

FREE!

Issue No.21 2013

The Dudley Group **NHS**
NHS Foundation Trust

YOUR **trust**



Where people matter

THIS YEAR, LAST YEAR AND IN THE YEARS TO COME

ALSO IN THIS ISSUE...

- ▶ Introducing Lucia and Jacqui
- ▶ Annual review summary
- ▶ Celebrating 1800 years service
- ▶ Key achievements 2012/13
- ▶ Royal Society meets Trust robot
- ▶ How we spent the money



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News from The Dudley Group



Welcome to the Autumn edition of the Your Trust magazine. This issue includes our Annual Review which looks back over the 2012/13 year and at our current goals for the coming year and beyond. On pages 8 to 18 you will find a summary of our key achievements, the way

we spent the money and our summary financial statements. The Trust continues to perform well in a challenging financial environment and is pleased to have reached the year end with a modest surplus of £2.9m. On page 16 you can check out our progress against a selection of national indicators as well as the Quality Priorities that were selected for 2012/13 on pages 12 to 15, you can also read more about developments planned for 2013/14.

During 2012/13 we saw the re-launch of our Long Service Awards recognising those members of staff who have served the Trust for between 15 and 40 years. In the last year alone the awards recognised staff who have cumulatively notched up over 1800 years of service. All were invited to a tea-time reception to receive their certificates (see page 5). Inevitably we have to say goodbye to some of our long serving staff and in recent months we have said farewell to Carol Atkinson, Graham Dunn and Maggie Lewis (pictured opposite) who between them have served the NHS for more than 130 years, over a hundred years of which were served at The Dudley Group.

The Keogh Review into the quality of care and treatment provided by 14 hospital trusts in England

On 16th July 2013 the Keogh Review into the quality of care and treatment provided by 14 hospital trusts in England published their findings. The report is available to read at www.nhs.uk

We are pleased that we have not been placed in special measures unlike 11 others and that Monitor, the independent regulator for foundations trusts, has confidence in us and our management team to deliver the Review's recommendations and continue our improvement journey. We would like to thank each and every one of our staff for their hard work, commitment and dedication during these challenging times. We are also pleased to have received so many letters and calls of encouragement from our patients and their families.

In the last year alone the awards recognised staff who have cumulatively notched up over 1800 years of service.

The Review team did not find any areas of major concern that warranted further escalation. The review has been one of the most far reaching and detailed reviews the Trust has ever experienced and it gives us confidence that we are providing good quality of care, whilst recognising the areas where we can do better.

We were also pleased that Secretary of State for Health Jeremy Hunt reported in the House of Commons that he found our Trust has "the right leadership in place".

There is a video on our website which summarises the Trust's response to Keogh at www.dudleygroup.nhs.uk

Why were we in the review?

Fourteen hospitals who had higher than expected mortality rates for two consecutive years were chosen for the review. The indicators had been calculated using two methodologies: Summary Hospital-level Mortality Indicator (SHMI) employed by the Department of Health and Hospital Summary Mortality Ratio (HSMR) used by Dr Foster.

Our latest mortality figures

We have not been an outlier for either the HSMR or the SHMI for over 12 months. The most recent data from Dr Foster shows the Trust mortality indicator as 98.64 which is well within the expected range. Similarly, the SHMI index shows a continuing improvement over the last year and again is within the expected range at 1.08 (January 2012 – December 2012).

Do mortality indicators show us numbers of excess deaths?

Mortality data is not designed or intended to identify 'unnecessary' or 'excess' deaths nor does it measure quality and safety. They are a "smoke alarm" or flag that something might need further investigation and we are pleased the Review team noted the work we had done on investigating these flags and on improving our indicators.

Sir Bruce Keogh's overview report of the 'Review into the quality of care and treatment provided by 14 hospital trusts in England' states "However tempting it may be, it is clinically meaningless and academically reckless to use such statistical measures to quantify actual numbers of avoidable deaths."



We always try to encourage patients and their relatives to raise any concerns they may have with the ward staff at the time so that we can act fast to resolve any issues.



Carol Atkinson pictured centre



Maggie Lewis pictured 3rd from left, front row



Graham Dunn pictured 4th from left, front row

Sir Bruce Keogh will look to introduce a new national indicator on avoidable deaths in hospitals, measured through the introduction of systematic and externally audited case note review.

The numbers cannot be related to actual individual deaths but are statistical models only and cannot be used to describe avoidable or unnecessary deaths. This can only ever be established after a detailed review of case notes, which the Trust undertakes for all hospital deaths.

Next steps following the Keogh review

We are encouraged by the findings to continue on our improvement journey. We have produced a detailed action plan in response to the recommendations made by the review team and are working through those ahead of the team reviewing our progress against these in November 2013.

The team felt ward A2 was too large and we have already made much progress by splitting it into wards A2 and A3 and the staff involved are working hard to make the changes work. Ward A2 is geriatric medicine and the new ward A3 is stroke rehabilitation. The consultant base has not changed and for staff and patients there is clear leadership on both wards.

They also felt we needed to improve our complaints handling and our learning from incidents. We are doing this by reviewing how we process complaints and looking for more ways to ensure patients feel their concerns have been dealt with appropriately. We always try to encourage patients and their relatives to raise any concerns they may have with the ward staff at the time so that we can act fast to resolve any issues. We also started work on our patient experience strategy action plan through holding an open public meeting back in July. Over 60 people attended the meeting and I thank all those who came along. We worked through some of the patient experience questions we had at the lively and informative evening. We will feedback the actions from that event in the next edition of Your Trust.

Open invitation

You are invited to join us on Thursday 12th September to learn more about the performance of the Trust during 2012/13 and take a look at our future plans for the organisation. There is also an opportunity to go 'Behind the Scenes' in the vascular services department and take a tour of our state-of-the-art endovascular suite. See page 24 for further details and how to reserve your place.

Best Wishes from
Paula Clark (Chief Executive) and John Edwards (Chairman)

▲ Carol Atkinson, Maggie Lewis and Graham Dunn have served the NHS for more than 130 years, over a hundred years of which were served at The Dudley Group.

◀ Front page, Alison Spooner caring for patient, Clifford Palmer



The Friends & Family Test



The table below shows our Friends and Family score for A&E has been consistently higher than the national average in April, May and June 2013. Our inpatient score is higher than the national average in May and June.

The national Friends and Family Test results were published for the first time in July covering the period April to June 2013. We were thrilled to discover that our patients rate us higher than the national average for both inpatient wards and A&E services.

The NHS Friends and Family test is an important opportunity for all our patients and those of every hospital trust across England to provide feedback on the care and treatment they receive to help us to improve services.

| Dudley Group scores | April | May | June | Quarter 1 |
|---------------------|-------|-----|------|-----------|
| A&E | 53 | 71 | 59 | 61 |
| Inpatients | 66 | 75 | 74 | 71 |
| Combined | 65 | 74 | 68 | 69 |
| National scores | April | May | June | Quarter 1 |
| A&E | 49 | 55 | 54 | 53 |
| Inpatients | 70 | 70 | 71 | 70 |
| Combined | 62 | 64 | 63 | 63 |

How is the score calculated?

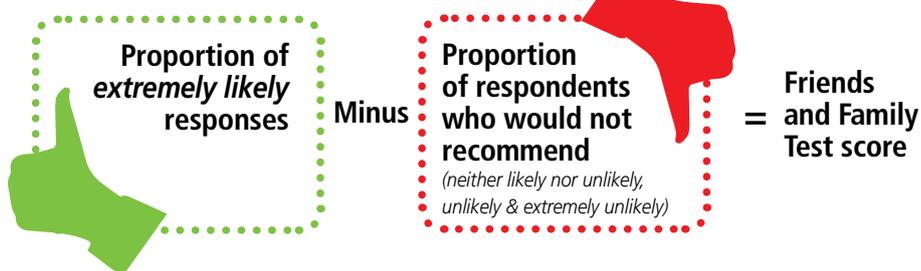
When you are discharged from one of our wards or A&E, you will be asked to answer the following simple question:

'How likely are you to recommend our ward/ A&E department to friends and family if they needed similar care or treatment?'

You will be invited to respond to the question by choosing one of six options:



The Friends and Family Test scoring method is set nationally so that all hospitals produce their scores in the same way and is calculated as follows:



Likely and don't know answers are not included in the score. Scores can range from -100 to +100. Monthly results are now published on our wards, in A&E, and also on NHS Choices.

During June 2013 we received a minus figure for the first time on one of our wards. This was due to the scoring system disregarding the view of the 13 patients (from 18 patients who responded to the Friends and Family Test in June on that ward) even though they said they were likely to recommend the ward to loved ones. Only one patient said they would not recommend the ward to a friend or family. This is the only time in the last 15 months of collecting data that the ward (A2) has recorded a negative score.

Fact box

Friends and Family Test for Maternity services

During September 2013 we will be introducing the Friends and Family Test into our Maternity services. Women will be given the opportunity to rate our services at a number of stages: during their pregnancy, following the birth of their baby and again when they are discharged by our community midwives.

Long Service Awards

Our Long Service Awards recognise staff for their loyalty and dedication to The Dudley Group and throw the spotlight on staff who have reached key milestone years' service with the Trust, ranging from 15 to 40 years, in the previous six months.

Staff joined in celebrations at a packed ceremony in the Clinical Education Centre hosted by Chief Executive Paula Clark and Chairman John Edwards.

COMPLIMENT SPOT

"I had fears of having to stay in hospital especially as old age approaches but having witnessed the tender loving care shown to an 87 year old lady, my fears are annulled."



The Dudley Group. Where membership matters.

Members events

More than 60 medically minded members attended the 'Behind the Scenes' tour at the Corbett Outpatient Centre on 20th June 2013. The event allowed access to areas of the hospital not normally seen by patients, carers and their families. The outpatient centre has more than 86,000 patient contacts each year across a wide range of departments and specialties.



If you are keen to learn more about the vascular services offered by the Trust and go 'Behind the Scenes' at Russells Hall Hospital and learn more about the diagnosis and treatment of vascular conditions, please come along to our next event on Thursday 12th September 2013

There will also be an opportunity for you to hear more about the performance of the Trust during 2012/13 at the Annual Members Meeting also being held on this day. The event is at 4.00pm on Thursday 12th September (registration from 3.30pm). Places are limited for this event so to book your place, call (01384) 321124. For further information about this and other events planned for 2013, visit www.dudleygroup.nhs.uk or check the Dates for your Diary 2013 below.



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

Governor Elections 2013

Results from the Governor elections held during 2013 are complete and we give a warm welcome to:

Public Elected Constituencies

- Fred Allen – Central Dudley
- Pat Price – Rest of the West Midlands
- Tarsem Sidhu – Halesowen
- Subodh Jain – North Dudley

Staff Elected Constituencies

- Ian Dukes – Medical and Dental
- Peter Marsh – Partner Organisations

We also welcome Governors appointed by the following organisations:

- David Hegarty – Dudley Clinical Commissioning Group
- John Franklin – Dudley Council for Voluntary Service (including Volunteers at The Dudley Group)

Further details about the key role our Governors have in our organisation can be found on our website www.dudleygroup.nhs.uk



Fred Allen



Pat Price



Tarsem Sidhu



Subodh Jain



Ian Dukes



Peter Marsh



Dates for your Diary

Thursday 5th September
Council of Governors meeting from 5.30pm

Thursday 12th September
Annual Members Meeting and Health Fair from 4.00pm

Thursday 7th November
Council of Governors meetings from 5.30pm

Tuesday 19th November
Guest Outpatient Centre open day

All of our events are held at Russells Hall Hospital unless otherwise indicated. More information can be found by visiting the Events for Members page on our website at www.dudleygroup.nhs.uk

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



Alison Macefield

Meet the Team...

Care of the Elderly

Alison Macefield, Staff Elected Governor for Nursing and Midwifery, invites you to learn more about the Care of the Elderly Team.

Alison joined the Trust in 2007 and is a lead midwife in our Maternity Unit based at Russells Hall Hospital. Here she invites you to learn more about how the Care of the Elderly Team work together to care for patients over the age of 65 and work closely with both community services and social workers.

The Care of the Elderly Team is led by Dr Atef Michael and Matron Sheree Randall with the support of four elderly care consultants, doctors, nurses and clinical support workers.

The service cares for patients at Russells Hall Hospital on ward C3 and ward A2, our newly separated ward dedicated to older people. The team manages a total of 94 beds across the two areas. During their stay in hospital, elderly patients receive support from the team's nurses to help them to develop their independence and confidence in preparation for them returning home or to an alternative care setting. For some patients this involves providing end of life care and the nursing team works closely with relatives and carers to support them at this difficult time.

The team also provides medical care for patients who are being looked after at intermediate care facilities based in Netherton. Patients are transferred to intermediate care from the hospital when they are physically well but need some extra support to regain their confidence and independence after a hospital stay.

When a patient leaves hospital the team will see them in a clinic to ensure they are progressing well. This also gives the team the opportunity to identify and address any deterioration in the patient's condition. The elderly care consultants run a number of specialist clinics including a Falls Clinic, Memory Clinic and Parkinson's Clinic. These can be accessed by local GPs and by other consultants at the Trust.

Each of the consultants has a specialist interest:

- ▶ **Dr A Michael** – Falls and Orthogeriatrics
- ▶ **Dr J Stellman** – Neurological Diseases and Rehabilitation
- ▶ **Dr A McGrath** – Pharmacology and Dementia
- ▶ **Dr S Duja** – Parkinson's Disease
- ▶ **Dr F Ijaola** – General Geriatric Medicine



Some interesting facts

- ▶ The number of people aged over 75 years living in the borough is set to increase by approximately 25 per cent by 2020.
- ▶ Over 4,000 people living in the borough are expected to have dementia by 2015.
- ▶ The population of Dudley is older than the national average, with those aged 60 or above making up a larger proportion of Dudley's population than they do nationally.
- ▶ All patients over the age of 75 who are admitted to the Trust as an emergency are screened for dementia.
- ▶ The average age of patients cared for by the elderly care wards is 79 years and six months.
- ▶ The Trust also has a dedicated mental health team which supports our elderly patients with dementia and other mental health conditions. The team is part of the Care of the Elderly team and is led by a clinical nurse specialist.

Summary of Key Achievements 2012/13

Here are a small selection of the many awards and achievements received by our staff and service.

- ▶ We were thrilled to be selected to provide the Black Country Specialist Vascular Hub for patients across the region. Following an open bidding process we unveiled our £1.5m state-of-the-art endovascular (EVAR) suite and now welcome experts from New Cross Hospital and Manor Hospital to work with us to provide excellent care for vascular patients.
- ▶ The Trust welcomed six NVQ Business and Administration apprentices to our corporate teams, giving them the opportunity to gain invaluable experience working in a busy foundation trust.
- ▶ Our annual 'Committed to Excellence' awards recognised the hard work and dedication of staff working at the Trust.
- ▶  As part of the Choose Well initiative our Accident and Emergency department participated in a national tweet-a-thon. We tweeted live updates, giving a real time snapshot into the incidents that doctors and nurses face in the department every day.
- ▶ Following the success of our Outpatient Parenteral Antimicrobial Therapy (OPAT) service our OPAT team were asked to speak at the OPAT National Conference 2013.

▼ Sara Davis, lead nurse for ward C8, scooped the 'Ward Sister Award' at Nursing Standard's Nurse Awards 2012. Sara received her award thanks to her inspirational leadership and excellence in delivering safe and high quality care to patients.

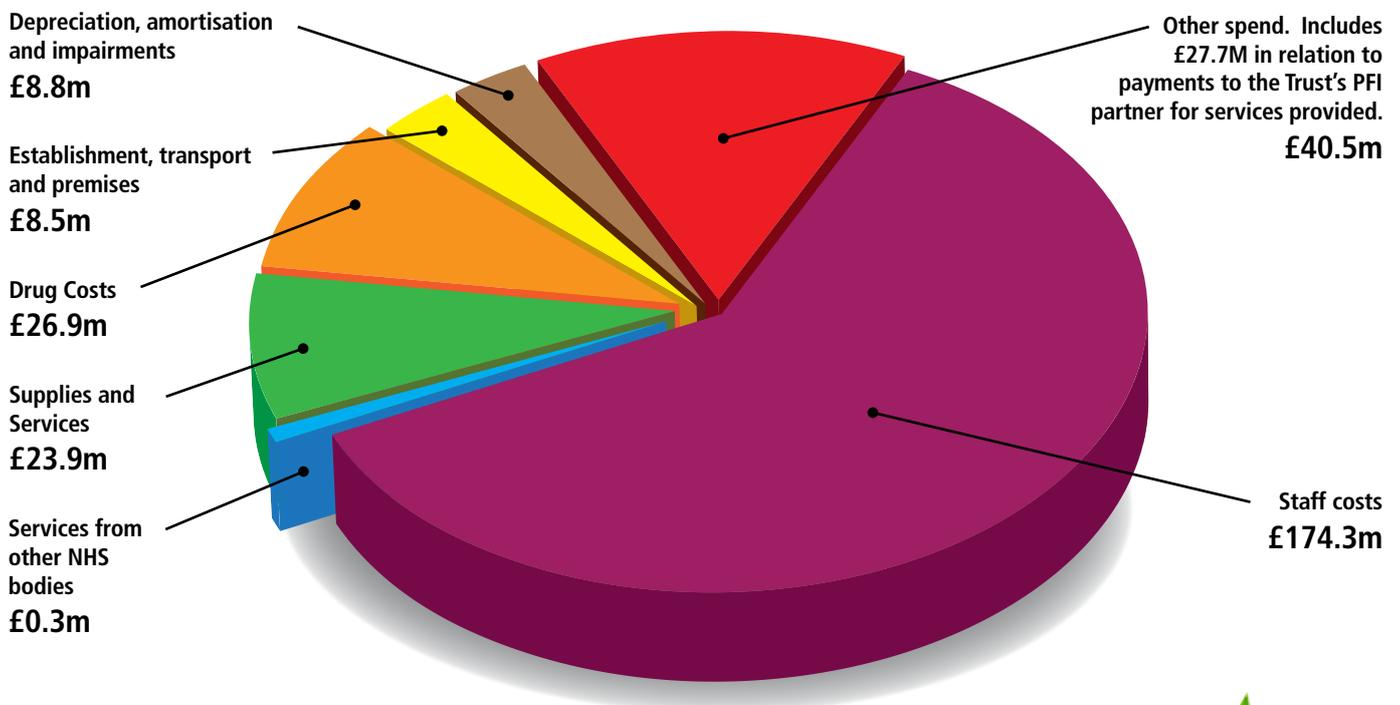


- ▲ Our very own Nursing Strategy 'The Way We Care' was launched after over 600 nurses, midwives and care givers had their say on the future of nursing at The Dudley Group. The Trust's own take on the national 'Six Cs' was unveiled at a celebratory launch attended by Paul Vaughan – Regional Director for the Royal College of Nursing.
- ▶ We successfully bid for a £41,000 government grant to make improvements to our Midwife Led Unit. The grant has helped create a more homely setting for women giving birth with new equipment such as birthing balls, mats and beanbags. The unit will also soon be home to pieces of local artwork and a starlight ceiling.
- ▶ The Trust was chosen as one of 16 pilot sites for the 'Better Training Better Care' initiative led by Health Education England. The training course focuses on safe and effective drug prescribing, and sees first and second year junior doctors working together with newly qualified pharmacists.
- ▶ Our new look Long Service Awards recognised those staff who have reached milestones working at the Trust, ranging from 15 to 40 years without a break in service.
- ▶ Our Novice programme, which is a bespoke training system for clinical support workers, has continued to be a great success, with 2012/13 seeing the highest number of applicants yet. We look forward to welcoming our next set of applicants.
- ▶ Trust Psychologist Elizabeth Hale was awarded a £30,000 research grant to examine how parents and children talk to each other about arthritis. The research will find out what types of information is useful for children aged between seven and eleven years old whose parents are affected by inflammatory arthritis.
- ▶ Throughout the year we have seen hundreds of local residents attend our health fairs. Each of the five events have given people the chance to go 'Behind the Scenes' at the Trust and speak to our medical experts about topics such as cancer treatments and hip and knee surgery.
- ▶ Mr Viquar Qurashi, an orthopaedic surgeon at The Dudley Group, spent time at a refugee camp in Reyhanli close to the Turkish/Syrian border, moulding prosthetic limbs and rubber feet for more than 114 amputees.

How we spent the money in 2012/13

In setting NHS budgets for the year, the government required all trusts to be 4 per cent more efficient than the previous year. We successfully achieved this thanks to our efficiency savings schemes. These were all approved by the medical and nursing directors to ensure there was no impact on our service quality. During 2012/13 we delivered efficiency savings of £10m to help us achieve a financial surplus at the end of the year of £2.9m.

Total Spend 2012/13
£283.2m



Investments

Once again the Board of Directors decided to invest heavily in front line clinical services and has spent £9.1 million on new equipment and infrastructure to support continual improvement to the quality of care to patients.

- ▶ The largest scheme at £4.4m was the creation of vital infrastructure with the development of a new state-of-the-art IT and Data Centre Technology.
- ▶ We spent £2.1m on our ongoing project the Medical Equipment Replacement Programme.
- ▶ £900,000 invested in commissioning new Day Case Theatres.





OUR VISION

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

WHERE PEOPLE MATTER

To provide the best possible patient experience

- Mobilising the workforce with a passion for getting things right for patients every time
- Creating an environment that provides the facilities expected in 21stC healthcare and which aids treatment and/or recovery
- Providing good clinical outcomes and effective processes so that patients feel involved and informed

To develop and strengthen strategic clinical partnerships to maintain and protect our key services

- Demonstrate a distributed leadership model with empowered clinical leaders
- Promoting risk sharing with CCGs
- Developing clinical links with local GPs and healthcare practitioners
- Develop new clinical networks that provide resilience through a more distributed service mode

Enabling Objectives: To deliver an infrastructure that supports delivery

- Enhancing our reporting and analytic framework to support the delivery of operational objectives and Trust performance and governance/compliance requirements
- Upgrading and investing in the Trust's IT infrastructure and systems
- Embedding the three year rolling financial plan and CIP to sustain FRR 3 and EBITDA margin levels
- Ensuring leadership development at all levels

To become well known for the safety and quality of our services through a systematic approach to service transformation, research and innovation

- Meeting and outperforming targets for HCAs
- "Getting to zero" – promoting zero tolerance of harm events to patients
- Ensuring we are fully compliant with all 16 CQC standards
- Deliberate focus on preventing premature deaths and improving other safety measures
- Track external reputation using peer, SHA, CCG and patient feedback

To create a high commitment culture from our staff with positive morale and a "can do" attitude

- Developing a profound sense of mission and direction
- Embedding staff owned and driven transformation and listening into action as "business as usual"
- Becoming employer of choice for those wanting to work in healthcare in the Black Country through excellent leadership, staff development and succession planning
- Ensuring staff are able, empowered and responsible for the delivery of effective care
- Promoting the Trust's values and living them everyday
- Embedding diversity and equality
- Providing a proactive learning environment – uni, multi and interdisciplinary

To drive the business forward by taking opportunities to diversify beyond our traditional range of services and strengthen our existing portfolio

- Adopting a more commercial attitude to developing services and broaden the Trust's income base to reduce reliance on NHS income alone
- Providing excellent, appropriate and accessible services across community and acute care
- Providing a re-shaped range of financially and clinically viable planned care services
- Developing the Trust wide clinical strategy including improved use of Trust resources, quality of care and financial efficiencies
- Investing in developments that support the drive for lead provider status in the Black Country

Quality Report & Accounts

Summary 2012/13



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

- ▶ **Safety**
- ▶ **Effectiveness**
- ▶ **Patient experience**

These quality elements along with our financial accounts show people what our priorities are for the coming year. They are also a measure of how we have already made big improvements and how we have engaged patients, visitors, staff and Governors in developing our priorities. The following pages provide a summary of our quality priorities, a full version can be found within our Annual Report and Accounts 2012/13 on our website www.dudleygroup.nhs.uk

Choosing our Quality Priorities for 2013/14

The Trust Board agreed that our Quality Priorities for 2012/13 should be carried forward to 2013/14 because all five of the existing priorities remain important for the Trust. These Quality Priorities were endorsed by a Listening into Action event held in the previous year. Carrying forward these priorities was also agreed by our Council of Governors.

The Quality Priorities brought forward for 2013/14 are:

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

We are pleased to announce that we achieved or exceeded all our Quality Priorities for 2012/13 except one. We achieved our priorities for pressure ulcers, infection control, nutrition and hydration, and narrowly missed our patient experience priority.

Priority 1 Patient Experience

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

Hospital priority 2012/13

- (a) Increase the number of patients who receive enough assistance to eat their meals from 81 per cent to 85 per cent.
- (b) Increase the number of patients who receive enough information about ward routines from 57 per cent to 65 per cent.

How we did during 2012/13

We measured this priority using our real-time surveys where we ask a random sample of inpatients to tell us about their experience before they leave hospital. During 2012/13 we had 3063 patients participate in the survey, more than double the response rate from the previous year (1286).

We also achieved our target for patients who received enough mealtime assistance for the year.

We achieved our target for ensuring patients received enough information about ward routines and, thanks to the introduction of our new 'Welcome to the Ward' leaflets in January 2013, this priority was exceeded considerably in quarter four, with 87.2 per cent of patients saying they received enough information.

Community priority 2012/13

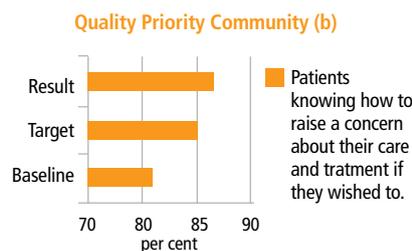
- (a) Increase the number of patients who use their Single Assessment Process folder to monitor their care from 75.3 per cent to 80 per cent.
- (b) Increase the number of patients who would know how to raise a concern about their care and treatment if they wished to do so from 80.8 per cent to 85 per cent.

How we did during 2012/13

We measured this priority using an annual survey of our community patients. The survey received 1183 responses, however because not all patients have a Single Assessment Process folder, question (a) was only answered by 326 respondents.

Although we only partially achieved this priority in 2012/13, we are delighted that 86.8 per cent of our community patients (against a target of 85 per cent) said they would know how to raise a concern if they wished to do so.

We were disappointed that the number of patients using their Single Assessment Process folder dropped from 75.3 per cent (2011/12) to 49.4 per cent this year which meant we missed our target. We are working to improve this next year.



New for 2013/14

Hospital priority 2013/14

- (a) Maintain an average score of 85 or above throughout the year for patients who report receiving enough assistance to eat their meals.
- (b) By the end of the year, at least 80 per cent of patients will report that their call bells are always answered in a reasonable time.

Community priority 2013/14

- (a) Increase the number of patients who use their Single Assessment Process folder/Health and Social Care Passport to monitor their care from 49.4 per cent to 80 per cent by the end of the year.
- (b) Increase the number of patients who would know how to raise a concern about their care and treatment if they so wished from 86.8 per cent to 90 per cent by the end of the year.

Developments planned for 2013/14

- ▶ Include the hospital patient experience quality priority in the newly developed Quality Outcome Measures Dashboard, which is a list of key quality indicators, to give lead nurses and matrons timely feedback.
- ▶ Introduce a more automated system of ensuring that patients and staff are forewarned about mealtimes rather than the use of hand bells, thereby allowing sufficient time for patients and nursing staff to adequately prepare for mealtimes.
- ▶ Recruit additional nutrition support workers within the Stroke and Elderly Care teams.
- ▶ Increase the number of volunteers trained to provide mealtime assistance.
- ▶ Include details in our patient information about the welcoming of family members to assist their relatives at mealtime if they wish to do so.
- ▶ Launch the new Health and Social Care Passport, which is a document for sharing information between the patient, carers and health and social care professionals. It will be simpler to follow and will encourage patient and carers to use it to monitor their care.
- ▶ Produce an information leaflet explaining how patients can use their Single Assessment Process document to monitor their care.
- ▶ Extend the annual survey to try to discover the reason for patients choosing not to use the documents to monitor their care.
- ▶ Pilot an improved system of call bell answering on the surgical wards, monitor its impact and roll out to other areas dependant on its success.
- ▶ Design and trial new posters giving patients clear information on the call bell system.

Priority 2 Pressure Ulcers



Thanks to the fantastic efforts of both our hospital and community staff, combined with our '50 Day Dash' pressure ulcers campaign, the Trust has performed exceptionally well for this priority, exceeding our targets for both areas.

Hospital priority 2012/13

Reduce avoidable stage three and four hospital acquired pressure ulcers, against activity, so that the number for 2011/12 has been reduced by 50 per cent in 2012/13.

Recent Progress

We are pleased to report that we met this target comfortably, with the number of stage three and four hospital acquired pressure ulcers continuing to fall compared to the previous year, from 110 in 2011/12 to 51 in 2012/13. This trend continues at the beginning of 2013/14 as per the graph below.

Number of grade 3/4 pressure ulcers developed in hospital



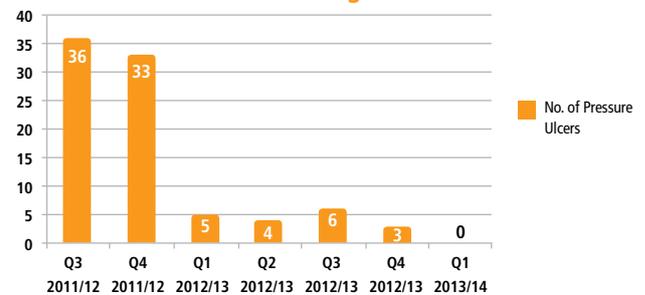
Community priority 2012/13

Reduce avoidable stage three and four community acquired pressure ulcers that occur on the district nurse caseload through the year, so that the number for the final quarter of 2011/12 has been reduced by 10 per cent at the second quarter of 2012/13 (July to September) and by 20 per cent at the final quarter of 2012/13 (January to March).

Recent Progress

Our community staff did a fantastic job reducing pressure ulcers by an incredible 85 per cent. Throughout 2012/13 there were just eighteen community acquired pressure ulcers. This trend continues at the beginning of 2013/14 as per the graph below.

Number of grade 3/4 pressure ulcers developed on district nursing caseload



New for 2013/14

Hospital priority 2012/3

Reduce avoidable stage four hospital acquired pressure ulcers so that the number for 2012/13 has been reduced by 50 per cent in 2013/14.

Reduce avoidable stage three hospital acquired pressure ulcers so that the number for 2012/13 has been reduced by 25 per cent in 2013/14.

Community priority 2012/3

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

Developments planned for 2013/14

- ▶ Continue to promote the '50 Day Dash' campaign which saw some wards achieve over 240 days pressure ulcer free.
- ▶ The Tissue Viability team is planning a trolley dash for the hospital to continue the message of zero tolerance. Highlighting the importance of elevating patients heels off the surface with a suggestion box on the day for staff to inform the Trust how we can improve pressure ulcer prevention. This trolley dash will also spread the message of a different staging tool to assess the severity of pressure ulcers.
- ▶ Regular equipment sessions have been organised to inform community nursing teams about the correct use of equipment and fault finding.
- ▶ Education sessions will continue for all Trust staff.
- ▶ The team will continue to work with private care agencies and organise education sessions and updates as required.
- ▶ The Tissue Viability team will support nursing homes with the formulation of a mattress selection guide.

Priority 3 Infection Control



Priority 3 2012/13

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

MRSA Bacteraemia (blood stream infections) target was no more than two post 48-hour cases.

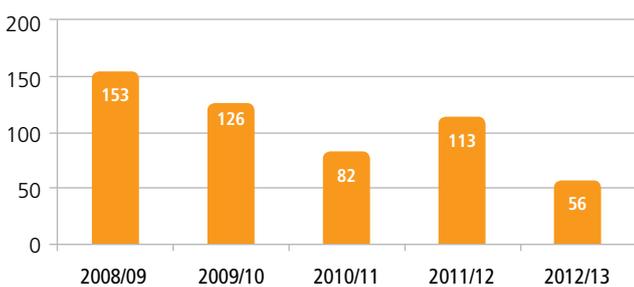
C. diff target is no more than 77 post 48-hour cases in 2012/13.

How we did during 2012/13

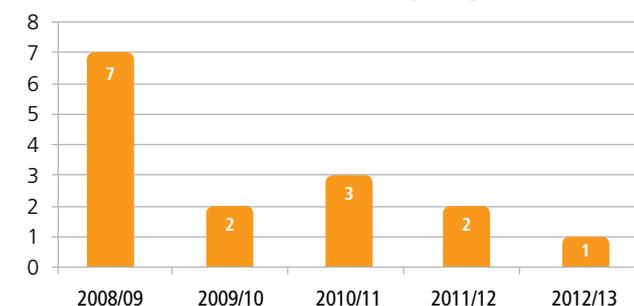
During the year we had just one case of MRSA Bacteraemia, meaning that we not only met our target but also exceeded it. This is the latest in a continuous trend of improvement since 2008/09 when we had seven cases over the year.

Clostridium difficile is no exception to the excellent performance, with the Trust managing to reduce the number of cases to 56 – our lowest annual figure yet.

Total C.difficile cases per year



Total MRSA cases per year



New for 2013/14

Our targets for infection control this year are extremely challenging and show our commitment to ensuring patient safety:

MRSA Bacteraemia (blood stream infections) target is to have no post 48 hour cases.

C. diff is no more than 38 post 48-hour cases in 2013/14.



Developments planned for 2013/14

- ▶ Continue to develop education programmes and improve the attendance of staff at the relevant sessions.
- ▶ Increase the rate of MRSA screening for emergency patients.
- ▶ Promote effective antimicrobial prescribing.
- ▶ Roll out the availability of the 'fogging' service that contributes to the prevention of cross infection.

DID YOU KNOW?

During 2012/13 we have:

- ▶ Delivered 4,778 babies
- ▶ Seen 502,795 outpatients
- ▶ Treated 98,238 patients in the emergency department
- ▶ Reached target of recruiting 13,000 Public Members

Our PFI partners have:

- ▶ Disposed of approximately 900 tonnes of clinical waste
- ▶ Sterilised 630,000 clinical instruments
- ▶ Undertook 100,000 portering moves
- ▶ Recycled approximately 120 tonnes of cardboard



Priority 4 & 5 Nutrition & Hydration

Nutrition priority 2012/3

Increase the number of patients who have a risk assessment regarding their nutritional status within 24 hours of admission.

By September 2012 at least 90 per cent of patients will have their risk assessment completed and this will continue for the rest of the year.

Hydration priority 2012/3

Increase the number of patients who have their fluid balance charts fully completed.

By September 2012 at least 70 per cent of patients will have their fluid balance chart fully completed and this will rise to at least 90 per cent by the end of the year (March 2013).

How we did during 2012/13

We are happy to report that both our nutrition and hydration priority targets were met in September and the end of the year. We measure these priorities by checking at random 10 observation charts every month, on every ward.

For nutrition, only three months of the year fell slightly below the 90 per cent mark for completing risk assessments, and the target of 90 per cent on average for the year was achieved.

70 per cent of fluid balance charts were completed in September and, following a successful campaign throughout the remainder of the year, 90 per cent was achieved in March 2013.

New for 2013/14

Nutrition priority 2013/14

Increase the number of patients who have a weekly risk re-assessment regarding their nutritional status.

Through the year on average at least 90 per cent of patients will have the weekly risk assessment completed and this will rise to at least 93 per cent by the end of the year (March 2014).

Increase the number of patients having a food recording chart and a fluid balance chart if the MUST score is one or above

Through the year on average at least 90 per cent of patients will have these charts in place and this will rise to at least 93 per cent by the end of the year (March 2014).

Hydration priority 2013/14

Increase the number of patients who have their fluid balance charts fully completed.

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



Developments planned for 2013/14

- ▶ System of monthly mealtime audits to be reviewed to have a more robust system of ensuring appropriate action is taken dependent on the audit results.
- ▶ Introduce a more automated system of ensuring that patients and staff are forewarned about mealtimes rather than the use of hand bells.
- ▶ Explore the introduction of an e-learning package.
- ▶ Develop a strategy to ensure the importance of this Priority continues to be communicated widely.

Our performance against Key National Priorities across the domains of the NHS Outcomes Framework

| National targets and regulatory requirements | Trust 2010/11 | Trust 2011/12 | Trust Actual 2012/13 | National Performance 2012/13 | National Target 2012/13 | Target Achieved/ Not Achieved |
|---|---------------|---------------|----------------------|------------------------------|-------------------------|-------------------------------|
| 1. Preventing People from Dying Prematurely | | | | | | |
| A maximum wait of 31 days from diagnosis to start of treatment for all cancers | 99.8% | 99.7% | 99.5% | 98.3* | 96% | ☺ |
| All cancers: 31 day wait for second or subsequent treatment: surgery | 99.6% | 99.6% | 99.2% | 97.1%* | 94% | ☺ |
| All cancers: 31 day wait for second or subsequent treatment: anti-cancer drug treatments | 100% | 100% | 100% | 99.6%* | 98% | ☺ |
| A maximum wait of 62 days from urgent referral to treatment of all cancers | 87% | 88% | 88.7% | 86.3%* | 85% | ☺ |
| All cancers: 62 day wait for first treatment from consultant screening service | 99.6% | 96.6% | 99.4% | 94.9%* | 90% | ☺ |
| 3. Helping people to recover from episodes of ill health or following injury | | | | | | |
| Maximum time of 18 weeks from point of referral to treatment (admitted patients) | 97.03% | 95.7% | 96.1% | 92.4% | 90% | ☺ |
| Maximum time of 18 weeks from point of referral to treatment (non-admitted patients) | 99.2% | 99.2% | 99.5% | 97.6% | 95% | ☺ |
| Maximum time of 18 weeks from point of referral to treatment (incomplete pathways) | N/A | N/A | 98.1% | 94.2% | 92% | ☺ |
| 4. Ensuring people have a positive experience of care | | | | | | |
| A&E: Percentage of patients admitted, transferred or discharged within 4 hours of arrival | 98.8% | 97.27% | 95.4% | 95.8% | 95% | ☺ |
| Two week maximum wait for urgent suspected cancer referrals from GP to first outpatient appointment | 96.8% | 97.2% | 96.2% | 95.7%* | 93% | ☺ |
| Two week maximum wait for symptomatic breast patients | 98.2% | 99% | 98.1% | 95.7%* | 93% | ☺ |
| 5. Treating and caring for people in a safe environment and protecting them from avoidable harm | | | | | | |
| MRSA – number of post 48-hour bacteraemia infections | 3 | 2 | 1 | – | No more than 2 | ☺ |
| Data Completeness for community services: Referral to treatment information | N/A | N/A | 97.3% | + | 50% | ☺ |
| Data Completeness for community services: Referral information | N/A | N/A | 65.6% | + | 50% | ☺ |
| Data Completeness for community services: Treatment activity information | N/A | N/A | 99.1% | + | 50% | ☺ |
| Certification against compliance with requirements regarding access to healthcare for people with a learning disability | N/A | Compliant | Compliant | – | Compliant | ☺ |

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

* = Quarter 4 figures as full year figures are not currently available

+ = National figures not available

– = Applies to National figures not being appropriate



= Achieved target



= Not achieved target

Summary of our finances 2012/13

The summary on the next two pages are an outline of financial performance. The full accounts, which include the Annual Governance Statement, are available from the Trust’s Finance and Information department by writing to: **Heather Taylor** at 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 2013

| | Year Ended 31 March 2013 £'000 | Restated Year Ended 31 March 2012 £'000 |
|--|--------------------------------------|--|
| Operating Income from operations | 298,441 | 285,354 |
| Operating Expenses of operations | (283,212) | (273,448) |
| OPERATING SURPLUS/(DEFICIT) | 15,229 | 11,906 |
| FINANCE COSTS | | |
| Finance income | 485 | 433 |
| Finance expense – financial liabilities | (10,472) | (9,769) |
| PDC Dividends payable | (2,344) | (1,943) |
| NET FINANCE COSTS | (12,331) | (11,279) |
| Corporation Tax Expense | 0 | 0 |
| SURPLUS/(DEFICIT) FOR THE YEAR | 2,898 | 627 |
| Other comprehensive income | | |
| Impairments | 0 | (2) |
| Revaluations | 0 | 16,937 |
| Transfer to retained earnings on disposal of assets | 0 | 0 |
| Other recognised gains and losses | 0 | 0 |
| Other reserve movements | 0 | 0 |
| TOTAL COMPREHENSIVE INCOME/(EXPENSE) FOR THE PERIOD | 2,898 | 17,562 |

There are no Minority Interests in the Trust, therefore the surplus for the year of £2,898,000 (2011/12 £627,000) and the Total Comprehensive Income of £2,898,000 (2011/12 £17,562,000) is wholly attributable to the Trust.

All income and expenditure is derived from continuing operations.

*Restated – In the 2011/12 Income Statement £42,000 was incorrectly included as negative income. This has been corrected between income and expenditure.

Statement of our financial position

as at 31 March 2013

| | 31 March 2013 £'000 | 31 March 2012 £'000 |
|---|------------------------|------------------------|
| Non-current assets | | |
| Intangible assets | 1,281 | 576 |
| Property, plant and equipment | 218,509 | 219,000 |
| Investment Property | 0 | 0 |
| Other Investments | 0 | 0 |
| Trade and other receivables | 9,314 | 8,733 |
| Other Financial assets | 0 | 0 |
| Other assets | 0 | 0 |
| Total non-current assets | 229,104 | 228,309 |
| Current assets | | |
| Inventories | 3,088 | 2,837 |
| Trade and other receivables | 7,318 | 6,289 |
| Other financial assets | 0 | 0 |
| Non-current assets for sale and assets in disposal groups | 0 | 0 |
| Cash and cash equivalents | 32,906 | 36,346 |
| Total current assets | 43,312 | 45,472 |
| Current liabilities | | |
| Trade and other payables | (15,728) | (15,135) |
| Borrowings | (4,978) | (4,897) |
| Other financial liabilities | 0 | 0 |
| Provisions | (430) | (706) |
| Other liabilities | (245) | (2,048) |
| Liabilities in disposal groups | 0 | 0 |
| Total current liabilities | (21,381) | (22,786) |
| Total assets less current liabilities | 251,035 | 250,995 |
| Non-current liabilities | | |
| Trade and other payables | 0 | 0 |
| Borrowings | (146,855) | (151,365) |
| Other financial liabilities | 0 | 0 |
| Provisions | 0 | 0 |
| Other liabilities | 0 | 0 |
| Total non-current liabilities | (146,855) | (151,365) |
| Total assets employed | 104,180 | 99,630 |
| Financed by Taxpayers' equity | | |
| Public Dividend Capital | 22,579 | 20,927 |
| Revaluation reserve | 52,649 | 52,709 |
| Available for sale investments reserve | 0 | 0 |
| Other reserves | 0 | 0 |
| Merger Reserve | 0 | 0 |
| Income and expenditure reserve | 28,952 | 25,994 |
| Total Taxpayers' and others equity | 104,180 | 99,630 |

Celebrating a year of AAA success



To coincide with 65th anniversary of the NHS, we welcomed five patients who had potentially life threatening abdominal aortic aneurysms repaired to a celebratory party.

Thousands have been seen as part of the Black Country Abdominal Aortic Aneurysm (AAA) screening programme since its launch a year ago in April 2012. An abdominal aortic aneurysm is a potentially fatal condition where a main blood vessel from the heart swells, leaving it at risk of rupture.

“Looking forward, we want to continue to provide an excellent service for the Black Country and encourage as many men as possible to come forward for screening.”

Mr Rajiv Pathak, Consultant Vascular Surgeon and Black Country AAA Screening Programme Director, said, “The screening programme has been a great addition to the Trust’s services – since the launch of this programme in April last year we’ve screened 6000 men, detected 53 aneurysms and performed a number of life saving operations.

“It’s very important that men are screened. The ultrasound takes five minutes and is simple and painless.”

Tracey Bayliss, Abdominal Aortic Aneurysm (AAA) Screening Programme Manager, said, “Thank you to everyone for coming along and celebrating the fantastic achievements of the screening programme’s first year.”

The programme screens men from Dudley, Walsall and Wolverhampton for abdominal aortic aneurysms when they reach their 65th birthday.

Tracey Bayliss added, “The screening programme routinely invites all men in their 65th year, but men over 65 can self-refer by phoning 01384 321125

“It’s very important that men are screened. The ultrasound takes five minutes and is simple and painless.”

COMPLIMENT SPOT

“They were Knowledgeable, informative and always listened to any concerns I had.”



A visit from the...

Our Pharmacy team were delighted to show off the high tech facilities and range of services at Russells Hall Hospital when members of the Royal Pharmaceutical Society and Health Education England visited earlier this year.

They were especially interested, in how he supply, information and education about medicines, and how the pharmacy supports patients and other healthcare professionals in safe medicines practice.

Our dispensary is central to pharmacy operations with more than 350,000 items dispensed to our patients each year. Patient safety is of paramount importance. The dispensary uses robotics and prescription tracking software to support an efficient and safe service.

Acting Head of Pharmacy Geoff Phipps (pictured fourth from right) took guests on a tour of Pharmacy as well as the Emergency Assessment Unit where they saw our electronic drug dispenser, with finger tip recognition, in action. The Trust was one of the first to install the Medi365 administration system.

Ever popular with visitors to Pharmacy was the pharmacy robot which has helped with accurate stock control. Drugs delivered to the hospital are tipped into a giant hopper and a conveyor belt moves them along to a machine which reads the barcodes.



DID YOU KNOW?



Each year we dispense: 350,000 items at Russells Hall Hospital including:

- ▶ 60,000 for inpatient wards
- ▶ 60,000 for outpatients
- ▶ 230,000 take home medications

We employ:

- ▶ 30 pharmacists
- ▶ 43 pharmacy technicians
- ▶ 20 pharmacy assistants
- ▶ 4 pre-registration pharmacists
- ▶ 4 pre-registration technicians
- ▶ 7 clerical assistants



Our visitors are introduced to the pharmacy robot



A review of charity activities

Dudley Group NHS Charity
Fundraising Co-ordinator:
Karen Phillips

2nd Floor, Trust HQ, Russells Hall Hospital, Dudley, DY1 2HQ

t: (01384) 456111 Ext: 3349

e: karen.phillips@dgh.nhs.uk

www.dudleygroup.nhs.uk/our-charity

www.justgiving.com/dghc

Twitter: @DGNHSCharity

Facebook: /DudleyGroupNHSCharity



Online fundraising

If you are fundraising for us why not set up a JustGiving page – a secure and simple way for people to sponsor you online.

Visit our **JustGiving** page at www.justgiving.com/dghc



Make A Will Fortnight

7-18 October 2013

Due to popular demand we are extending our successful will writing campaign to span two weeks. This is a great time to get your affairs in order and support a great cause. The suggested donation is £60 per will. Contact us for a list of participating solicitors.

Once more the local community have done us proud with their fantastic fundraising efforts, with many people running marathons, climbing mountains and jumping out of aeroplanes. We even met 18 friends who were each sponsored to have a pink ribbon tattoo in aid of our Georgina Unit.

The big news of the year was being chosen by Free Radio to be one of the beneficiaries of the 2013 Walk for Kids, estimated to have raised over £30,000 for the Neonatal Unit.

September 2012 saw the launch of the Annual Trust Charity Football Match and Family Fun Day held at the Dell Stadium in Pensnett. The event raised over £3,000 for the Georgina Unit, and this year the teams are hoping to raise £5,000 for the Neonatal Unit.

We saw some major charitable expenditure in 2012/13. After many months of fundraising, the Children's Ward saw the installation of a sensory room, an addition that will greatly improve the quality of life for our young patients with additional learning needs. The room can also act as a chill-out private space for children who are nervous, upset or just need some time alone.

▲ **Back row** from L to R Leah Morey, Caroline Morey and Jennie Halford.

Front row from L to R is Emma Moss, Annie McNaney and Bev Bowler.

Karen Phillips with nursing staff and friends from the Neonatal unit at the Free Radio 2013 Walk for Kids

Looking forward, Dudley Group NHS Charity is hoping to reach more people than ever before through our growing social network. You can now see what we are up to on Twitter and post your fundraising ventures on our Facebook page, so keep spreading the word.

We are also pleased to announce that we have a guaranteed Bond Place for the 2014 London Marathon. If you'd like to take part in this fantastic event contact the fundraising office for an application form.

COMPLIMENT SPOT

✓

"Overall I had an excellent pregnancy and birth experience at Russells Hall Hospital."

Care 
at The Dudley Group

Private cardiology clinics

at Russells Hall Hospital

Our Care Plus service at Russells Hall Hospital is now offering patients with cardiac conditions private consultant-delivered care at competitive prices.

Our private cardiology service, run by The Dudley Group consultant cardiologists, offers efficient and safe treatment for many procedures, including those no longer being referred on the NHS. The clinics will run outside NHS hours on Tuesday evenings between 5pm and 8pm.

Some of the cardiac conditions being treated include:

- ▶ Angina, chest pains and shortness of breath due to narrowing of the coronary arteries
- ▶ Diseases leading to poor function of the heart
- ▶ Diseases of the cardiac rhythm (including palpitations and collapses)
- ▶ Hypertension

We can also undertake a number of tests including:

- ▶ ECG
- ▶ Cardiac monitoring
- ▶ Basic and complex echocardiography
- ▶ Cardiac catheterisation and angioplasty
- ▶ Cardiac MRI and CT
- ▶ Pacemaker and other complex device implantation

Those who wish to have treatment as a private patient have the reassurance of a team of NHS consultants in state-of-the-art facilities.

The service is open to paying patients and those with private health insurance. The income from this private service will be put directly back into the NHS services we provide.

Patients can self refer into by calling **(01384) 456111 extension 2178** (ask for Debbie Higgs).

Costs are affordable and all inclusive with no hidden extras. Patients will receive one bill for their outpatient consultation, procedure and/or follow up where appropriate. The consultant will explain the benefits and risks of each procedure at the consultation and will let patients know how much the treatment will be. Private prescription charges are not included in private treatment fee.

For more information about our private cardiology service, telephone our switchboard on **(01384) 456111** and choose **extension 2178**.



COMPLIMENT SPOT

"The ward was sparkling, the cleaner was very thorough with her work."



Consultant Interventive Cardiologist Dr Matt Bank with patient

The Dudley Group introduces...

Jacqui Howells – Learning Disability Liaison Nurse

Jacqui has been a registered nurse working with people with learning disabilities for 27 years and has worked in hospital, residential settings and in the community.

Her newly introduced role will help to improve the Trust’s provision for patients with learning disabilities and their families, and make it easier for patients with learning disabilities to access hospital services.

The new post will also give patients with learning disabilities an advocate to offer advice and guidance, not only to the patients themselves, but also to the staff involved in providing their care.

Jackie Tibbetts, lead nurse for ward B1, thinks Jacqui’s role will be invaluable to the Trust.

She said, “Patients with learning disabilities often have health conditions but they are not always able to access hospital services easily. Jacqui will be assisting staff to improve care for this vulnerable group and I’m looking forward to working with her.”



Jacqui pictured left

You can contact Jacqui on (01384) 456111 extension 4205 or via email at Jacqueline.howells@dgh.nhs.uk

Lucia Sabel – Macmillan Nurse Consultant for Lung Cancer



Lucia’s new role is part of a three year investment in the lung cancer team by the cancer charity Macmillan Cancer Support.

Lucia will be working to set up nurse led clinics to help reduce demand on consultant physicians and oncologists and enable patients to be seen more quickly.

Lucia said “A large part of my role will be about improving a lung cancer pathway, mainly looking at changing the systems around diagnosis to reduce the stress sometimes experienced by patients who are facing a potential diagnosis of lung cancer.”

The new post however is not just about clinical care, Lucia will also be available to offer emotional and psychological support for patients suffering from lung cancer. She will give advice about ways to cope with the symptoms and side effects of both the illness itself and its treatment.

You can contact Lucia on (01384) 456111 extension 2752 or via email lucia.sabel@dgh.nhs.uk

INVITATION



Behind the Scenes Tour and Annual Members' Meeting

Russells Hall Hospital, Dudley

Thursday 12th September 2013 4.00 pm-8.00 pm

(Registration from 3.30pm) Light refreshments served

Find out how the Trust has performed in the previous year and take a look at our future plans

Learn more about our vascular services – presentation by our Consultant Vascular Surgeons

Take a tour of our state-of-the-art endovascular suite and operating theatres

This event is free and open to all patients, public and staff.

To book your place call

(01384) 321124

or email foundationmembers@dgh.nhs.uk

ਜੇਕਰ ਤਿਹ ਡੀਐਲਐੱਟ (ਡੀਟਾ ਇਐਲਐੱਟ) ਦੁਸਰੀ ਆਪਣੀ ਭਾਸ਼ਾ (ਪੰਜਾਬੀ) ਵਿੱਚ ਜਾਣਨਾ ਚਾਹੁੰਦੇ ਹੋ ਤਾਂ ਪੁੱਛ ਕਰ ਕੇ ਪੇਸ਼ਟ ਵਿੱਟਨਮੈਂਟ ਡੀ-ਆਓਰੀਨੇਟਰ ਨਾਲ 0800 0730510 ਟੈਲੀਫੋਨ ਨੰਬਰ 'ਤੇ ਸੰਪਰਕ ਕਰੋ।

यदि आपको यह इन्फार्मेशन अपनी भाषा में चाहिए तो पेशेंट इनफार्मेशन को-ऑर्डिनेटर को टेलीफोन नम्बर 0800 0730510 पर फोन करें।

اذا كنت ترغب هذه الوثيقة مترجمة بلغتك الأصلية واللغة العربية، فراجعنا أفضل بمسئول المعلومات للمريض 0800 0730510 पर اتصل بنا.

આપને યોગ્ય આ માહિતી આપવા માટે આપણને જાણનાર ભાષામાં સંપર્ક કરવો, કૃપા કરીને પેસન્ટ ઇન્ફોર્મેશન કો-ઓર્ડિનેટરને કો-ઓર્ડિનેટરને 0800 0730510 નંબર 'ਤੇ સંપર્ક કરવો।

إذا كنت ترغب هذه الوثيقة مترجمة بلغتك الأصلية واللغة العربية، فراجعنا أفضل بمسئول المعلومات للمريض 0800 0730510 على الفون. Information Co-ordinator

اسم مترجمه المعلومات للمريض (0800 0730510) على الفون. فراجعنا أفضل بمسئول المعلومات للمريض 0800 0730510 على الفون. Information Co-ordinator

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