The Dudley Group of Hospitals NHS
NHS Foundation Trust

yourtrust

Annual Review 2010/11

Autumn 2011

In this issue:

A REVIEW OF 2010/11 AND A LOOK INTO THE FUTURE

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Welcome to our review of 2010/11 and a look forward at our future plans.

We've had a very busy year and we hope this review provides you with a snapshot of the challenges and triumphs we have seen as well as outlining our key quality priorities and financial performance.

A full version of our annual report and accounts, incorporating our full quality report and accounts, can be found on our website www.dudleygroup.nhs.uk

Chairman's overview

Welcome to our Annual Review, a look back at the Year that was and also a look forward to next year through our strategy and annual plan set out on pages 5 – 8. The unveiling of the Equity and Excellence: Liberating the NHS White Paper introduced a period of intense change for the NHS, perhaps more so than at any other time in its 62 year history.

I am pleased to have joined the Trust in challenging times as we steer the organisation into very new territory. The national landscape is going to place even more emphasis for NHS services to put patients and local communities at the heart of everything we do. We are proud that we have a workforce that provides excellent care and works hard to ensure we build on our firm foundations as we embed the new reforms.

The Trust Board of Directors has seen some significant changes this year, not least with Alf Edwards' retirement and my appointment as Trust Chair, but also the appointment of our new Director of Operations and Transformation Richard Beeken, new Non-Executive Director David Bland and associate Non-Executive Director Richard Miner.

Our Council of Governors continues to strengthen our accountability to patients and the public and provides valuable input at all levels across the organisation. This year they have been involved with our annual planning process, given very useful insights and helped develop ideas we can take forward as an organisation to help improve patient care. I am delighted that our Council is well equipped to take on the challenges from the NHS reforms and we look forward to further constructive engagement with, and development of, the Council over the coming months and years. I would like to take this opportunity to thank all our Governors for their hard work and dedication in particular those whose term of office finishes at the end of September. We will be running elections soon for all vacant posts.

I am pleased to have joined an organisation that is progressive and with a highly motivated and professional workforce, committed to providing the best possible care to patients. I want to thank all our staff for their hard work over the last 12 months and for their commitment to meeting the challenges that lie ahead.

Chairman
John Edwards CBE

Championing patients with diabetes to improve their care

A group of diabetes champions have been enrolled from medical staff at Russells Hall Hospital to help improve the care of patients with diabetes during their stay in hospital.

The 22 champions are supporting the specialist diabetes team to improve identification of patients who have diabetes as soon as they are admitted to hospital, teach staff how to use diabetes monitoring tools, and help patients manage their blood sugar levels.

“We know that patients who have diabetes will spend more time in hospital than patients without diabetes,” said Dr Siddique, Consultant in Diabetes and Endocrinology.

> “Greater awareness among our staff and our new way of working has already improved the care patients with diabetes receive. They are seen more regularly by specialists, stay in hospital for less time and have better control over their diabetes following discharge.”

We’ve had a busy year

Our hospitals are very busy places and we continue to see demand for our services increase year on year. It’s amazing to think that in 2010/11 our dedicated team of staff:

- Delivered 4,865 babies
- Cleaned more than 5,000 miles of corridor
- Saw 98,100 patients in the Emergency Department
- Served more than 900,000 meals
- Treated 494,500 outpatients
- Saw 39,380 day cases

Find out more about being a Governor. Come along to our coffee morning on Wednesday 5th October 2011 at 10.00am, Clinical Education Centre, 1st floor, Russells Hall Hospital, Dudley, DY1 2HQ

Welcome from the Chief Executive

Throughout this report we aim to present the key activities, service developments and quality priorities alongside the summary of our finances to give you a picture of the business of the Trust.

Work had been underway during 2010/11 to prepare for the transfer of Dudley adult community services into our fold as part of the Department of Health's move to transform community services. We were pleased to welcome over 500 staff from these services on 1st April 2011.

Some of our other key highlights have been the big effort by our Emergency Department to meet another challenging winter, our consistently high performance on the cancer waits targets and the 18 week referral to treatment waiting target. Our tissue viability team is also making a big impact in the fight to reduce the number of patients who develop pressure ulcers whilst in hospital, seeing a reduction of 45% in the first quarter of 2011/12 (Apr-Jun 2011).

Chief Executive
Paula Clark

Clinical excellence

A number of our staff achieved national, and international, recognition for their specialties during the year, including:

- Consultant Urologist Mr Paul Anderson who was invited to speak at Europe's prestigious Annual European Association of Urology (EAU) Congress
- Consultant Rheumatologist Professor George Kitas achieved silver in the National Clinical Excellence Awards for his "exceptional" contribution to the NHS
- Our Autologous Stem Cell Transplantation Programme for patients with Leukaemia received The Joint Accreditation Committee ISCT-EBMT (JACIE) accreditation for performing to an agreed standard of excellence

Summary of other key achievements for 2010/11:

- Occupational therapy and physiotherapy service offering instant access to appointments to reduce delays in referral
- 20 week wait time for Orthotics halved with urgent cases now seen within 72 hours
- New testing service for young people with diabetes without the need to come into hospital
- A 'one stop prostate clinic' to improve care and reduce waiting times
- Enhanced recovery programme – work with GPs before and patients after operations to help reduce patient's length of stay in hospital
- Red Cross Home from Hospital Scheme to help patients who are medically fit to leave hospital but may need some short term support at home
- ThinkGlucose project launched to improve treatment of inpatients with diabetes and help get them back home sooner

How we spent the money in 2010/11

We ended the year with a modest financial surplus of £275,000. As a Foundation Trust we can reinvest this money into patient services.

Expenditure: £249.4 million

Investments included:

- Installation of a second MRI scanner
- Additional medical, nursing, midwifery and support staff
- Replacement gamma camera
- Digital mammography equipment

61% £151.9M — Staff costs

15% £36.7M — Other spend (Includes £26.1M in relation to payments to the trust's PFI parter for services provided)

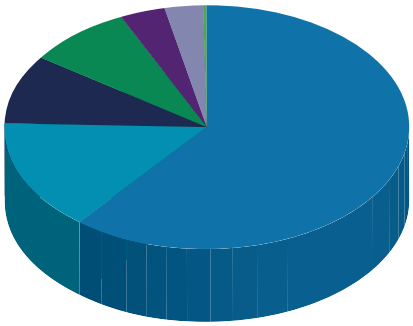
9% £23M — Drug costs

8% £21.1M — Supplies and Services

4% £8.9M — Depreciation, amortisation and impairments

3% £7.7M — Establishment, transport and premises

0% £0.1M — Services from other NHS bodies



Looking forward

Our future strategy 2011 to 2014

Over the past year our Trust has performed well and is now in a much stronger position overall. However we know that the next few years will be tough and we need to consider how best we respond to the challenges ahead. In this new world only organisations that operate at the highest level will thrive therefore it is vital that we move from an organisation that performs well to one that performs with the very best both nationally and internationally.

We know the top healthcare organisations around the world focus on quality, safety, leadership and organisational culture internally to ensure high performance but they are also mindful of external influences. Therefore to meet this goal we are focusing on the journey we will need to take to move us from where we are now to this new level from 2012 onwards.

We will do this by driving ahead with our quality strategy, taking in safety and patient experience. To deliver this we need our staff to be led by an organisation that values their contribution and has a passion to get things right for our patients.

During the year we have changed our vision from 'hospital of choice' to 'healthcare of choice' this is to reflect the inclusion of adult community services who joined us in April 2011.

Making your stay more comfortable

Packs containing little essentials to help make your stay in hospital more comfortable are being handed out to patients in the Emergency Assessment Unit (EAU). The packs are for people who come into hospital without any toiletries or without any family support.

The Patient Comfort Packs, funded by the Dudley Group of Hospitals Charity, contain a cleansing wipe, bar of soap, sachet of shampoo, comb/brush, toothbrush and toothpaste. They have been introduced as part of the Trust's Essence of Care drive to improve your experience of our hospital.

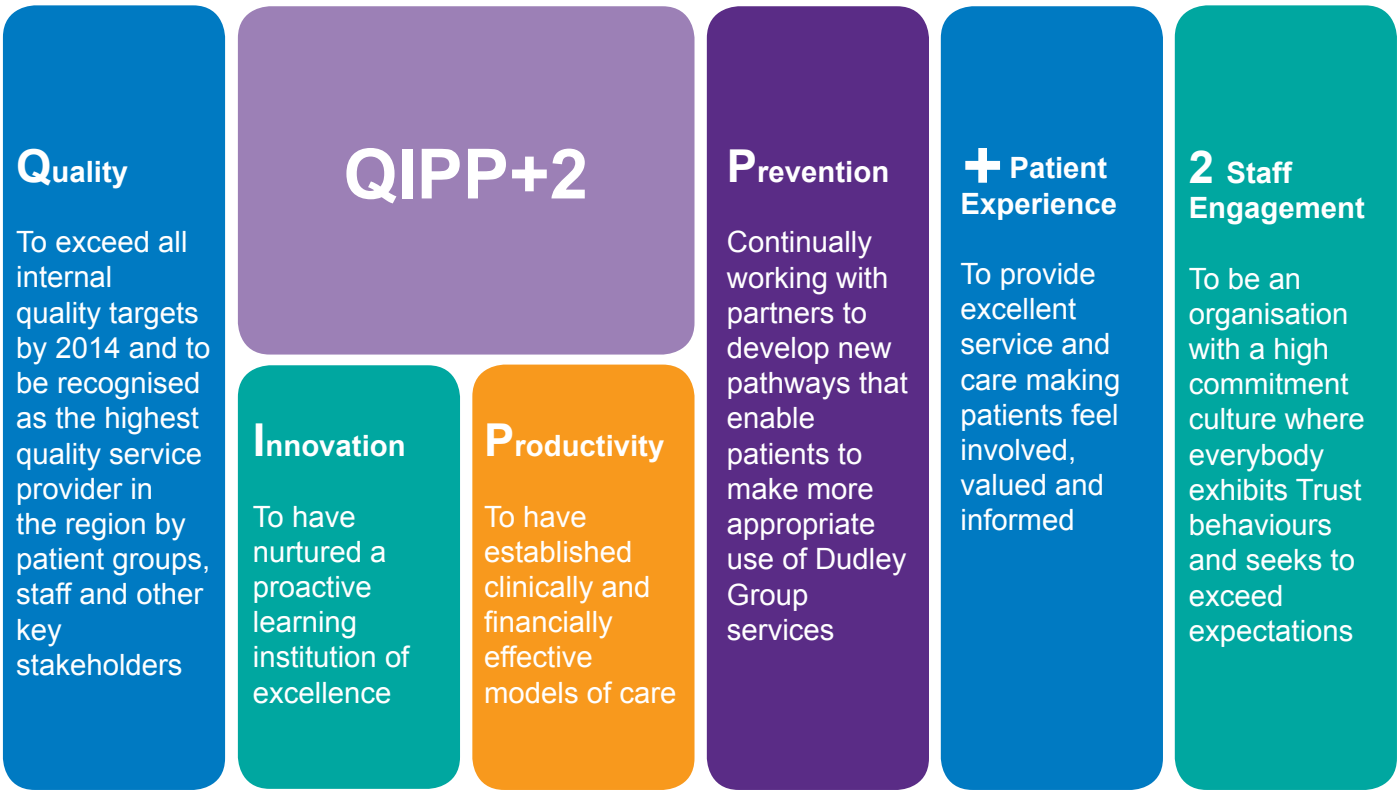
Our goals

We have recognised that in order to be 'healthcare of choice' locally we must understand what our key customers want. The following goals set out what we are aiming to achieve for each of those audiences:

- **Patients and their carers: a first class experience from first contact to aftercare, the best possible outcomes and a high standard environment in which to receive their care.**
- **Our staff: being a great employer. One that is forward-thinking, offers high levels of engagement and learning and development opportunities for all.**
- **GPs: the satisfaction of their patients with our services, the clinical outcomes and ease of access. Our responsiveness to what matters to them.**
- **Commissioners: to be cost and clinically effective, safe, and a high performing organisation which is seen to deliver quality care along with the required goals and measures. Being engaged in the service developments and the changes they seek.**
- **Partner and stakeholders: to be a high performing organisation that is open and inclusive in its approach.**

In order to deliver these goals and our vision the Trust uses the QIPP + 2 format. Quality, Innovation, Productivity and Prevention (QIPP) are the national improvement model but we felt Patient Experience and Staff Engagement were also vital to deliver the vision. The diagram below illustrates the QIPP+2 format and our future strategy.

Our strategy 2011 – 2014



Throughout the year we have been consulting with our Governors to ensure that their views, and the views of our members, are included in our forward plans on priority actions to meet these goals.

Priority actions to meet our goals

Quality – the Trust has recently received good feedback from both the Care Quality Commission and West Midlands Quality Review Service and other external bodies. However quality remains firmly on the Board agenda with a new Quality of Care and Patient Experience steering Group set up to strengthen the measurement of quality throughout the organisation (see pages 9 – 15 for more on our quality priorities).

Innovation – research excellence and innovation are already hallmarks of the Trust. This year investment has been made into our Transformation and Listening into Action programmes, which put staff at the heart of changes and empower staff to be involved in the change. Find out more about both programmes below.

Financial management – the Trust is pursing efficiency savings through the Transformation programme and recognises it is part of a whole health economy with limited resources. The Trust is focusing on consolidating its business, working with commissioners to make the best use of funds available. Back office functions will be subject to more stringent efficiency savings targets than clinical areas.

Involving our workforce in improving our services

Our organisation needs to make £12 million savings in 2011/12 while continuing to deliver high quality care in line with our strategy set out on page 6. Helping us to meet these challenges are Listening into Action and Transformation – two dynamic programmes that involve all our staff at every level to share their ideas on redesigning our services.

Listening into Action – September 2010 saw the launch of our Listening into Action (LiA) programme which is designed to empower each and every member of staff to make changes to our services for the benefit of patient care. LiA was launched with a series of 'big conversations' to find out what mattered most to our staff. More than 500 people came along to these events to air their views and suggest big action changes to the way we work and deliver patient care.

Staff feedback was captured and collated and several clear themes were identified, for example:

- Improving patient experience
- Supporting teams to deliver the best care
- Getting the basics right

One of the suggestions was that our senior management team could be more visible to frontline staff. As a result, five Directors (pictured) have been going 'back to the floor' every few weeks to gain firsthand experience of other people's roles.

We've already started to make changes following the 'big conversations' and LiA is proving to be a successful way for ward teams and departments to introduce the improvements they want to see in their areas.





"LiA is putting our staff, who know the most, at the centre of change to help us prioritise the changes that will be of most benefit to our patients."

Transformation
our future begins with you

The Transformation Programme is a culture change programme that uses lean methodology. 42 lean facilitators have been trained and are leading projects within their own Directorates continuing to transfer knowledge and empowering wards and departments to identify and pursue their own service improvement opportunities with confidence.

Alongside the lean training, the programme has incorporated national initiatives such as the Productive Series (including Productive Ward, Theatres and now Community Services), the Enhanced Recovery Programme, Think Glucose and Listening into Action to underpin the essence of transformation being about quality and efficiency. The approach we have used has ensured we are able to identify interdependencies, quick wins and pursue perfection in every possible way by expanding pockets of excellence across the organisation.

In order to accelerate the level of engagement and improvement across the Trust it was decided to move to using Lean Action Weeks focusing specifically on outpatient and length of stay improvements. 12 Lean Action Weeks have taken place and these have proven to be extremely successful in engaging with a large number of clinical and non-clinical staff, GP's, Commissioners, patient focus groups, the PCT and the Local Authority to determine a shared and more efficient way of working.

The teams that are bought together are best placed to make the necessary decisions for their service and therefore own the changes from the outset. This ensures the projects do not loose momentum and remain sustainable.

Be part of something big – Governors and members needed

Did you know you could be part of our membership of over 12,000 people who get involved or show their support for their local healthcare services? As a member you can be as involved as much or as little as you want and its free.Becoming a Governor of our Trust is one of the levels of membership. Helping us to find out what people in your street, neighbourhood, or area think about healthcare services and how we can improve them is vital to us as we aim to deliver quality services to meet patient's needs. We have Governor elections coming up in most of our constituencies soon. If you think you would like to:

- **Help shape the strategy and future vision of the Trust**
- **Help us recruit and engage with our membership (as at 1/09/11 we had over 12,000 members)**
- **Appoint the Chair and Non-Executive Directors of the Trust,**

Then call us on 01384 321124 or email foundationmembers@dgh.nhs.uk

Quality report and accounts Summary 2010/11

Quality reports and accounts are annual reports to the public from NHS bodies about the quality of services they provide, focusing on the three dimensions of quality; safety, effectiveness and patient experience.

They are designed to sit alongside our financial accounts to show people what our priorities for quality improvements are for the coming year, how we have already made improvements and how we have engaged patients, visitors, staff and governors in developing our priorities. The following pages are a summary of our quality accounts and report, a full version can be found within our Annual Report and Accounts on our website www.dudleygroup.nhs.uk

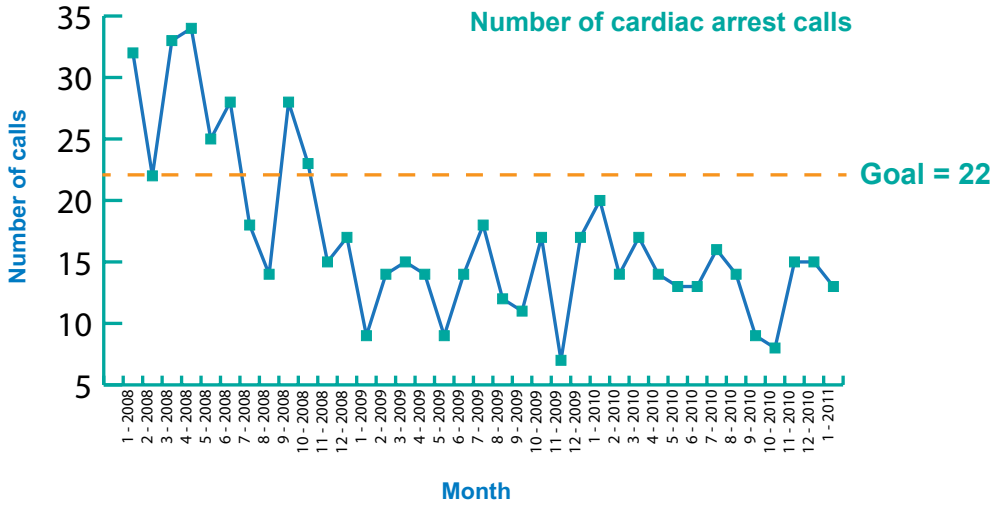
Choosing our quality priorities

In order to set our quality priorities for 2010/11 we held a Listening into Action event. Over 40 staff, patients and Governors attended the event and gave feedback. Together we chose the following quality priorities for 2011/12:

This meant we replaced one of our priorities from 2009/10 for reducing cardiac arrests with one to monitor pressure ulcers. It was also decided that our infection control priorities where doing so well that we would include both MRSA and C difficile targets in one priority. You will also see that some of our priorities include targets for our community services for 2011/12 and we will be reporting on those as well next year.

Reduction in cardiac arrest calls priority from 2009/10 and 2010/11

At the above LiA event it was noted that the cardiac arrest project (priority one last year) had been a major success leading to a reduction from 32 cardiac arrest calls per month in 2008 to 13 per month in 2010/11 (see graph below).



It was decided at the event to concentrate our efforts into maintaining the reduced number of cardiac arrest calls and replace it with a new priority for 2011/12, namely reducing pressure ulcers.

Priority One – Patient Experience

Hospital	(a) Increase the number of patients who rate their overall care highly from 89.3 per cent in the 2010 national inpatient survey to 91 per cent and (b) Show an increase in patients who would recommend The Dudley Group of Hospitals services to a friend or relative.
Community	Increase the number of patients who rate their overall satisfaction with community services care and treatment from 94 per cent in the 2010/11 CQUIN (Commissioning for Quality and Innovation) patient experience survey to 96 per cent.

Progress during 2010/11 (Hospital)

We are pleased that 89.3 per cent of patients surveyed rated their care highly. We know that when patients come into hospital they expect the clinical care they receive to be of the highest quality. With this priority we are trying to ensure that the overall experience patients have of our services can match this high quality clinical care.

We are disappointed to have seen a slight decrease in the number of patients responding positively to the question "would you recommend the hospital to a friend?" and we need to do more to gain your recommendation. In the 2010 inpatient survey the score was 88 per cent (2009 89.5per cent).

We are keeping this priority for 2011/12 as this is very important to us and to our patients.

To increase the number of patients who rate their overall care highly from 89.3 per cent to 91 per cent

Patients said:

"I have private healthcare but could not have received a better service."

"This time I was really impressed – thank you – huge improvement."

Developments planned for 2011/12 (Hospital)

We recognise that by listening to patients, visitors and staff we can improve our services to better meet your expectations. To make sure that our services are responsive to your needs we are, this year, refreshing our real-time survey systems so the views of our patients can quickly be used to make improvements and build upon the information you have already given us. In 2011/12 we are also planning to:

- **Improve patient information**
- **Pilot shared decision-making tools (e.g. leaflets, videos) to help patients make the right decisions about their treatment**
- **Increase reporting of 'you said, we did' — where patients or relatives have made suggestions for improvements we will tell you what we have been able to do about it**
- **The new 'Patient Experience and Quality of Care Steering Group' will be chaired by Non-Executive Director David Bland**

Current status (Community)

We are really pleased 94 per cent of our patients who were surveyed in 2010/11 said that overall they were satisfied with the care and treatment they received from community services. We are trying to ensure the overall experience patients have of our services is continually improved to give the highest standards of care.

The Community services surveyed last year (2010/11) as set by Commissioning for Quality and Innovation (CQUIN) scheme were:

- **Wound care/Dermatology**
- **Diabetes**
- **Continence**
- **Chronic Obstructive Pulmonary Disease (COPD)**

Developments planned for 2011/12 (Community)

In 2011/12 we will build on our 2010/11 learning and continue to ask if patients:

- **Have been involved in decisions about their care and treatment**
- **Are given enough time to discuss their condition with healthcare professionals**
- **Are satisfied overall with our services and any comments they have to help us improve the care we provide**

We will use this information to improve our services.

Community services to be surveyed, set by Commissioning for Quality and Innovation (CQUIN) scheme for 2011/12, will be:

- **Wound Care/Dermatology**
- **Diabetes**
- **Continence**
- **Early Intervention (Virtual Ward)**

However we aim to extend our surveys across all of our community services.

Setting our Quality Priorities at the LiA event

Priority Two – Pressure Ulcers

Hospital

Reduce avoidable stage three and four hospital acquired pressure ulcers through the year, so that at the final quarter of 2011/12 (Jan-Mar 2012) the number for the last quarter of 2010/11 has been reduced by 50 per cent.

Community

Ensure there is a robust, accurate data collection system in place and, for those patients on a district nurse caseload, reduce through the year avoidable stage three and four community acquired pressure ulcers.

We are delighted to report that the number of patients who develop a pressure ulcer while they are in hospital has come down by 45 per cent under this new priority.

The big drop in numbers from April-June 2011 (compared to the previous three months) is a credit to the work of our specialist nurses who are training all staff in ways to prevent and treat pressure ulcers.

Pressure ulcers (also called pressure sores and bed sores) are a problem in hospitals across the country and can develop if a patient is sitting or lying in one position for too long.

The Trust has worked hard to raise awareness among staff and make sure that every patient at risk of developing a pressure sore is checked and turned every two hours. Those who have a pressure ulcer will be treated with the most appropriate equipment to relieve pressure from the affected part of the body.

Patient story

"I felt dirty when they told me I had pressure ulcers. I know it's not a dirty disease but that's how I felt. It was very depressing. If it wasn't for the nurses here, I wouldn't have known I had them. They saw them straight away and now they're sorting them out for me."

Developments planned for 2011/12

Actions being undertaken to achieve the Trust pressure ulcer priorities include:

- **Continuing with our 'We Love Your Skin' campaign**
- **Working together across community and hospital healthcare settings to promote effective prevention of pressure ulcers**
- **Continuing to ensure mandatory tissue viability training for all nursing staff**
- **Promoting the use of the new hospital nursing documents developed by the Tissue Viability team for the prevention and management of pressure ulcers. This includes a chart to record and monitor the number of times a patient is turned and the checks made on the affected area. They were introduced for use throughout the hospital during February 2011**
- **Identifying all patients at risk of developing a pressure ulcer and any patients with a pressure ulcer to ensure they have both the pressure ulcer prevention information and the pressure ulcer management information as appropriate**
- **Embedding the use of the tissue viability documentation across the Trust through the use of the link nurses on each ward, who have protected time each week to perform this function**
- **Updated pressure ulcer prevalence documentation, and improved care planning, implemented 1st May 2011 in the community services**
- **Regular audits of use of the documentation for pressure ulcers**
- **Ensure a robust recording system is set up across community services**

Priority Three – Infection Control

Hospital

Reduce our MRSA and Clostridium difficile (C.diff) rates in line with the national and local priorities. MRSA Bacteraemia (blood stream infections) target is no more than 2 post 48 hour cases; C.diff is no more than 77 post 48 hour cases in 2011/12.

It was noted at the LiA event that we have made excellent progress in the last few years in reducing the number of cases of MRSA and Clostridium difficile (see graphs page 14). It was agreed by staff and patients at the event that our infection control systems and procedures are now so well established that we could combine reducing the infection rates from both organisms into one priority. However, we remain committed to maintaining and improving the progress made so far.

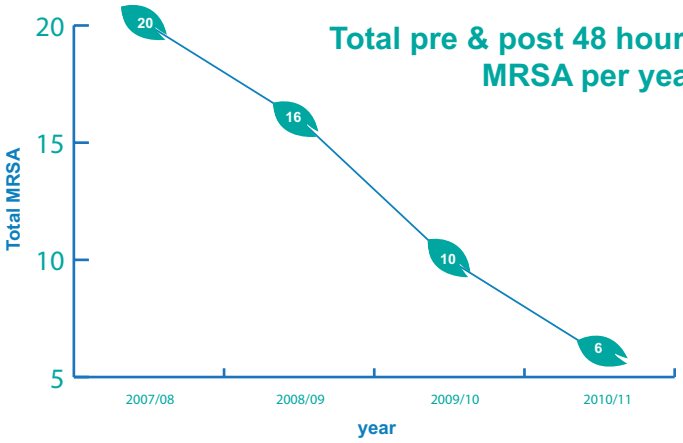
Progress during 2010/11

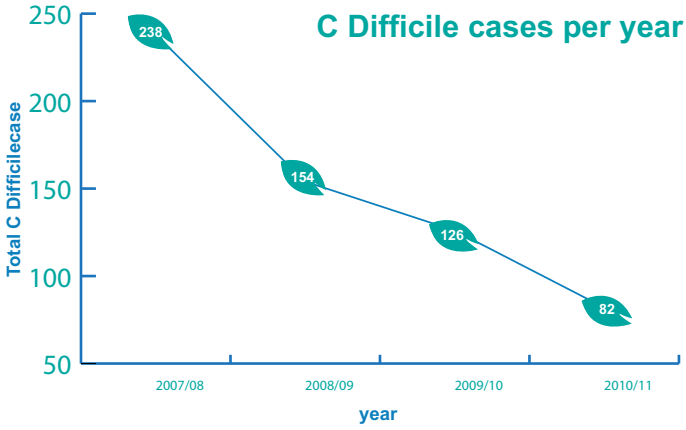
We have continued our good work to maintain consistently low levels of MRSA Bacteraemia and C.diff infections across the Trust. This work, together with work with our community colleagues has meant we have seen further reductions in our overall C.diff rates, 44 less cases than the previous year and MRSA Bacteraemia rates remain low.

MRSA Bacteraemia and C.diff numbers are divided into pre and post 48 hours cases. Only the post 48 hours cases are attributed to the Trust, meaning the patient acquired it in hospital. Pre 48 hours cases mean the patient was already developing the infection before they were admitted to hospital. The Trust as part of the local health economy has to record both pre and post 48 hours cases.

In 2010/11 the Trust has continued to reduce the C.diff post 48 hours cases below the target locally agreed with the Primary Care Trust (PCT). The agreed target was no more than 113 cases and at the end of the year and the Trust recorded only 82.

The Trust did not achieve the agreed target of no more than two post 48hr MRSA Bacteraemia cases but missed the target by only one case, total three.





Developments planned for 2011/12

Our main aims are to reduce our MRSA Bacteraemia rate in line with national and local targets. We will continue to be measured on only the post 48 hours cases and the target again this year is no more than two. This is very challenging and has been recognised by Monitor (our independent regulator), who have again agreed a threshold of six post 48 hours cases before they consider formal interventions. We have already extended our screening programme to include all emergency patients admitted and those planned patients who we screen before they come into hospital for a procedure.

Our second main aim is to reduce our C.diff rate in line with national and local targets. The Trust target for 2011/12 is no more than 77 post 48 hours cases.

Actions planned to achieve the above aims:

- **Updating the policy and training for the taking of blood cultures**
- **Developing training videos for Aseptic Technique and cannulation**
- **Undertaking additional infection control training sessions for special organisms**
- **Publicising aims on World Hand Hygiene Day in May 2011**
- **Introducing disposable mops for all areas of the Trust**
- **Taking part in the National Patient Safety Agency (NPSA) prevention of central line infection in Critical Care Unit project**
- **Undertaking the Surgical Site Surveillance of non-mandatory procedures**
- **Integrating the Infection Prevention and Control services across all Trust services including acute and community**

Priority Four – Hip Fracture

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).

Good hip fracture care depends on minimising delay before the operation. Delays that are not clinically necessary can contribute towards a poorer result for the patient. Russells Hall Hospital was in the top five hospitals out of 193 listed in the National Hip Fracture Database (NHFD) for 2010/11. This achievement by the fracture neck of femur (hip fracture) team recognises the high quality care given to our hip fracture patients.

The NHFD is a joint venture between the British Geriatrics Society and the British Orthopaedic Association, and is designed to facilitate improvements in the quality and cost effectiveness of hip fracture care. The database stores information looking at the performance of different hospitals across the country. Here, our hip fracture practitioners are responsible for keeping the database up-to-date with the support of our data analyst.

Patient story
"I came in on the Friday and had my operation on the Saturday morning. The standard of nursing care has been better than I expected – you do hear one or two negative things about the hospital in the newspaper and so I didn't expect it to be as good as it was. It's been brilliant."

Progress during 2010/11

- **Organised a patient experience conference in January 2011 at which patients gave an account of their experience alongside the professionals**
- **Introduced a dedicated bed manager for Trauma and Orthopaedics to reduce delay of patients waiting for a bed**
- **Commenced multidisciplinary team and nurse-led discharge to facilitate efficient and effective discharge**
- **Trauma co-ordinator who meets relatives within 24 hours of patients' admission**
- **Reviewed the integrated care pathway to improve multidisciplinary working**
- **Raised awareness of falls risk assessment and purchase of bed and chair alarms to reduce risk of patient falling**
- **Introduced bespoke patient menus to aid recovery**

Developments planned for 2011/12

- Implementation of patient group directives to be used by hip practitioners for pain relief and intravenous fluids;
- Development of the enhanced recovery pathway to capture patient experience and enhance the patient journey;
- Reduction of pressure ulcers developed in hospital to help recovery and enable patients to go home as quickly as possible.

White Heart Appeal 2011

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

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.

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 hospitals main reception)

. . . . . .

. . . . . .

I enclose a donation of £ . . . . . .

Anyone donating over £5 will be sent a festive memento.

DGoH Charity Tree of Light

During December the Christmas Tree in the 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 on the right and send it with your donation (made out to Dudley Group of Hospitals Charity) to: DGoH Charity, Russells Hall Hospital, Dudley DY1 2HQ

Our performance 2010/11

against key national priorities and National Core Standards

National targets and regulatory requirements	Actual 2007/08	Actual 2008/09	Actual 2009/10	Actual 2010/11	Target 2011/12
The Trust has fully met the CQC core standards, and national targets	24/24	23/24	23/24	N/A	N/A
A maximum two-week wait for standard Rapid Access Chest Pain Clinics	99.98%	99.89%*	99.90%	99.64% 99.88% West Mids SHA Apr-Dec	95%
Genito-urinary medicine – percentage of patients offered an appointment within 24 hours	N/A	99.59%	99.83%	99.66% 99.9% West Mids SHA Apr-Dec	98%
Percentage of patients who have operations cancelled for non-clinical reason to be offered another date within 28 days	100%	100%	100%	100% 97.9% West Mids SHA Apr-Dec	98.5%

Clostridium difficile year on year reduction	N/A	154**	126	82 N/A West Mids SHA	No more than 77 No more than 126 Monitor Target
MRSA – maintaining the annual number of MRSA bloodstream infections as per the PCT contract	N/A	16 (only seven of which were post 48hrs)	10 (only two of which were post 48 hrs)	3 N/A West Mids SHA	No more than 2 No more than 6 Monitor Target
Screening all elective in-patients for MRSA	N/A	N/A	100%	100% Apr-Mar	100%
Stroke patients spending 90% of their time on stroke unit	N/A	N/A	N/A	68.30% 67.87% West Mids SHA Apr-Jan	80% by the end of Mar 2011
Suspected stroke/TiA scanned < 24hrs of presentation	N/A	N/A	N/A	76.11% 47.66% West Mids SHA Apr-Jan	60%
Maximum time of 18 weeks from point of referral to treatment (admitted patients)	N/A	92.4%	95.8%	97.03% 93.37% West Mids SHA Apr-Jan	95%
Maximum time of 18 weeks from point of referral to treatment (non-admitted patients)	N/A	96.15%	99.1%	99.25% Apr-Jan 98.04% West Mids SHA Apr-Jan	90%
Two week maximum wait for urgent suspected cancer referrals from GP to first outpatient appointment	100%	100%	98%	96.8% 94.97% West Mids SHA Apr-Feb	93%
A maximum wait of 31 days from decision to treat to start of treatment for all cancers	100%	100%	99.3%	99.8% 98.68% West Mids SHA Apr-Feb	96%
A maximum wait of 62 days from urgent referral to treatment of all cancers	100%	99.9%	86.5%	87% 85.53% West Mids SHA Apr-Feb	85%
Proportion of women receiving cervical cancer screening test results within two weeks	90%	90%	32.12%***	98.60% Data Not available West Mids SHA	98%
Percentage of patients waiting five weeks or less for diagnostic tests	N/A	99.73%	99.58%	98.34% Apr-Mar Data Not available West Mids SHA	100%

All figures are final year end data for 2010/11 unless stated otherwise.
N/A applies to targets not in place at that time.
*The outcome of verification of year end data for 2009/10 was confirmed after publication of the 2008/09 report which stated a figure of 99.98 per cent
**The outcome of verification of year end data for 2009/10 was confirmed after publication of the 2008/09 report which stated a figure of 152
*** There was a print error in last year's Quality Report and Accounts stating this figure was 97%, this was the quarter 4 figure. The reason the per cent is now less is due to the year end figure being inserted. The low figure is due to a national increase in women coming forward for screening following a very high profile celebrity death from cervical cancer.

Summary 2010/11 of our finances

The summary on the next few pages are an outline of financial performance. The full accounts, which include the Statement on Internal Control, are available from the Trust's Finance and Information Department by writing to: Heather Taylor at Finance and Information Dept, Trust Headquarters, Russells Hall Hospital, Dudley, DY1 2HQ or email heather.taylor@dgh.nhs.uk or phone 01384 321040.

STATEMENT OF COMPREHENSIVE INCOME
For The Year Ended 31 March 2011

	Year Ended 31 March 2011	Year Ended 31 March 2010
	£'000	£'000
Operating Income from operations	260,349	253,693
Operating Expenses of operations	(249,430)	(239,887)
OPERATING SURPLUS / (DEFICIT)	**10,919**	**13,806**
FINANCE COSTS		
Finance income	347	230
Finance expense – financial liabilities	(9,206)	(9,521)
Finance expense – unwinding of discount on provisions	0	0
PDC Dividends payable	(1,785)	(2,653)
NET FINANCE COSTS	**(10,644)**	**(11,944)**
	0	**0**
Surplus/(Deficit) from operations	**275**	**1,862**
SURPLUS/(DEFICIT) FOR THE YEAR	**275**	**1,862**
Other comprehensive income		
Impairments	(193)	(45,351)
Revaluations	29	12,939
Receipt of donated assets	19	37
Asset disposals	0	0
Other recognised gains and losses	(82)	(112)
Actuarial gains/(losses) on defined benefit pension schemes	0	0
Other reserve movements	0	0
TOTAL COMPREHENSIVE INCOME/(EXPENSE) FOR THE YEAR	**48**	**(30,625)**
All income and expenditure is derived from continuing operations.		

There are no Minority Interests in the Trust, therefore the surplus for the year of £275,000 (2009/10 £1,862,000) and the Total Comprehensive Income of £48,000 (2009/10 Expense of £30,625,000) is wholly attributable to the Trust.

STATEMENT OF FINANCIAL POSITION
As at 31 March 2011

	31 March 2011	31 March 2010
Non-current assets	£'000	£'000
Intangible assets	838	1,111
Property, plant and equipment	203,193	203,410
Investment Property	0	0
Other Investments	0	0
Trade and other receivables	7,826	6,627
Other Financial assets	0	0
Tax receivable	0	0
Other assets	0	0
Total non-current assets	211,857	211,148
Current assets		
Inventories	3,183	2,949
Trade and other receivables	6,131	8,858
Other financial assets	0	10,000
Tax receivable	0	0
Non-current assets for sale and assets in disposal groups	1,078	0
Cash and cash equivalents	33,441	26,925
Total current assets	43,833	48,732
Current liabilities		
Trade and other payables	(10,609)	(10,665)
Borrowings	(4,231)	(4,065)
Other financial liabilities	0	0
Provisions	(613)	(834)
Tax payable	(3,108)	(2,910)
Other liabilities	(1,338)	(1,594)
Liabilities in disposal groups	0	0
Total current liabilities	(19,899)	(20,068)
Total assets less current liabilities	**235,791**	**239,812**
Non-current liabilities		
Borrowings	(154,020)	(158,089)
Other financial liabilities	0	0
Provisions	0	0
Tax payable	0	0
Other liabilities	0	0
Total non-current liabilities	(154,020)	(158,089)
Total assets employed	**81,771**	**81,723**
Financed by Taxpayers' equity		
Public Dividend Capital	20,927	20,927
Revaluation reserve	37,156	37,423
Donated asset reserve	248	311
Available for sale investments reserve	0	0
Other reserves	0	0
Income and expenditure reserve	23,440	23,062
Total taxpayers' equity	**81,771**	**81,723**

Annual review 2010/11

This information can be made available in large print, audio version and in other languages, please call 0800 0730510.

ਜੇਕਰ ਇਹ ਲੀਫ਼ਲੈੱਟ (ਛੋਟਾ ਇਸ਼ਤਿਹਾਰ) ਤੁਸੀਂ ਆਪਣੀ ਭਾਸ਼ਾ (ਪੰਜਾਬੀ) ਵਿੱਚ ਲੈਣਾ ਚਾਹੁੰਦੇ ਹੋ ਤਾਂ ਕ੍ਰਿਪਾ ਕਰ ਕੇ ਪੇਸ਼ੰਟ ਇੰਨਫ਼ਰਮੇਸ਼ਨ ਕੋ-ਆੱਰਡੀਨੇਟਰ ਨਾਲ **0800 0730510** ਟੈਲੀਫ਼ੋਨ ਨੰਬਰ ਤੇ ਸੰਪਰਕ ਕਰੋ।

यदि आपको यह दस्तावेज़ अपनी भाषा में चाहिये तो पेशन्ट इनफ़रमेशन को-आरडीनेटर को टैलीफ़ोन नम्बर **0800 0730510** पर फोन करें।

જો તમને આ પત્રિકા તમારી પોતાની ભાષા (ગુજરાતી)માં જોઈતી હોય, તો કૃપા કરીને પેશન્ટ ઈન્ફોર્મેશન કો-ઓર્ડિનેટરનો **0800 0730510** પર સંપર્ક કરો.

আপনি যদি এই প্রচারপত্রটি আপনার নিজের ভাষায় পেতে চান, তাহলে দয়া করে পেশেন্ট ইনফরমেশন কো-অর্ডিনেটারের সাথে **0800 0730510** এই নম্বরে যোগাযোগ করুন।

أذا كنت ترغب هذه الوريقة مترجمة بلغتك الاصلية (اللغة العربية) , فرجاء ا أتصل بمنسق المعلومات للمريض **Information Co-ordinator** على التلفون **0800 0730510**

حسب ضرورت اس لیف لٹ کو اپنی زبان (اردو) میں حاصل کرنے کے لئے براہ مہربانی ٹیلیفون نمبر **0800 0730510** پر پیشنٹ انفرمیشن کو-اورڈینیٹر (مریضوں کے لئے معلومات کی فراہمی کے سلسلے میں افسر) کے ساتھ رابطہ قائم کریں۔

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