



# yourtrust

## Autumn 2010

The Dudley Group of Hospitals **NHS**  
NHS Foundation Trust

THE BULLETIN FOR STAFF AND MEMBERS OF THE DUDLEY GROUP OF HOSPITALS

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All in a day's work

your  
**hospital**  
of choice

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# News from the Chair

**As I'm sure most of you already know, I shall be stepping down from my role of Chairman in October this year.**

As this is the last News from the Chair piece I'll write before I retire, I'd like to take this opportunity to thank all of the staff, Members and Governors for the help and support I've received during my time at the Trust.

I've had a fantastic 17 years here, first as a Non-Executive Director, then as Chairman, and it's been an honour to play a part in helping the Trust go from strength to strength.

What hasn't changed, though, are the fantastic people that work here and make the Trust what it is. I've made many friends over the years and it's been a pleasure to work with you.

I'd like to welcome several new faces to The Dudley Group of Hospitals, all of whom will bring different skills and ideas to the Trust.

John Edwards will take over the role as Chairman on 1st

November and will be joined by two new Non-Executive Directors, David Bland and Richard Miner. John, the former Chief Executive Officer of Advantage West Midlands, was awarded a CBE for his services to the regional economy and is a quantity surveyor by background.

David is a former Managing Director of EMEA Intercontinental Hotels where he was responsible for 580 hotels and sales of more than £1.1 billion, while Richard is a highly qualified accountant with wide experience of working in the health economy.

The Trust has also been joined by four new Governors.

Gill Cooper and Rafat Hussein have joined the Trust from NHS Dudley and Dudley Youth Council respectively, while Nazir Ahmed and Bill Etheridge were voted in as Public Elected Governors for the Central Dudley and North Dudley constituencies.

Last, but by no means least, I'd like to welcome all of the new staff from Dudley Adult



Community Services who will be moving under the Trust's wing early next year as part of the Government's Transforming Community Services programme.

May I wish you all the very best for the future.

**Alf Edwards**

## *Your invitation* **Health fair and AGM**

**Date:** Monday 27th September 2010

**Time:** 6.00pm

**Venue:** Clinical Education Centre, 1st Floor, C Block, Russells Hall Hospital

**This event will include:** An overview of 2009/10 from the Chief Executive, presentation of the Trust accounts for 2009/10, presentation on Theatre Services, displays from services across the Trust, including, DGOH Charity, Anticoagulant Nurse Service, Older Persons Mental Health, Maternity Unit, Infection Control, Therapy Services, Urology, Dieticians, Acute Stroke, Dudley Respiratory Assessment Service, Breast Care Nurses and more.

The event is free and open to all members of the community.

Anyone wishing to attend should register by contacting the Communications team on (01384) 244404, by completing the online form at [www.dgoh.nhs.uk](http://www.dgoh.nhs.uk) or by emailing [foundationmembers@dgoh.nhs.uk](mailto:foundationmembers@dgoh.nhs.uk)



# Free car parking for some patients

Oncology (cancer) and renal patients who attend Russells Hall Hospital for treatment at least three times a week and who currently receive a concession pass are now eligible to apply for free parking at our hospitals.

Also following a recent review all patients will benefit from thirty minutes of free drop off and pick up time – an increase of twenty minutes.

“The tariff system has changed to reflect the time patients and visitors spend at the hospital by altering the time periods to provide better value for money, either for visiting or attending appointments,” says Richard Beeken, Director of Operations and Transformation.

The new tariff, which came into force on 16th August and remains among the cheapest in the region, will operate at Russells Hall Hospital, Corbett and Guest Hospital Outpatient Centres.

Patients and visitors who are regular attendees of Russells Hall Hospital will still be able to purchase a ‘Value Card’ which offers unlimited car parking for a fixed fee of £12 per seven day continuous period.

<b>30 minutes:</b>	<b>Free</b>
<b>Up to 1 hour:</b>	<b>£1.20</b>
<b>1 to 1.5 hours:</b>	<b>£1.80</b>
<b>1.5 to 3 hours:</b>	<b>£3.00</b>
<b>All day:</b>	<b>£5.00</b>



## News from the Chief Executive

**It's been a very interesting few months for the Trust and the wider health economy in general.**

The unveiling of the Equity and Excellence: Liberating the NHS White Paper will herald a period of intense change for the NHS, perhaps more so than at any other time in its 62-year history.

The changes will see the Strategic Health Authorities and Primary Care Trusts being abolished and replaced by GP-led groups who will take on the responsibility for spending much of the NHS budget.

Closer to home, the Trust will be taking over a number of health services from Dudley Community Services as part of the Government's Transforming Community Services programme.

The move will see services such as care for patients with long-term conditions, acute care,

rehabilitation, end of life care and audiology moving under our wing from April 2011.

We have also seen the launch of a whole programme of continuous improvement called Transformation to ensure patients have the best possible outcome and the best possible experience of our care. This goes hand in hand with Listening into Action – a new approach to staff engagement which puts staff at the very heart of this change programme (see page 15 for details).

Finally, you will know that we face serious financial pressures and must act to quickly reduce spending if we are to stay out of the 'red' by the end of the year. Our Transformation Programme will play a key role in helping us to make savings but I would ask everyone to think about how they



can reduce waste and work as efficiently as they can.

I would also like to wish Alf all the best in his retirement. He has been a great support to me in my first year here and he will be greatly missed.

Best wishes

**Paula Clark**



# Meet ... Acute Confusion Care Team

## the Team



Members of the Acute Confusion Care Team Jane Booth, Julie Dyke and Jeannette Evans.

**Dementia is often referred to as a ticking time bomb with the number of people in the UK suffering from the condition predicted to soar to more than 1.5 million by 2051.**

Statistically, people over 65 years of age occupy one-quarter of hospital beds at any one time (Alzheimer's Society 2009).

Patients are looked after on the ward by our Acute Confusion Care Team which is made up

of Clinical Specialist for Older People's Mental Health Mandy Dyche, Shift Lead Jane Booth and Clinical Support Workers Louise Birch, Julie Dyke, Jeannette Evans and Mandy Jackson.

Mandy Dyche said the team was set up to compliment what was already happening on the ward, but to specifically look after patients suffering from confusion and dementia.

"With the population living longer, there are increasing numbers of people being admitted to hospital with dementia," she said.

"A large number of patients with confusion or dementia may be malnourished or dehydrated when they come into hospital because they may not have been looking after themselves properly. This can make their condition worse.

"Someone with advanced dementia may not know what to do with food and we will sit with patients to make sure they've eaten their dinner or taken their medicine."

Another important aspect of the team's work is to keep the patients mentally stimulated during their stay at hospital.

Jane Booth said finding out about a patient was the key to understanding their needs.

"Getting to know a patient means you can talk with them, have a bit of banter with them and do activities like jigsaws or crosswords with them. Just taking them down to the shop to get a newspaper and going for a walk in the sunshine can make a massive difference," she said.

"Communication between the different people who are involved in looking after the patient is vital. That includes us, their family or carers and all of the different social services, for example social workers, district nurses, the community mental health team and various therapists.

"Discharging a patient quickly and efficiently is important because we want them to maintain their independence as long as they can.

"The misconception is that people with dementia can't look after themselves. However, in a lot of cases, that isn't true and patients can still continue to live independent lives with the help and support of their families and social services.

"Looking after people with dementia is constantly challenging, but it's also very rewarding. If you can make just one patient's life a little bit easier, then you've done your job."

Your invitation

## Older people's health and wellbeing event

This event will be taking place in support of the 'Full of Life UK Older People's Day'

Date: Friday 8th October 2010

Time: 10.00am to 1.00pm

Venue: Clinical Education Centre, 1st Floor, C Block, Russells Hall Hospital

This event will include advice and information about our services to improve older people's health and wellbeing

There are limited places, therefore please reserve your place as soon as possible by either calling (01384) 456111 extension 1419 or email [foundationmembers@dgoh.nhs.uk](mailto:foundationmembers@dgoh.nhs.uk)





# White Heart Appeal 2010

Help us raise money for the Dudley Group of Hospitals Charity this Christmas by fundraising for our White Heart Appeal, which will benefit the Accident and Emergency department and the Prayer Centre based at Russells Hall Hospital. Both of these departments have a significant impact at this time of year.

## DGoH Charity Tree of Light

During December the Christmas Tree in the main reception at Russells Hall Hospital will be shining with hundreds of lights, each one dedicated to someone special. By dedicating a light to someone you love you will be helping to improve the comfort and care of local people using one of our hospitals.

Simply fill in the form below and send it with your donation (made out to Dudley Group of Hospitals Charity) to: General Office, DGoH Charity, Russells Hall Hospital, Dudley, DY1 2HQ  
 For any advice on fundraising over the Christmas period, or to receive a copy of our FREE fundraising pack contact Karen Phillips on (01384) 456111 extension 3349 or email karen.phillips@dgoH.nhs.uk

### Make a donation instead of sending cards

Christmas Cards can be expensive, cause clutter in the workplace and have a short life. By making a donation to the Dudley Group of Hospitals Charity instead of giving cards you will be helping to give extra comfort to our patients. Ask for our FREE fundraising pack and wall poster.  
 The proceeds will go to our White Heart Appeal, unless you specify another ward or department.



On Christmas Day our hospital remains open to all those who need us.

## Firemen blaze a trail for hospital charity

**An intrepid team of firefighters have been blazing a trail around the highest peaks in the UK to raise money for the DGoH charity.**

The team from Brierley Hill and Dudley fire stations raised £1,000 for the charity after successfully completing the Three Peaks Challenge.

They climbed Ben Nevis, in Scotland, Scafell Pike, in England, and Snowdon, in Wales, in less than 24 hours in June to raise the money.

Fundraising Co-ordinator Karen Phillips said: "It's always a pleasure to meet such enthusiastic fundraisers and we're very grateful for the donation which will be going to our Children's ward."

### DGoH Tree of Light

Donate a light to a loved one and enter their name in the DGoH Charity Book of Hearts

Name \_\_\_\_\_

Address \_\_\_\_\_

Postcode \_\_\_\_\_

Tel \_\_\_\_\_ Email \_\_\_\_\_

**I would like my heart dedicated to:**

**Message** (this will be entered in the Book of Hearts and also hand written on a heart to be displayed in the main reception at Russells Hall Hospital)

I enclose a donation of £ \_\_\_\_\_

**Anyone donating over £5 will be sent a DGoH Charity white heart badge.**

- I would like my donation to go the White Heart Appeal
- I would like my donation to go to (Ward/Dept) \_\_\_\_\_
- I am a taxpayer and I would like to Gift Aid my donation
- Please keep me informed of future fundraising activities





# Interserve – our PFI partner

## Introduction:

Interserve, provides non-clinical support services to The Dudley Group of Hospitals. From reactive maintenance services, security, car parking and energy management through to catering, portering and reprographics, our 600 employees support the hospital every day of the year.

## RoSPA recognises Interserve's ongoing commitment to Health and Safety

Interserve has won the Outstanding Facilities Management Sector Award. This is the fourth time Interserve has won the FM Sector Award and the fifth consecutive year as a finalist. Winning over 20 RoSPA Awards this year (2 Sector Awards, 2 Gold Medals, over 15 Gold Awards and 1 Silver Award) brings Interserve's total to over 100 awards in five years.

## Apollo is back!

To help the Trust with its Transformation programme Interserve will be reintroducing its Apollo programme. The programme is very much based on the NHS Lean Six Sigma process. Apollo was first introduced back in 2006 to help enhance staff engagement and improve the productivity and effectiveness of our services.

## Help create a huge stir – Macmillan Coffee Morning at Time Out

Join us in our Costa Coffee restaurant (near main reception) at Russells Hall Hospital on Friday 24th September 2010 at 9.00am till 12noon. Any Costa Coffee purchased will help us raise money for Macmillan Cancer Support.

In addition to this we will be holding a raffle. We would be grateful of any donations towards this so if anyone would like to donate a prize prior to the event please contact the catering office on (01384) 244057 or extension 2057 and speak to Helen or Michelle.

## Governors give thumbs up for patient food

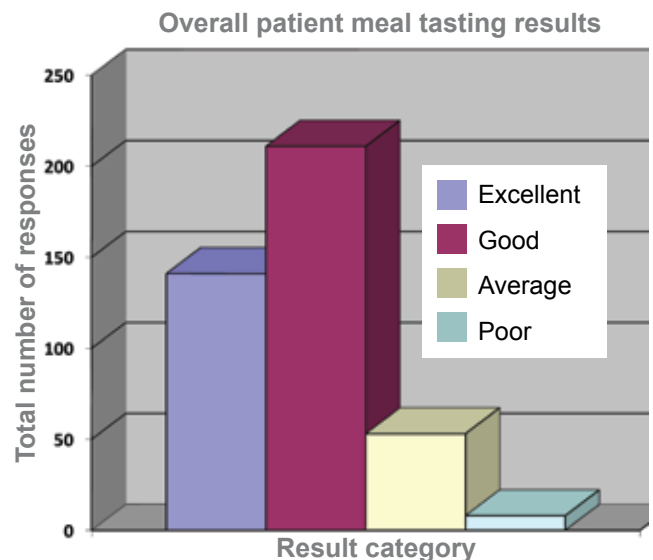
On Thursday 8th July Interserve's Catering Department provided the 'Patient meal experience' for the Trust's Council of Governors.

The evening started at around 4.30pm where prior to the experience, Governors could meet with the Catering management team and understand the service offered in more detail.

At 5.00pm about 40 Governors, members and the Trust Executive Team were experiencing a typical selection of a patient evening meal, the only difference was none of them had pyjamas on!

Tasting dishes ranged from Turkey and Ham pie, to Cauliflower Cheese, Braised Sausages and Ocean Pie to Bakewell Tart, Rice Pudding and Custard.

The Governors responded with an overwhelming 85 per cent of responses being either 'excellent' or 'good' for all dishes tasted (see graph opposite for details).



## Interserve achieves BICSc accreditation

Interserve operations at The Dudley Group of Hospitals became BICSc accredited in July 2010.

The British Institute of Cleaning Science (BICSc) is the largest independent professional and educational body within the cleaning industry. BICSc, as it is known, has members in all areas of the cleaning industry, including Local Authorities, Contract Cleaners, Manufacturers and Suppliers.

During July The Dudley Group of Hospitals was assessed to ensure the Interserve cleaning operations meet the BICSc standards.

Neal Gisborne, Interserve Operations Director, commented: "Having now successfully passed the accreditation, we are able to deliver an industry recognised cleaning qualification to all our cleaning and catering employees. It's a credit to the team involved who have strived to achieve this standard."

## Introduction

This section will give you an overview of our activities and performance in 2009/10, including a financial summary and our key priorities within our Quality Report. Our Annual General Meeting to provide an overview of 2009/10 takes place on Monday 27th September. An invitation to this event can be found on page 2.

We entered 2009/10 in good health, with good performance recorded against the majority of key business indicators in the previous year, providing a sound platform for further service development and growth.

During the year we welcomed a new Chief Executive when Paula Clark joined us from Burton Hospitals NHS Foundation Trust following the retirement of Paul Farenden after 11 years with The Dudley Group and 41 years in the NHS as a whole.

2009/10 was a year of both challenge and recognition for the Trust. Achieving the target to see, treat and admit or discharge, 98 per cent of Accident and Emergency (A&E) patients, was the result of the hard work of every member of staff across the Trust, as well as partnership working with our Primary Care Trust colleagues.

Much time has been spent focusing on operational issues to ensure that patients coming to the Trust can be confident of the best quality of care. This has included a £16 million investment in additional nursing and medical staff and the development of a transformation programme to ensure that we are fit for the future (more information on this on page 15).

Some of our teams received external recognition for their work in 2009/10 which is a real testament to the fantastic work going on every day in the hospitals:

- **Maxillofacial Prosthetists: Wim de Ruiter Delft plate for outstanding scientific or technical display for their light-weight breast prosthesis**
- **Information team: In CHKS top 40 client acute trusts in the country for data quality**
- **Payments team: Best in the country for 30-day payments**
- **Midwife Hayley Darby: Johnson's Baby Mums' Midwife of the Year 2010**
- **Reducing cardiac arrests project: Patient Safety Awards Winner 2010**

And our business achievements in a challenging climate were commendable and can be summarised as:

- Financial surplus (before exceptional item of £1.2m impairment) of £3m
- Monitor financial rating of 4.3 (out of 5 maximum)
- Achievement of the 18-weeks national maximum waiting targets for both admitted and non-admitted patients
- Further reductions in healthcare associated infections, with MRSA levels (2 post-48 hour in 12 months) now among the lowest in the West Midlands
- Achievement of the four hour waiting target in A&E
- Significant investment in additional clinical staff and resources

Going forward the Trust will continue to focus its efforts on quality, patient safety and infection control, to ensure that all patients coming into our hospitals are pleased with the service they receive.

For more details about our Trust in 2009/10, including information on our services, finances, membership and sustainability, please see a full copy of our Annual report at [www.dgoh.nhs.uk](http://www.dgoh.nhs.uk)



# Quality report

Quality is at the heart of everything we do. We demonstrate this through our quality accounts which are annual reports to the public from NHS bodies about the quality of services they provide, focusing on three dimensions of patient safety, clinical effectiveness and patient experience. They are designed to sit alongside financial accounts that describe how we are looking after the money and aim to help people understand:

- What we are doing well
- Where improvements in service quality are required
- What our priorities for quality improvement for the coming year are
- How we have involved service users, staff and others with an interest in the Trust in determining the priorities

In 2009/10, the Trust set itself four priorities for improvement following feedback from patients, the public and staff concentrating on the three main dimensions of quality – safety, effectiveness and experience.

## Priority one:

2009/10

**a) Reduce the number of cardiac arrests from the January 2008 figure by 30 per cent by June 2009**

**b) Reduce the number of cardiac arrests from the June 2009 figure by five per cent by June 2010**

✓ By June 2009, the Trust reduced the rate by 53 per cent, thus achieving both targets together. The work done to achieve the fall has been recognised both internally and externally with the team winning a number of awards.

2010/11

**Maintain the levels of cardiac arrests as per the December 2009 figure (17) by December 2010 and ensure that there is a 15 per cent improvement in the recording of patient observations from the December 2009 figure every quarter through to December 2010.**

## Priority two:

2009/10

**To further reduce our MRSA rate**

Our target is agreed locally with NHS Dudley, our Primary Care Trust, and was no more than 12 cases for pre- and post-48 hour (see page 9 for explanation of post-48 hours) cases for 2009/10.

✓ In 2009/10, the Trust recorded a total of 10 pre- and post-48 hours MRSA bacteraemia cases, down from a total of 19 in 2007/08.

2010/11

**Reduce our MRSA rate in line with the national and local priorities. We will only be measured in 2010/11 on post-48 hour cases and our target is no more than two**





## Priority three:

To further reduce our Clostridium difficile (C.diff) rate

✓ In 2009/10, we recorded just 126 post-48 hour cases against a target of no more than 238 cases – a reduction of 47 per cent on the previous year.

**2010/11**

**Reduce our Clostridium difficile rate in line with the national and local priorities – this is no more than 161 post-48 hour cases for 2010/11.**

Pre-48 hour cases are those patients considered not to have acquired the infection in hospital but rather to have developed the infection before admission to hospital. Those patients who develop an infection after they have been in hospital for more than two days are considered post-48 hours.



## Priority four:

**2009/10**

**To increase the number of patients who rate their overall care highly from 92 per cent in the national inpatient survey to 95 per cent and show an increase in patients who would recommend The Dudley Group of Hospitals NHS Foundation Trust to a friend or relative.**

The Trust was disappointed in the fall in the two measures of patients' experience between 2008/09 and 2009/10.

In 2008/09, 91.5 per cent of patients said they would recommend the Trust to a friend. This figure fell to 89.5 per cent in 2009/10.

A similar drop was seen in the number of patients who rated their overall care as good, very good or excellent.

**2010/11**

**Increase the number of patients who rate their overall care highly from 88 per cent in the national inpatient survey to 91 per cent and show an increase in patients who would recommend The Dudley Group of Hospitals NHS Foundation Trust to a friend or relative.**

Following discussions with patients, community groups and staff, we have decided in 2010/11 to retain the first four priorities from 2009/10 as people feel they are useful indicators of quality and are important to many.

In addition, we have also added a hip fracture priority as we recognise the length of time taken from admission to surgery has an impact on the outcome for patients.

## Priority five:

**New for 2010/11**

**Increase the number of hip fracture patients who undergo hip fracture surgery within 36 hours from admission to the Emergency Department (where clinically appropriate to do so).**

## Summary Financial Statements

This summary financial statement is intended as an overview only and does not contain sufficient information to allow as full an understanding of the results and state of affairs of the Trust and of its policies and arrangements concerning directors' remuneration as provided by the full annual accounts.

The information set out on these pages is a summary of the information in the full accounts. A full set of the

accounts, which includes the Statement of Internal Control, are available from the Trust's Finance and Information Department by writing to Heather Taylor, Financial Services Manager, Finance and Information Department, Trust Headquarters, Russells Hall Hospital, Dudley, DY1 2HQ, emailing [heather.taylor@dgo.h.nhs.uk](mailto:heather.taylor@dgo.h.nhs.uk) or by telephoning (01384) 321040.

### Statement of Comprehensive Income for the year ended 31st March 2010

	Year ended 31st March 2010 £000	Six months To 31st March 2009* £000
Operating income	253,693	117,139
Operating expenses	(239,887)	(107,962)
<b>OPERATING SURPLUS / (DEFICIT)</b>	<b>13,806</b>	<b>9,177</b>
<b>FINANCE COSTS</b>		
Finance income	230	456
Finance expense – financial liabilities	(9,521)	(4,558)
Public Dividend Capital (PDC) dividends payable	(2,653)	(1,653)
<b>NET FINANCE COSTS</b>	<b>(11,944)</b>	<b>(5,755)</b>
<b>SURPLUS/(DEFICIT) FOR THE YEAR</b>	<b>1,862</b>	<b>3,422</b>
<b>Other comprehensive income</b>		
Revaluation gains/(losses) and impairment losses property, plant and equipment	(32,412)	(13)
Increase in the donated asset reserve due to receipt of donated assets	37	24
Reduction in the donated asset reserve in respect of depreciation	(112)	(57)
<b>TOTAL COMPREHENSIVE INCOME /(EXPENSE) FOR THE YEAR</b>	<b>(30,625)</b>	<b>3,376</b>

\*In 2008/09 we were a Foundation Trust for six months only having been granted this status on 1st October 2008.

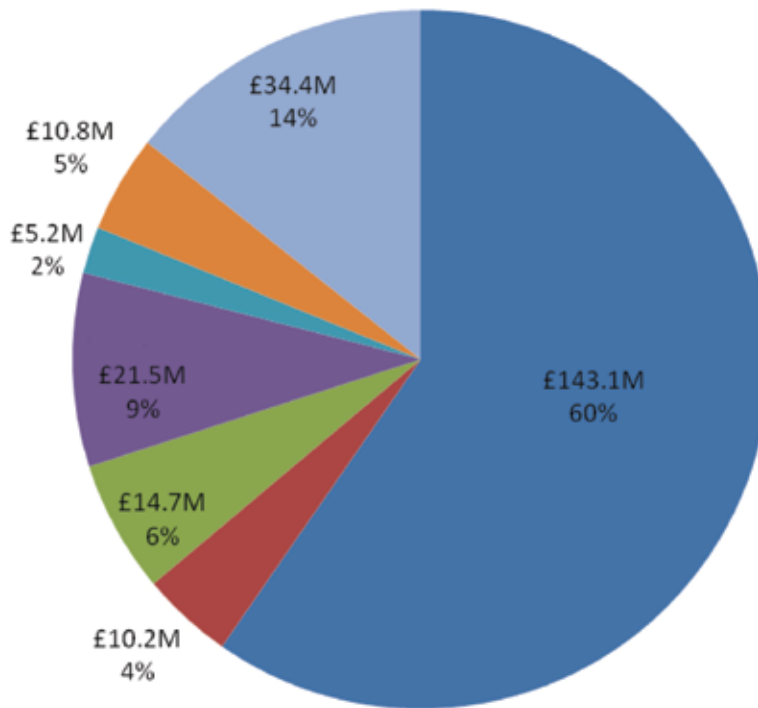
## Statement of Financial Position as at 31st March 2010

	31st March 2010	31st March 2009
	£000	£000
<b>Non-current assets</b>		
Intangible assets	1,111	729
Property, plant and equipment	203,410	240,348
Trade and other receivables	6,627	7,257
<b>Total non-current assets</b>	<b>211,148</b>	<b>248,334</b>
<b>Current assets</b>		
Inventories	2,949	2,272
Trade and other receivables	8,858	7,504
Other financial assets	10,000	20,000
Cash and cash equivalents	26,925	14,541
<b>Total current assets</b>	<b>48,732</b>	<b>44,317</b>
<b>Current liabilities</b>		
Trade and other payables	(10,665)	(8,100)
Borrowings	(4,065)	(4,511)
Provisions	(834)	(1,032)
Tax payable	(2,910)	(2,604)
Other liabilities	(1,594)	(1,902)
<b>Total current liabilities</b>	<b>(20,068)</b>	<b>(18,149)</b>
<b>Total assets less current liabilities</b>	<b>239,812</b>	<b>274,502</b>
<b>Non-current liabilities</b>		
Borrowings	(158,089)	(162,154)
<b>Total non-current liabilities</b>	<b>(158,089)</b>	<b>(162,154)</b>
<b>Total assets employed</b>	<b>81,723</b>	<b>112,348</b>
<b>Financed by (taxpayers' equity)</b>		
Public Dividend Capital	20,927	20,927
Revaluation reserve	37,423	70,426
Donated Asset Reserve	311	386
Income and expenditure reserve	23,062	20,609
<b>Total taxpayers' equity</b>	<b>81,723</b>	<b>112,348</b>



## OPERATING EXPENSES FOR 2009/10

- Staff costs
- Services from other NHS bodies
- Supplies and Services
- Drug Costs
- Establishment, transport and premises
- Depreciation, amortisation and impairments
- Other spend. Includes £25.0M in relation to payments to the Trust's PFI partner for services provided

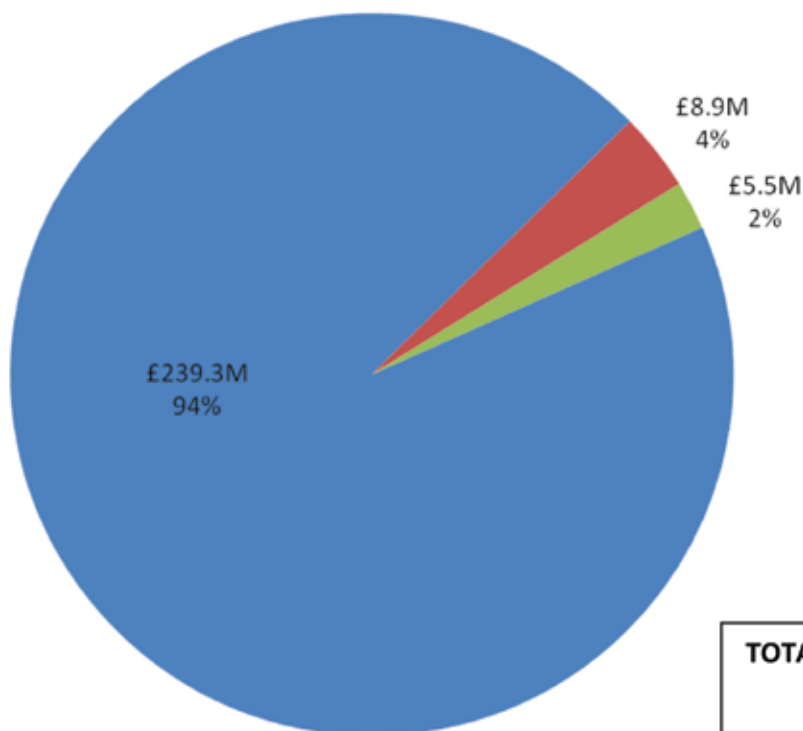


**TOTAL SPEND 2009/10**  
**£239.9M**



## INCOME FROM ACTIVITIES FOR 2009/10

- Patient income raised from Primary Care Trusts, local authorities, other trusts, Strategic Health Authorities and Department of Health
- Income raised from education, training and research
- Income raised from other sources.



## Better payment code of practice – measure of compliance

	2009/10		2008/09*	
	Number	£000	Number	£000
Total Non-NHS trade invoices paid in the year	50284	135,016	22,493	65,551
Total Non-NHS trade invoices paid within target	49584	134,368	22,285	64,972
Percentage of Non-NHS trade invoices paid within target	99%	100%	99%	99%
Total NHS trade invoices paid in the year	1687	37,502	972	16,185
Total NHS trade invoices paid within target	1635	36,926	941	15,872
Percentage of NHS trade invoices paid within target	97%	98%	97%	98%

The Better Practice Payment Code requires the Trust to aim to pay all undisputed invoices by the due date or within 30 days of receipt of goods or a valid invoice, whichever is later.

\*The period 2008/09 represents the six months from 1st October 2008 to 31st March 2009, whereas 2009/10 represents 1st April 2009 to 31st March 2010.

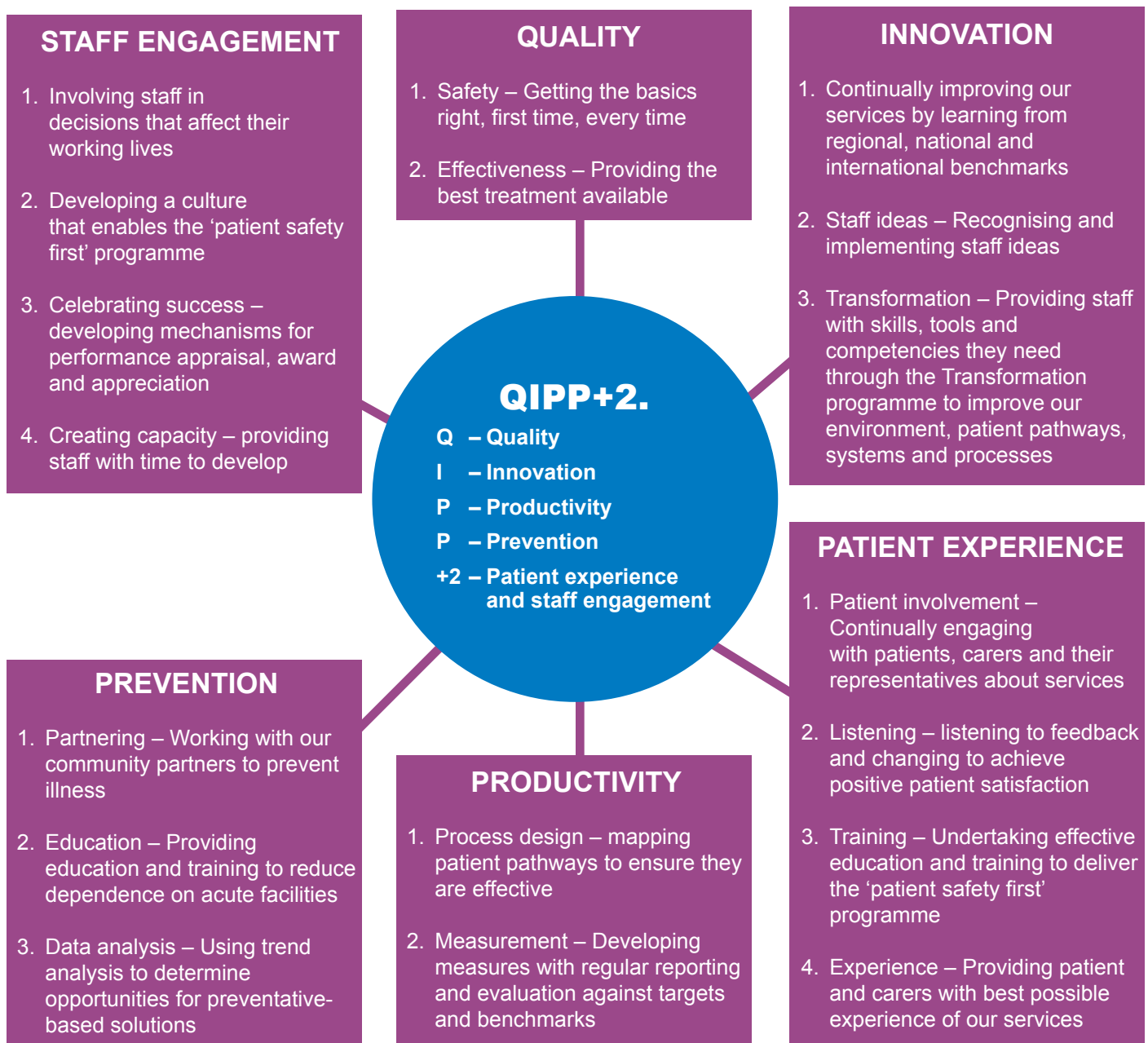
# Our future strategy 2010 to 2014

The Trust's key strategic aim remains to be the clear 'Hospital of Choice' for our local populations in Dudley, Wyre Forest and the west of Sandwell.

During 2009/10 the Trust continued to see and treat more patients than ever before. And the future is likely to see increasing demand as our local population ages. However, the Government has made clear the impact of the economic recession on the public sector and we anticipate a significant reduction in resources available at the same time. Patients tell us that we need to improve waiting times in outpatient departments and provide better information. In addition, our staff tell us that we could do better in

terms of staff engagement, training and appraisal.

In setting our future strategy the Trust has taken into account the things that stake holders have told us are important to them. We have adopted and adapted the national QIPP (Quality, Innovation, Productivity and Prevention) programme, which was launched to ensure the best healthcare possible is provided for each pound spent. Our strategy recognises the importance of patient experience and staff engagement in the future and incorporates these as + 2. This QIPP + 2 framework underpins our Transformation Programme, details of which can be found on page 15.





# Transformation

our future begins with you

## Change programme plans to transform our Trust

We have recently launched a transformation programme of continuous improvement to ensure patients have the best possible outcome and the best experience of our care. Under the banner 'Transformation – our future begins with you', the programme has seen senior managers and clinicians collectively identify projects in their areas which will involve members of staff in each directorate.

"We know there are areas we need to improve and our patients and our staff have confirmed these via our surveys," says Richard Beeken, Director of Operations and Transformation. "We have also taken a good look at our performance in areas such as outpatients and how long patients need to stay in hospital before and after their operation and decided that these are areas where we could improve."

"The transformation programme aims to ensure we are the best we can be", adds Richard. "Our future really does begin with each and every member of our staff, and they are committed to helping us achieve change to meet our vision of being the hospital of choice for patients and our staff."

Transformation projects already underway include:

## Listening into action – putting staff at the heart of change



A new approach to staff engagement will put the ideas and views of front line staff at the centre of change to improve patient care and morale within the Trust.

Listening into Action (LiA), launched in July, marks a fundamental shift in the way the Trust is managed and kicks off with a series of Staff Conversations hosted by Chief Executive Paula Clark in September.

Paula has sent out personal invitations to randomly selected staff at all levels and from all areas of the Trust to attend one of the five events where guests will be encouraged to speak openly and honestly about what really matters to them, what gets in their way and what changes should be prioritised for the benefit of patients and staff.

Some of the issues raised at the Conversations will be tackled over the coming months.

"This is not just another initiative," says Paula, "but a fundamental change in the way we do things round here.

"It is really important to me as Chief Executive that staff at all levels are engaged with LiA so that we can deliver the kind of improvements we all want to see."

## Productive Ward and Productive Operating Theatre

These two national programmes aimed at helping staff find more efficient ways of working and releasing time to care for patients were launched in June in a number of showcase operating theatres and on two pilot wards.



Theatre improvements so far have included reorganisation of storage areas providing quicker location of equipment, and improved information to patients about their procedure prior to going to theatre.



Positive changes have also been made on the pilot 'productive wards' to increase the amount of time our nurses have to spend directly with patients again by reorganisation of the ward area and introducing systems to better manage the large amount of items required in a busy ward area.

These programmes will be rolled out to four more wards and all inpatient theatres from 1st September 2010.

## Transfer of adult community services

In the last edition of Your Trust we told you that a number of services which are carried out in the community by Dudley Community Services would be transferring to us from 1st April 2011.

Since then the Government's White Paper entitled: 'Equity and excellence: Liberating the NHS' has been issued which has confirmed that their programme of transferring community services will continue to these original timescales.

We will keep you updated on this transfer as it progresses.

# Governor Update

## Your new Governors



**Mr Bill Etheridge** is the newly Public Elected Governor for constituency of North Dudley replacing Mr Simon Biggs who retired earlier this year.



**Mrs Gill Cooper** is the newly Appointed Governor for NHS Dudley replacing Ms Rachel Harris who retired earlier this year.



**Mr Nazir Ahmed** is the newly Public Elected Governor for the constituency of Central Dudley replacing Mr Bob Ferguson who retired earlier this year.



**Mr Rafat Hussein** is the newly Appointed Governor for Dudley Youth Council replacing Miss Nikky Gill who completed her one year term earlier this year.

Further information about our dedicated Council of Governors and the valuable work that they do can be found by visiting our website at [www.dgoh.nhs.uk](http://www.dgoh.nhs.uk)

## The appointment of the new Trust Chair and Non-Executive Directors

**Our Council of Governors were recently called upon to exercise one of their important statutory duties in appointing a new Chair and Non-Executive Directors to join the Trust Board.**

Three Governors – John Balmforth, Martin Kendall and Harvey Woolf (Committee Chair) – led the

Appointments Committee in this process, interviewing all of the candidates and receiving feedback from Executive colleagues before making their recommendations to the full Council of Governors at an Extraordinary General Meeting held on 22nd July.

Information about the new Chair and Non-Executive Directors can be found on page 2.



**Trust security manager and non-clinical staff Governor David Ore preparing for his sky dive.**

## Daring David hits the heights

**The Trust's security manager and staff Governor representing non-clinical staff achieved a long-held ambition when he took to the skies for the experience of a lifetime.**

David Ore completed a 14,000ft tandem skydive at an airfield in Cumbria in June.

David was given the skydive as a present for Father's Day after his son raised £800 for the Leukaemia Care charity, a condition which the 53-year old has been suffering from for the past three years.

David described the experience as 'exhilarating' and said he would like to do more skydives in the future.



## Work on car park nearing completion



Work has now started on cladding the new staff car park after all of the steel framework was finished.

Work on the new 691-space staff car park at Russells Hall Hospital is nearing completion and is on schedule for a grand opening in October.

All of the steel framework is now in place and the concrete planks which form the floors of the car park have been lowered into position. The four-inch thick concrete screed floor covering which will form the running surface of the car park has been spread onto the planks.

The two stair wells at either end of the structure are in the process of being clad, as is the car park's steel framework.

Work on installing the electrics is continuing and the external power supply to the car park is being fitted.

## Medical secretary proves to be a real gem

A medical secretary has proved herself to be a real gem after clocking up 40 years of service to the Trust.

Nicola Bussey celebrated her ruby anniversary with colleagues who threw her a surprise party to mark her achievement. Nicola, who acts as a link between patients and their consultants, joined the Trust on 20th July 1970 and worked at the Guest Hospital until Russells Hall Hospital was opened in 1984.

"I can't believe it's been 40 years," she said. "I'm lucky because I have made some really good friends and have always enjoyed working for the consultants I have been appointed to."



Nicola Bussey celebrates 40 years of service to the Trust along with her colleagues.

## Ron Grimley Awards 2010



The winners of the 5<sup>th</sup> annual Ron Grimley awards are presented with their prizes by (far left) Sub Dean and Consultant Vascular Surgeon Atiq Rehman and (far right) Siemens Medical Solutions representative Ian Elsworth.

The winners of the fifth annual Ron Grimley awards have been presented with their awards.

Henry Ferguson, Aamer Sandoo, Jean-Pierre St Mart, Adam Low, Tania Pawade, Anna Ferguson, Salma Iqbal and Montey Garg all received prizes for their individual achievements.

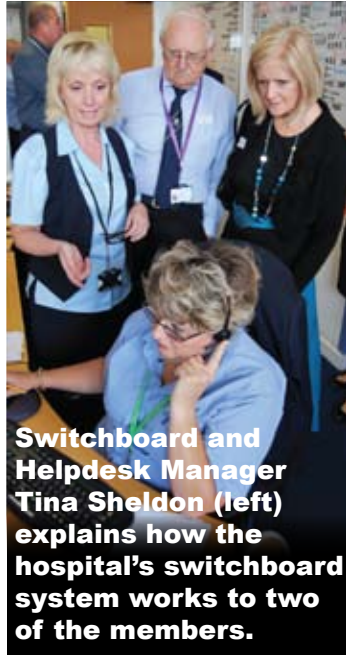
The awards, which are sponsored each year by Siemens Medical Solutions, are held to mark the end of the educational year and were set up to commemorate the work of Ron Grimley, a former Sub Dean and Consultant Vascular Surgeon who worked at the Trust for 21 years.



## Members get a tour around vital services

Trust members undertook a fascinating behind-the-scenes tour of the vital backroom services that keep Russells Hall Hospital running.

Forty members attended the tour on Thursday 19th August and were treated to a fascinating glimpse of the work that goes on in catering, security, sterile services and switchboard and helpdesk.



Switchboard and Helpdesk Manager **Tina Sheldon (left)** explains how the hospital's switchboard system works to two of the members.

## Trust presented with 'thank you' painting by British Army



Chief Executive Paula Clark (left) is presented with the painting by Linda Geddes (middle) and Jane Bradbury (right) who both served in Afghanistan.

A painting depicting the bravery and heroism of the British Army has been presented to the Trust as a thank you for allowing two members of staff to serve in Afghanistan.

Pharmacist Linda Geddes and Jane Bradbury, a sister in the Critical Care Unit, presented the painting to Chief Executive Paula Clark on behalf of their Commanding Officer.

Linda and Jane, who served in the Territorial Army 202 Field Hospital unit, both spent four months working at Camp Bastion, in Helmand province, in 2009.


Paula paid tribute to Linda and Jane for their bravery and much valued service and said the painting would be hung with pride at Russells Hall Hospital.

## Check out our progress


Below you can see how well we are doing against some national performance targets as at June 2010.

### Infection Control

#### MRSA

The MRSA target for 2010/11 is 2 post-48 hour cases 


#### C.diff


The C.difficile target for 2010/11 is 161 for post-48 hour cases. 


Post-48 hour cases are classed as hospital acquired.

### Access


#### Cancer waiting times

All patients referred urgently by their GP with suspected cancer will be seen within 14 days. 


Patients to wait no more than 31 days from diagnosis to treatment of all cancers. 

Patients are treated within a maximum of 62 days from urgent suspected cancer referral to treatment. 

#### Patient waits in A & E

Target is no one to wait longer than 4 hours to be seen, treated and admitted or discharged. 

#### 18 weeks from referral to treatment


The referral to treatment target is set as the maximum time it should take from the GP referring a patient for treatment to the time that treatment starts. Within that 18 week period all diagnostic tests and outpatient visits for tests should have taken place. 

#### Activity vs Plan

We are treating more patients than we had planned to. 

### Efficiency

#### Length of stay

We want to improve the efficiency of our services to ensure patients are not kept in hospital longer than necessary. 

#### Day surgery rate

#### Complaints and claims

## New privacy and dignity procedures in Imaging departments



Radiographers Sarah Taylor and Sarah Smith are pictured in a patient changing cubicle.

New procedures aimed at improving patients' privacy and dignity when they come for an X-ray have been introduced by the Imaging departments.

Feedback from patients and staff indicated there were issues with inpatients and outpatients being in the same waiting areas.

In the past, patients have had to wait in the waiting area after changing into their gowns before being called into the X-ray room.

Patients are now escorted to their own cubicle where they can change into their gowns and wait before they are called.

Also, as most ward patients are already in a gown when they come for an X-ray, they are now being separated from outpatients, where possible.

## Tell us what you think...

We hope you've enjoyed pitting your wits against the Coffee Break Puzzles which have featured in the last few editions of the magazine.

As we're always looking to keep the magazine fresh, we'd like to know what you think about the puzzle page.

Do you have the time to take part in the quizzes? Would you like to see something else in its place?

If you've got a comment about the page, please let us know by emailing [erica.pearce@dgoh.nhs.uk](mailto:erica.pearce@dgoh.nhs.uk) or calling her on (01384) 456111 extension 1419.

## DATES FOR YOUR DIARY

### September

**27th – Health fair and AGM**

6.00pm  
Clinical Education Centre,  
Russells Hall Hospital

### October

**8th – Older people's health and wellbeing**

10.00am to 1.00pm  
Clinical Education Centre,  
Russells Hall Hospital

**21st – Council of Governors meeting**

6.00pm to 8.30pm  
Clinical Education Centre,  
Russells Hall Hospital

Please let the Foundation Trust office know on (01384) 456111 extension 1419 or email [foundationmembers@dgoh.nhs.uk](mailto:foundationmembers@dgoh.nhs.uk) if you would like to reserve a place at any of the events so we can cater for numbers.

## Summer 2010 solutions

### Wordsearch



### Sudoku

6	9	7	3	1	5	4	2	8
8	3	1	7	2	4	6	5	9
2	4	5	6	8	9	1	7	3
7	1	6	4	3	8	5	9	2
9	5	2	1	6	7	3	8	4
3	8	4	5	9	2	7	6	1
4	7	8	9	5	3	2	1	6
1	2	3	8	7	6	9	4	5
5	6	9	2	4	1	8	3	7

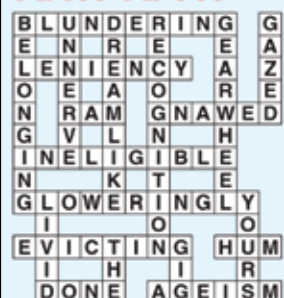
### PhraseFaze

- 24 hours
- Airline ticket

### Add Up

22

### Kriss Kross



# All in a day's work of... Louise Walker



Occupational Health Physiotherapist,  
Therapy Department, Russells Hall Hospital

- 1. What books have you read lately?**  
Rich Girl, Poor Girl by Lesley Lokko
- 2. What CD have you got in your car?**  
Aphrodite by Kylie Minogue
- 3. What is your favourite food?**  
Probably chocolate! However, I recently bought a breadmaker which is getting a lot of use!
- 4. What do you do to unwind?**  
I play netball for Old Bromsgrovians Netball Club. I also like watching TV and films and spending time with my friends, family and two cats
- 5. Where were you born?**  
Stourbridge
- 6. Is there a specialist interest/function that interests you at work?**  
Although I treat a wide variety of conditions, patients who have multiple injuries are always very rewarding to treat. I also treat staff members that are referred from Occupational Health and assisting them in their return to work is interesting and challenging

I qualified in 2002 from the University of the West of England, Bristol, and started work as a junior Physiotherapist at Good Hope Hospital in Sutton Coldfield.

I came to The Dudley Group of Hospitals in May 2005 and after a rotation at the Corbett Rehab Centre I specialised in musculoskeletal outpatients. I have been based at Russells Hall Hospital since and took on the Occupational Health Physiotherapist role in April 2009.

## A TYPICAL DAY WILL INCLUDE...

I arrive about **7.45am**, check my diary for the day and start with my first patient at **8.00am**.

I see outpatients, some new patients and some follow-up patients, every half an hour, up until **11.00am** then have a one-to-one hydrotherapy session with patients that have certain conditions and require more support in a quieter environment.

As a student mentor, I spend some teaching time with my students and talk with them about specific conditions or practicing treatment techniques.

I have lunch at **1.00pm** where I catch up on any notes.

After lunch, I hold a knee replacement class at **1.30pm** with one of my colleagues. The class is busy as it can have up to 10 patients, some of whom are new patients so their assessment can take a bit longer.

After writing up my class notes, I have a member of staff to treat at **2.30pm** who has been referred through Occupational Health.

There is also a patient that requires a mobility assessment who has been sent from the fracture clinic for elbow crutches. My colleague and I assess the patient for safety with the crutches and do a stairs assessment as well.

I make sure that I check my emails regularly throughout the day and contact any new patients who have been referred by Occupational Health. We aim to see these patients within 48 hours to meet our targets.

At **3.30pm** I meet with my student again to discuss the day's patients and ensure they are prepared for tomorrow's patients.

I finish at **4.00pm** and head home for a well-earned cup of tea!