (120) (80) (120) Borrowings 23 (127,432) (132,587) (127,432) (132,587) </th <th>Property, plant and equipment</th> <th>13</th> <th>208,560</th> <th>236,166</th> <th>208,560</th> <th>236,166</th>	Property, plant and equipment	13	208,560	236,166	208,560	236,166
Total non-current assets 222,808 247,979 221,497 246,843 Current assets 16 2,897 3,028 2,730 2,826 Trade and other receivables 17 21,802 9,219 21,982 9,333 Other financial assets 15 1,028 1,227 0 0 0 Cash and cash equivalents 24 18,026 23,623 17,367 23,383 Total current assets 43,753 37,097 42,079 35,542 Current liabilities 18 (18,144) (18,688) (17,913) (18,648) Borrowings 21 (140) (279) (140) (279) (140) (279) Provisions 21 (140) (279) (140) (279) (140) (24,997) (26,766) Total assets less current liabilities 19 (1,788) (24,997) (26,766) Non-current liabilities 18 (80) (120) (80) (120) Borrowings 18 (80) (127,12) (132,707) (127,512) (132,707)	Other Investments	14	1,311	1,136	0	0
Current assets 16 2,897 3,028 2,730 2,826 Trade and other receivables 17 21,802 9,219 21,982 9,333 Other financial assets 15 1,028 1,227 0 0 Cash and cash equivalents 24 18,026 23,623 17,367 23,383 Tacle and other payables 43,753 37,097 42,079 35,542 Current liabilities 18 (18,144) (18,688) (17,913) (18,648) Borrowings 23 (5,156) (5,344) (5,156) (5,344) Provisions 21 (140) (279) (140) (279) Other liabilities 19 (1,788) (2,495) (1,788) (2,495) Total assets less current liabilities 241,333 258,270 238,579 255,619 Non-current liabilities 18 (80) (120) (80) (120) Borrowings 13 (127,432) (132,587) (127,432) (132,587) Total assets less current liabilities 113,821 125,563 111,067	Trade and other receivables	17	10,338	9,256	10,338	9,256
Inventories 16 2,897 3,028 2,730 2,826 Trade and other receivables 17 21,802 9,219 21,982 9,333 Other financial assets 15 1,028 1,227 0 0 0 Cash and cash equivalents 24 18,026 23,623 17,367 23,383 Total current assets 43,753 37,097 42,079 35,542 Current liabilities 18 (18,144) (18,688) (17,913) (18,648) Borrowings 23 (5,156) (5,344) (5,156) (5,344) Provisions 21 (140) (279) (140) (279) Other liabilities 19 (1,788) (2,495) (1,788) (2,495) Total assets less current liabilities 23 (25,228) (26,806) (24,997) (26,766) Non-current liabilities 24 (133) 258,270 238,579 255,619 Non-current liabilities 18 (80) (120) (80) (120) Borrowings 23 (127,512) (132,707) <th>Total non-current assets</th> <th></th> <th>222,808</th> <th>247,979</th> <th>221,497</th> <th>246,843</th>	Total non-current assets		222,808	247,979	221,497	246,843
Trade and other receivables 17 21,802 9,219 21,982 9,333 Other financial assets 15 1,028 1,227 0 0 Cash and cash equivalents 24 18,026 23,623 17,367 23,383 Total current assets 43,753 37,097 42,079 35,542 Current liabilities	Current assets					
Other financial assets 15 1,028 1,227 0 0 Cash and cash equivalents 24 18,026 23,623 17,367 23,383 Total current assets 43,753 37,097 42,079 35,542 Current liabilities 18 (18,144) (18,688) (17,913) (18,648) Borrowings 23 (5,156) (5,344) (5,344) (279) (140) (279) Other liabilities 19 (1,788) (2,495) (1,788) (2,495) Total current liabilities 241,333 258,270 238,579 255,619 Non-current liabilities (127,432) (132,587) (127,432) (132,587) Total assets less current liabilities 18 (80) (120) (80) (120) Borrowings 23 (127,432) (132,587) (127,432) (132,587) Total assets less current liabilities 18 (80) (120) (80) (120) Borrowings 18 (80) (120) (80) (120) Total assets employed 113,821 125,563<	Inventories	16	2,897	3,028	2,730	2,826
Cash and cash equivalents 24 18,026 23,623 17,367 23,383 Total current assets 43,753 37,097 42,079 35,542 Current liabilities 18 (18,144) (18,688) (17,913) (18,648) Borrowings 23 (5,156) (5,344) (5,156) (5,344) Provisions 21 (140) (279) (140) (279) Other liabilities 19 (1,788) (2,495) (1,788) (2,495) Total current liabilities 241,333 258,270 238,579 255,619 Non-current liabilities 241,333 258,270 238,579 255,619 Non-current liabilities 24 (127,432) (132,587) (122,432) (132,587) Total non-current liabilities 18 (80) (120) (80) (120) Borrowings 23 (127,432) (132,587) (122,432) (132,587) Total non-current liabilities 113,821 125,563 111,067 122,912 Financed by 13,821 125,563 24,653 24,653 <	Trade and other receivables	17	21,802	9,219	21,982	9,333
Total current assets 43,753 37,097 42,079 35,542 Current liabilities Irade and other payables 18 (18,144) (18,688) (17,913) (18,648) Borrowings 23 (5,156) (5,344) (5,156) (5,344) Provisions 21 (140) (279) (140) (279) Other liabilities 19 (1,788) (2,495) (1,788) (2,495) Total current liabilities (25,228) (26,806) (24,997) (26,766) Non-current liabilities 241,333 258,270 238,579 255,619 Non-current liabilities 18 (80) (120) (80) (120) Borrowings 23 (127,432) (132,587) (127,432) (132,587) Total non-current liabilities 113,821 125,563 111,067 122,912 Financed by 113,821 125,563 111,067 122,912 Financed by 24,653 24,653 24,653 24,653 24,653 24,653 Revaluation reserve 59,249 82,547 59,249						
Current liabilities 18 (18,144) (18,688) (17,913) (18,648) Borrowings 23 (5,156) (5,344) (5,156) (5,344) Provisions 21 (140) (279) (140) (279) Other liabilities 19 (1,788) (2,495) (1,788) (2,495) Total assets less current liabilities 241,333 258,270 238,579 255,619 Non-current liabilities 241,333 258,270 (80) (120) Borrowings 23 (127,432) (132,587) (127,432) (132,587) Total assets less current liabilities (127,512) (132,707) (127,512) (132,707) Total non-current liabilities (127,512) (132,707) (127,512) (132,707) Total assets employed 113,821 125,563 111,067 122,912 Financed by 24,653 24,653 24,653 24,653 24,653 24,653 Public Dividend Capital 24,653 24,653 24,653 24,653 24,653 24,653 24,653 24,653 24,653 24,653	Cash and cash equivalents	24				
Trade and other payables 18 (18,144) (18,688) (17,913) (18,648) Borrowings 23 (5,156) (5,344) (5,156) (5,344) Provisions 21 (140) (279) (140) (279) Other liabilities 19 (1,788) (2,495) (1,788) (2,495) Total current liabilities (25,228) (26,806) (24,997) (26,766) Non-current liabilities 241,333 258,270 238,579 255,619 Non-current liabilities 18 (80) (120) (80) (120) Borrowings 18 (80) (120,12) (132,707) (127,432) (132,587) Total non-current liabilities (127,512) (132,707) (127,512) (132,707) (127,512) (132,707) Total assets employed 1113,821 125,563 <td< th=""><th>Total current assets</th><th></th><th>43,753</th><th>37,097</th><th>42,079</th><th>35,542</th></td<>	Total current assets		43,753	37,097	42,079	35,542
Borrowings 23 (5,156) (5,344) (5,156) (5,344) Provisions 21 (140) (279) (140) (279) Other liabilities 19 (1,788) (2,495) (1,788) (2,495) Total current liabilities (25,228) (26,806) (24,997) (26,766) Non-current liabilities 241,333 258,270 238,579 255,619 Non-current liabilities 18 (80) (120) (80) (120) Borrowings 18 (80) (120) (80) (120) Borrowings 23 (127,432) (132,587) (127,432) (132,587) Total non-current liabilities 18 (80) (120) (80) (120) Borrowings 23 (127,432) (132,587) (127,432) (132,707) Total non-current liabilities 113,821 125,563 111,067 122,912 Financed by 133,821 125,563 24,653 24,653 24,653 24,653 24,653 24,653 24,653 24,653 24,653 24,653 24,	Current liabilities					
Provisions 21 (140) (279) (140) (279) Other liabilities 19 (1,788) (2,495) (1,788) (2,495) Total current liabilities (25,228) (26,806) (24,997) (26,766) Non-current liabilities 241,333 258,270 238,579 255,619 Non-current liabilities 18 (80) (120) (80) (120) Borrowings 23 (127,432) (132,587) (127,432) (132,587) Total assets employed 113,821 125,563 111,067 122,912 Financed by 133,821 125,563 24,653	Trade and other payables	18	(18,144)	(18,688)	(17,913)	(18,648)
Other liabilities 19 (1,788) (2,495) (1,788) (2,495) Total current liabilities (25,228) (26,806) (24,997) (26,766) Total assets less current liabilities 241,333 258,270 238,579 255,619 Non-current liabilities 18 (80) (120) (80) (120) Borrowings 23 (127,432) (132,587) (127,432) (132,587) Total assets employed 113,821 125,563 111,067 122,912 Financed by 113,821 125,563 111,067 122,912 Financed by 24,653 <	Borrowings	23	(5,156)	(5,344)	(5,156)	(5,344)
Total current liabilities (25,228) (26,806) (24,997) (26,766) Total assets less current liabilities 241,333 258,270 238,579 255,619 Non-current liabilities 18 (80) (120) (80) (120) Borrowings 23 (127,432) (132,587) (127,432) (132,587) Total non-current liabilities (127,512) (132,707) (127,512) (132,707) Total assets employed 113,821 125,563 111,067 122,912 Financed by 113,821 125,563 24,653 <td< td=""><td>Provisions</td><td>21</td><td>(140)</td><td>(279)</td><td>(140)</td><td>(279)</td></td<>	Provisions	21	(140)	(279)	(140)	(279)
Total assets less current liabilities241,333258,270238,579255,619Non-current liabilities18(80)(120)(80)(120)Borrowings23(127,432)(132,587)(127,432)(132,587)Total non-current liabilities113,821125,563111,067122,912Total assets employed113,821125,563111,067122,912Financed by Taxpayers' equity Public Dividend Capital Revaluation reserve Income and expenditure reserve24,65324,65324,65324,653Others' equity Charitable Fund reserves2,3882,420000	Other liabilities	19	(1,788)	(2,495)	(1,788)	(2,495)
Non-current liabilities 18 (80) (120) (80) (120) Borrowings 23 (127,432) (132,587) (127,432) (132,587) Total non-current liabilities (127,512) (132,707) (127,512) (132,707) Total assets employed 113,821 125,563 111,067 122,912 Financed by 113,821 24,653	Total current liabilities		(25,228)	(26,806)	(24,997)	(26,766)
Trade and other payables 18 (80) (120) (80) (120) Borrowings 23 (127,432) (132,587) (127,432) (132,587) Total non-current liabilities (127,512) (132,707) (127,512) (132,707) Total assets employed 113,821 125,563 111,067 122,912 Financed by 13xpayers' equity 111,067 122,912 Public Dividend Capital 24,653 24,653 24,653 24,653 Revaluation reserve 59,249 82,547 59,249 82,547 Income and expenditure reserve 27,531 15,943 27,165 15,712 Others' equity 2,388 2,420 0 0	Total assets less current liabilities		241,333	258,270	238,579	255,619
Trade and other payables 18 (80) (120) (80) (120) Borrowings 23 (127,432) (132,587) (127,432) (132,587) Total non-current liabilities (127,512) (132,707) (127,512) (132,707) Total assets employed 113,821 125,563 111,067 122,912 Financed by 13xpayers' equity 111,067 122,912 Public Dividend Capital 24,653 24,653 24,653 24,653 Revaluation reserve 59,249 82,547 59,249 82,547 Income and expenditure reserve 27,531 15,943 27,165 15,712 Others' equity 2,388 2,420 0 0	Non-current liabilities					
Borrowings 23 (127,432) (132,587) (127,432) (132,587) Total non-current liabilities (127,512) (132,707) (127,512) (132,707) Total assets employed 113,821 125,563 111,067 122,912 Financed by Taxpayers' equity 113,821 125,563 111,067 122,912 Public Dividend Capital Revaluation reserve 24,653 24,653 24,653 24,653 Income and expenditure reserve 27,531 15,943 27,165 15,712 Others' equity Charitable Fund reserves 2,388 2,420 0 0		18	(80)	(120)	(80)	(120)
Total non-current liabilities (127,512) (132,707) (127,512) (132,707) Total assets employed 113,821 125,563 111,067 122,912 Financed by Taxpayers' equity 24,653 24,653 24,653 24,653 24,653 Public Dividend Capital Revaluation reserve 24,653 24,653 24,653 24,653 24,653 Income and expenditure reserve 27,531 15,943 27,165 15,712 Others' equity Charitable Fund reserves 2,388 2,420 0 0						
Financed by Taxpayers' equity Public Dividend Capital Revaluation reserve Income and expenditure reserve Others' equity Charitable Fund reserves 2,388 2,420 0	-					
Taxpayers' equity	Total assets employed		113,821	125,563	111,067	122,912
Public Dividend Capital 24,653 24,653 24,653 24,653 24,653 24,653 24,653 24,653 24,653 24,653 24,653 24,653 24,653 24,653 24,653 24,653 59,249 82,547 59,249 82,547 59,249 82,547 15,712 15,712 Others' equity Z,388 Z,420 0 0 0	-					
Revaluation reserve 59,249 82,547 59,249 82,547 Income and expenditure reserve 27,531 15,943 27,165 15,712 Others' equity 2,388 2,420 0 0			24,653	24,653	24,653	24,653
Income and expenditure reserve 27,531 15,943 27,165 15,712 Others' equity 2,388 2,420 0 0	•					
Charitable Fund reserves2,3882,42000						
Total Taxpayers' and Others' equity 113,821 125,563 111,067 122,912	Charitable Fund reserves		2,388	2,420	0	0
	Total Taxpayers' and Others' equity		113,821	125,563	111,067	122,912

The financial statements were approved by the Board of Directors and authorised for issue on their behalf by Diane Wake, Chief Executive on 16th May 2017.

This year in summary

In 2016/17 there were... **4.5**k babies born

8k bottles of hand gel used

209k visits to patients in their own homes

42k day case procedures performed

14k operations across our main and obstetric theatres

19k hours spent

in theatre

1.9m

aprons used

103k patients through our A&E

68k inpatient admissions

94k

blood samples taken by phlebotomy staff on our wards

34k pieces of patient

feedback

5.3m samples tested in

our pathology labs

134k surgical gloves

used

items dispensed by our pharmacy

548k

436k

outpatient

appointments

106k community clinic

appointments

87k bandages used

Guide dog Tim becomes Dudley's first canine recruit

LL Tim has made a huge difference to my life, both on a professional and personal level, and I hope that having Tim around will help to show others that life and work can continue after a diagnosis **7**

Chief Operating Officer Paul Bytheway meets Eye Clinic Liaison Officer Sue Thomas and her new canine companion Tim.

WE WELCOMED OUR FIRST EVER CANINE RECRUIT, German Shepherd Tim, to the Trust as he took up his role at Russells Hall Hospital to help Eye Clinic Liaison Officer Sue Thomas, who is registered blind, in her day-to-day work.

Sue, who is based in the Ophthalmology Department, had previously found it difficult to access other areas, needing a sighted guide to visit some parts of the hospital. "Now I have Tim on hand to help, I can be more independent in my work and can move around the busy hospital corridors with confidence," said Sue.

"Tim has made a huge difference to my life, both on a professional and personal level, and I hope that having Tim around will help to show others that life and work can continue after a diagnosis." Sue, who has been visually impaired all her life, said she has been overwhelmed by the support she received in her decision to apply for a guide dog.

"I wasn't sure what people would think to me bringing a guide dog into the hospital, but the Trust has been so supportive, right through from making my initial application to actually introducing him to the department," she said.

Chief Operating Officer Paul Bytheway had the pleasure of spending time with Tim during his first few weeks and saw the positive impact he has had on patients and visitors. "The benefit of having Tim around will be invaluable for Sue, so I'm really glad we've been able to support her in this way," said Paul.

Pharmacist recognised with society fellowship for outstanding contribution



OUR NEUROLOGY SPECIALIST PHARMACIST

Dr Janine Barnes has been awarded the status of Fellow of the Royal Pharmaceutical Society (RPS) for her outstanding contribution to the advancement of pharmaceutical knowledge.

Janine, who is based at Stourbridge Health & Social Care Centre, has been given the title that recognises individuals who have attained distinction in their pharmacy career and is one of the highest honours that can be awarded to RPS members.

I was delighted and honoured to receive recognition from the Royal Pharmaceutical Society as appointment to the prestigious status of Fellow was completely unexpected 77 "I have invested a lot of time and energy in the development of my role, both in its commissioning phase with Dudley CCG and with subsequent support from The Dudley Group," said Dr Barnes.

"I was delighted and honoured to receive recognition from the Royal Pharmaceutical Society and appointment to the prestigious status of fellow was completely unexpected. I had no idea that my name had been proposed. I look forward to continuing to work for the benefit of neurology patients in the Dudley area," she added.

Chief Pharmacist Ruckie Kahlon said, "This is a huge accolade for a practising pharmacist at the Trust. Janine has been pivotal in developing non-medical prescribing for patients with neurological conditions and we are so proud of this achievement."

GOVERNORS AND MEMBERS

Governors & Members

THE FOUNDATION TRUST MEMBERSHIP comprises local people and staff who are directly employed by us or our partner organisations. To be eligible for membership you must be over 14 years of age – there is no upper age limit. Full details of who is eligible to register as a member of the Trust are in the Trust Constitution which is available on our website. Any public members wishing to come forward as a governor when vacancies arise, or vote in governor elections, must reside in one of the Trust's constituencies. Staff are automatically included as members within staff group constituencies unless they choose to opt out.

During 2016/17, we continued to promote membership to local communities and the importance of having a voice. We encouraged them to share their experiences and have continued to maintain a public membership of more than 13,000. As at the 31st March 2017, the Trust had a total of 13,875 public members.

The Trust has a total of 25 Governors with 13 elected from public constituencies, eight elected from staff constituencies and four appointed by local organisations. The Council held elections during 2016/17 to fill posts as they became vacant and welcomed some new faces to the Council of Governors. See tables below for those who were elected or appointed and those that resigned or reached their end of term of office during 2016/17.



Dates for your diary in 2017

All of the events are held at Russells Hall Hospital unless otherwise indicated. To reserve your place call (01384) 321124 or email foundationmembers@dgh.nhs.uk



Thursday 20th July: 5pm Annual Members Meeting & Health Fair



Thursday 7th September: 6pm Full Council of Governors Meeting

Thursday 7th December: 6pm Full Council of Governors Meeting

PUBLIC ELECTED GOVERNORS	CONSTITUENCY
Mr Darren Adams	Stourbridge
Mr Fred Allen	Central Dudley
Mr Terry Brearley (elected Dec '16)	Brierley Hill
Mr Richard Brookes	Brierley Hill
Mrs Lydia Ellis	Stourbridge
Dr Subodh Jain (end of term May '16)	North Dudley
Mr Rob Johnson	Halesowen
Mrs Diane Jones	South Staffordshire
Mrs Viv Kerry (elected May '16)	Halesowen
Mrs Joan Morgan	Central Dudley
Mr James Pearson-Jenkins (elected May '16)	Tipton & Rowley Regis
Mrs Yvonne Peers	North Dudley
Mrs Nicola Piggott (elected May '16)	North Dudley
Mrs Pat Price	Rest of the West Midlands

LIST OF GOVERNORS

STAFF ELECTED GOVERNORS	STAFF GROUP
Mr Sohail Butt	Medical & Dental
Mr Bill Dainty (elected May '16)	Nursing & Midwifery
Miss Jenny Glynn	Allied Health Professionals & Healthcare Scientists
Mrs Michelle Lawrence (elected Dec '16)	Nursing & Midwifery
Mrs Karen Phillips	Non-clinical
Mrs Shirley Robinson (end of term Nov '16)	Nursing & Midwifery
Mrs Jacqueline Smith (resigned Mar '17)	Allied Health Professionals & Healthcare Scientists
Mrs Jacky Snowdon	Nursing & Midwifery
Mr Alan Walker	Partner Organisations
	ratalet organisations
APPOINTED GOVERNORS	ORGANISATION
APPOINTED GOVERNORS Cllr Adam Aston	
	ORGANISATION
Cllr Adam Aston	ORGANISATION Dudley Metropolitan Borough Council
Cllr Adam Aston Mr Ricky Bhogal	ORGANISATION Dudley Metropolitan Borough Council University of Birmingham Medical School

? Have you thought about being a Trust governor?

Elections will start in September 2017 to return governors for posts becoming vacant in both public and staff constituencies later this year. There are many ways to find out more:

- Meet our existing governors at the Annual Members Meeting and find out more about the role
- Visit the Trust website www.dudleygroup.nhs.uk and search 'governor elections'



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**



We thanked staff in all roles from across all areas of the Trust for their continued hard work and commitment on International Nurses Day, 12th May 2017.

Directors and senior managers joined patients and visitors to say thank you to NHS staff. The special event was made possible thanks to the generosity of the following suppliers and local businesses:

- > Booker Wholesale, Kingswinford
- > Care Home Select
- > Mondelez International/Cadbury UK
- Elitech UK Ltd
- Fitter Faster Stronger You
- Judd Medical
- > Krispy Kreme UK, Great Bridge
- Morrisons, Kingswinford
- > Teddy Grays Dudley
- > Thirstymind
- Vygon
- > Wassenburg
- Wheatmill Bakery



21

DudleyGroupNHS 💟 🛟

First Dudley patients join world-leading genomics project

44 Genomics is key to the future of medicine and this programme will be a catalyst for the transformation of care throughout the NHS, helping to pave the way for personalised medicine **77**

WE HAVE RECRUITED OUR FIRST PARTICIPANTS to the ground-breaking

national 100,000 Genomes Project.

The initiative, currently the largest of its kind in the world, involves collecting and decoding 100,000 whole genomes – complete sets of people's genes – from patients with certain rare diseases and their relatives as well as those with some cancers.

The Dudley Group NHS Foundation Trust is one of 18 trusts that have come together to form the West Midlands Genomic Medicine Centre (WMGMC), which will deliver up to 13,000 of the total number of genomes. Blood samples were taken from our first Dudley recruits, two children with rare developmental disorders, along with their respective parents, from which their genomes will be sequenced.

Doctors hope that by comparing patients' genomes with those of relatives and other people with similar conditions, the variations that cause rare diseases can be identified. In some cases diagnoses may be provided where previously there was none and tailored treatment may be offered.

Dr Jeff Neilson, Head of Research & Development, said, "We are delighted that

 Chief Research Biomedical Scientist Jackie Smith and Research Biomedical Scientist Janet Imeson-Wood celebrate recruiting the Trust's first patients to the project.

The Dudley Group and patients from the Dudley area are now playing a key part in this important national project. This is an important step forward for patients in our area and across the West Midlands region.

"Genomics is key to the future of medicine and this programme will be a catalyst for the transformation of care throughout the NHS, helping to pave the way for personalised medicine.

7-day emergency kidney ops

PATIENTS ACROSS THE BLACK COUNTRY and Wolverhampton can now receive fast-track emergency kidney operations over weekends and bank holidays.

A partnership between ourselves, Sandwell and West Birmingham Hospitals NHS Trust, Walsall Healthcare NHS Trust and The Royal Wolverhampton NHS Trust means specialists work on a rota system so that patients don't have to wait until the following week for their urgent procedure, called a nephrostomy.

The new out-of-hours service, run by teams of interventional radiologists and urologists, is improving healthcare for many patients.

Walsall grandmother Patricia Franks, aged 54, was taken by ambulance to Russells Hall Hospital from Manor Hospital to have her procedure on a Sunday evening. "They did a fantastic job and I didn't mind travelling because they were able to do it straight away so I didn't have to wait," said Patricia.

"I can't fault the staff at Russells Hall Hospital. They are lovely people and the consultant was very nice," she added.

The new seven-day service is just one of our projects where we are looking into finding innovative and collaborative ways of working.

"Our aim is to develop centres of excellence and keep specialist services in the local area. This means patients won't have to travel further afield to larger hospital trusts and can have their procedures closer to home," said Dr Paul Harrison, Medical Director and Deputy Chief Executive.



44 Our aim is to develop centres of excellence and keep specialist services in the local area. This means patients won't have to travel further afield to larger hospital trusts **11**



Dudley Group NHS Charity Fundraising Manager:

Karen Phillips

Russells Hall Hospital, Dudley, DY1 2HQ (01384) 456111 Ext: 3349

karen.phillips5@nhs.net www.dudleygroup.nhs.uk/our-charity www.justgiving.com/dghc **Twitter: @DGNHSCharity** Facebook: DudleyGroupNHSCharity Charity Number: 1056979

Together we can make a difference to our patients' experience

Our Appeals

CANCER

Caring for the patient and their family

CHILDREN

Making it better for our vounger patients

DEMENTIA

Moving forward with dignity and respect

REHABILITATION Supporting our patients' journey back to recovery

For more information about our appeals and how they are improving the experience of our patients have a look at our website: www.dudleygroup.nhs.uk/our-charity

CHARITY UPDATE



A day in the life of a Russells Hall Hospital wheelchair

- > Patients coming into the Emergency Department with breathing difficulties, chest pain or potential lower limb breaks need a wheelchair.
- > Patients needing to be transferred from the Emergency Department to AEC need a wheelchair.
- > Approximately 90 patients a day are collected from wards in wheelchairs to have X-rays.

Russells Hall Hospital Wheelchair Campaign

Will you sponsor d wheelchair for £600?

Please help us raise £30,000 to purchase 50 new wheelchairs.

Our wheelchairs are used by all sorts of patients; children admitted with broken bones, people in pain, heavily pregnant women, in fact any patient struggling to walk.

- > Patients discharged from Day Case Surgery are transported to main reception in wheelchairs.
- > Patients wanting to leave wards to have a change of scenery or some fresh air often need wheelchairs.
- Many, many more people coming in via main reception who are unable to walk to appointments ask for wheelchairs.

MAKING A DONATION



- If you are a company or an organisation and donate £600, we can put your details on the reverse of the chair.
- > If you fundraise or make a donation of £600, you can add a personal message to the reverse of the chair.

Russells Hall Hospital Campaign

Wheelchair > If you just want to support our campaign with a smaller donation, visit:

justgiving.com/campaigns/charity/dghc/wheelchairs

Please help us to offer a wheelchair to everyone who needs one.





THE DUDLEY GROUP NEEDS YOU JOIN US!



WORK WITH US

You can see all our latest vacancies on the NHS Jobs website <u>www.jobs.nhs.uk</u> or go to <u>www.dudleygroup.nhs.uk/latest-vacancies</u>

BECOME A VOLUNTEER

We're always on the lookout for volunteers. Go to www.dudleygroup.nhs.uk/volunteering

BECOME A FOUNDATION TRUST MEMBER

Sign up on our website today! www.dudleygroup.nhs.uk/become-a-member

AA Cr

If you would like this information in an alternative language or format, for example in large print or easy read, please call us on 0800 073 0510, email PALS@dgh.nhs.uk or write to: Patient Advice and Liaison Service, Russells Hall Hospital, DY1 2HQ.