

# YOUR trust



## An Olympic effort all round by everyone!

THE OLYMPIC TORCH COMES TO DUDLEY –  
PLUS 2011/12 ANNUAL REVIEW.

### ALSO IN THIS ISSUE...

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- ▶ Our quality priorities
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- ▶ DGNHS charity newsletter



# News from the Chairman



Welcome to the Autumn edition of Your Trust magazine. This issue includes our Annual Review which looks back over the 2011/12 year and at our current goals.

The last 12 months have been challenging for us with major changes facing the NHS that will affect our Trust and also the wider health economy. However, in this sea of change, we never lose sight of the fact that our patients and their safety are at the heart of everything we do; see the evidence for this in the Quality section of this review.

I have been on a number of patient safety walkrounds at Russells Hall Hospital and followed up the matron's presentation to the Board by spending time with them to see first hand the work they and their teams do. I have also spent time in Theatres and in the Emergency Department.

I come away from all these visits hugely impressed by the commitment and enthusiasm of our staff and how their efforts contribute to the quality of care we give to our patients. All of this work is reflected in our good performance against national key priorities (see page 16 for more details).

It has now been over a year since the merger with adult community services. Staff from our community teams have embraced the opportunity to work with their hospital colleagues to develop more seamless services for our patients.

Congratulations to our governors who have embraced their role with the Trust

with enthusiasm and vigour. They provide invaluable feedback from our members and work closely with the Board of Directors; challenging us to deliver the very best service to our patients, carers and their families.

This is your magazine, with a circulation of more than 16,000, we are keen to know what you think, what you would like to see in it and how you would prefer to receive it. Please see the back page for details of our forthcoming survey.

This magazine is just one way you can keep informed. Another is our Annual Members' Meeting which you are very welcome to come along on Thursday 13th September in the Clinical Education Centre at Russells Hall Hospital. Contact our Membership officer Helen Board for more information on (01384) 321124 or email [foundationmembers@dgh.nhs.uk](mailto:foundationmembers@dgh.nhs.uk)

**John Edwards CBE**  
Chairman

“ I come away from all these visits hugely impressed by the commitment and enthusiasm of our staff ”

## MEMBERS' DATES

### September 13th

Annual Members Meeting and Health Fair: all Trust staff and members are invited to hear a summary of the Annual Report presented by members of the Trust Board along with an opportunity to 'Meet Your Experts' from

### October 11th

**FULL OF LIFE**

### November 6th

Behind the Scenes at Corbett Outpatients Centre: Come along for a rare opportunity to find out more about how this centre sees and treats more than 86,000 patients each year. This event runs from 4.30pm on Tuesday 6th November 2012. As places will be limited at this event you are advised to book early.

To book your place at any of the above events either call (01384) 321124 or email [foundationmembers@dgh.nhs.uk](mailto:foundationmembers@dgh.nhs.uk)



our Diabetes specialist support teams. The event runs from 5.30pm on Thursday 13th September 2012 in the Clinical Education Centre, Russells Hall Hospital (registration desk opens 5.00pm).

**Celebrating National Older People's Day Full of Life: in partnership with Age UK Dudley, the Trust is to host a Health Fair focusing on Living with Cancer. You and your family and friends are invited to join us and meet clinical and support staff from the hospital and community setting. This event runs from 2.30pm on Thursday 11th October 2012 in the Clinical Education Centre, Russells Hall Hospital (registration desk opens 2pm).**



[www.dudleygroup.nhs.uk](http://www.dudleygroup.nhs.uk)

# News from the Chief Executive

**O**ur primary business is, of course, caring for our patients, their carers and families. Most importantly providing the best possible patient experience where staff get things right for every patient, every time.

To make sure we are achieving this, we use different ways of measuring and then improving the patient experience. From our newly created Patient and Customer Care Ambassadors to changing the way we do things following feedback from our real-time surveys and patient panels.

The safety of our patients is also paramount and we have pledged to continue putting patient safety at the centre of our services.

Therefore I would like to say a huge thank you to staff for their efforts in helping to protect our patients from infection. We are pleased to say we had no cases of MRSA Bacteraemia (blood stream infections) in the 12 month period from June 2011 to June 2012.

The number of patients with Clostridium Difficile (C. diff) has come down from 38 in the first quarter of 2011/12 (April to June) to 14 in the first quarter of 2012/13. To help in the battle against infections in hospital we have added two hydrogen peroxide vapour fogging machines to our armoury which decontaminate rooms after episodes of C. diff.

As a result of these achievements, Monitor has changed our rating from amber-red to amber-green and we are optimistic we will soon be rated as green with sustained performance.

We are currently performing with the best in the country and to highlight some of our achievements: we are seeing 97.2



per cent of rapid access cancer referrals within two weeks (national target 93 per cent) and 99 per cent of breast symptom referrals within two weeks (national target 93 per cent).

We admitted, transferred or discharged 97.27 per cent of patients within four hours of arrival in our Emergency Department against a national threshold of 95 per cent. We admitted 95.7 per cent of patients within 18 weeks of referral and 99.2 per cent of non-admitted patients were seen within the target.

A full breakdown of our performance is available on our website under Publications/Annual Report and Accounts 2011/12.

Best wishes

**Paula Clark**  
Chief Executive

# You said we did!

**W**e think it is important to let you know where we have made improvements as a direct result of your feedback; we are listening and learning all of the time to make sure we are providing you with the best possible service.



We gather your feedback from, for example: surveys, patient panels, complaints, compliments and your contact with our Patient Advice and Liaison service and via your local Governors.

Andrea Biesty, Specialist Nurse (right) and Denise Yates, Voluntary Secretary for the Breathe Easy Group (left) with the new scales.

## You said:

Patients with poor mobility found it difficult to step up onto the weighing scales and stand upright when attending the Lung Function unit for breathing tests as there was nothing to hold on to.

## We did:

The Dudley and District Breathe Easy Group kindly funded a set of scales with a handrail to help make this aspect of the appointment a little easier. The new scales also have a height chart so patients won't have to be moved to another area to have their height checked. Our thanks go to The Dudley and District Breathe Easy Group for providing these scales.

**Feedback via:** Patient Advice and Liaison Service

## You said:

Large adapted vehicles encounter problems both accessing the car park and finding a big enough space.

## We did:

We are working with our PFI providers who run the car park to provide more accessible ticket machines and a number of larger spaces.

**Feedback via:** Patient Panel, Patient Groups, Patient Advice and Liaison Service

# Murals brighten the way

**G**raphic Design students from Dudley College have brightened up the journey along the corridor from the children's ward leading to the operating theatres. They entered their designs into a competition with the winning designs now adorning the walls. Paul Oxley, Trust Project Manager, said "The request came from staff in the theatres to make the journey less clinical and with the help of Steve Field, Dudley Borough artist, this has been achieved."



# The Olympic torch at Dudley

The Olympic torch, belonging to the UK's youngest torch bearer, made a special visit to Russells Hall Hospital brightening up the day of staff and patients along the way.



## Private treatment offered at Russells Hall Hospital

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

Care Plus offer efficient, safe, treatment for many procedures, including those no longer being referred on the NHS.

The private skin lesion clinics run out of hours in Russells Hall Hospital's Day Surgery Unit on Tuesday evenings. Skin conditions being treated include: moles, seborrhoeic warts, tattoos, torn earlobes and botox injections for excessive sweating.

The Care Plus Private Eye Clinic Service runs on Tuesday and Wednesday evenings between 5.30pm and 8.00pm.

The type of eye conditions we treat include small incision cataract surgery, laser treatment for diabetic retinopathy, injections for Age Related Macular Degeneration and other retinal disorders as well as lid cysts,

**Care**<sup>PLUS</sup>  
at The Dudley Group

minor lid surgery and treatment of the corneal and ocular surface disease.

Private patients receive just one bill which will be all inclusive with no hidden extras. The service is open to paying patients and those with private health insurance.

Money made from this private service will be put directly back into the NHS services we provide to benefit all patients and will be used to help to buy new and improved equipment.

If you are considering having a procedure done as a private patient, and would like to come to The Dudley Group, ask your GP to refer you.

For more information, contact Karen Morrey on (01384) 456111 extn 3110.

## DUDLEY WHEELCHAIR USER GROUP

Are you interested in gaining useful information concerning you and your wheelchair? Have you any concerns you would like to share with other wheelchair users?

Jim Price, Trust's Wheelchair Therapist, has set up a user group to provide support and information for new and long term wheelchair users.

For details of future meetings, please contact Jim on (01384) 244793.



## Trust clamps down on smoking

The Trust is getting tough on people who do not use the designated smoking shelters at Russells Hall Hospital and the Corbett and Guest outpatient centres.

Staff who do not follow the Trust's Smoke Free Policy face being disciplined; patients and visitors who refuse to use the shelters may receive a fixed penalty notice or could be removed from the hospital site.

"We operate a smoke free policy which means smoking is not permitted in the buildings or grounds and we would urge everyone to observe this policy or risk action being taken against them," said Richard Beeken, Director of Operations and Transformation.

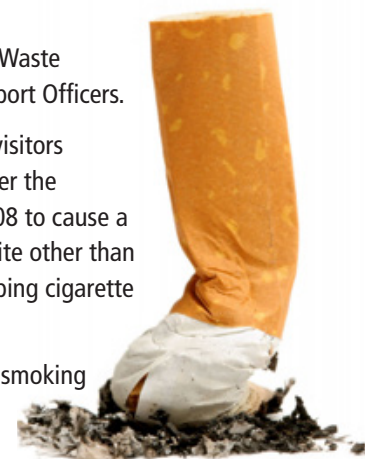
"We receive countless complaints about smoking in the grounds of the hospitals, particularly at the main entrance to Russells Hall Hospital. It really isn't acceptable when smoking shelters have been provided and are clearly marked."

To coincide with World No Tobacco Day earlier this year, the Dudley Stop Smoking team, and security management advisor David Ore, were at the Health Hub in main reception at Russells Hall Hospital to help raise awareness of the Trust's tougher stance on smoking.

They were joined by members of Dudley Waste Enforcement and police Community Support Officers.

Flyers were handed out to patients and visitors reminding them that it is an offence under the Criminal Justice and Immigration Act 2008 to cause a nuisance by smoking anywhere on this site other than the smoking shelters or littering by dropping cigarette ends on the ground.

New signage has been attached to each smoking shelter to ensure they are clearly visible from the hospital entrances.



# Changes to vascular surgery in the Black Country



If you live in Wolverhampton and Walsall and you need an emergency vascular operation, or a planned operation for an abdominal aortic aneurysm (AAA), you will now travel to Russells Hall Hospital which is the specialist centre for vascular surgery for the Black Country.

For most planned surgery, your operating surgeon will see you at your local hospital and will come to Dudley to carry out your operation if needed. Some anaesthetists and radiologists from your local hospital may also come to Dudley. There is no change if you live in Dudley. You will access services at Russells Hall Hospital in the usual way.

The changes, which have been in place since 16th July 2012, were discussed with Trust members and patients from Walsall and

Wolverhampton at our most successful 'Meet Your Experts' health fair at Russells Hall Hospital in June. Guests took part in a 'question and answer' session and learned that the new way of working has been asked for by the Black Country Cluster of Primary Care Trusts (PCTs). The evidence shows that patients having complex vascular surgery have a much better chance of survival if their operation is carried out at a specialist centre.

A specialist centre enables staff including surgeons, anaesthetists and radiologists to develop and maintain their skills to the highest level and work in an environment which has better facilities.

If you need surgery on your veins or arteries, you will be referred to

your local hospital for an outpatient appointment and for further investigations. Follow up outpatient appointments will take place at your local hospital even after surgery in Dudley.

If you suffer with acute circulation problems like blockages in the leg arteries (known as ischemic leg), or an abdominal aortic aneurysm (AAA) – a condition where a main blood vessel in the abdomen swells – you will also have your operation in Dudley when needed.

From April 2013, all other types of vascular surgery like bypasses for the lower limb circulation problems will also be done in Dudley.

Day case surgery such as varicose vein operations will continue to take place at your local hospital.

## Hello to ...



**Robert Graves,**  
Newly appointed Deputy Director of Operations (Facilities and Estates)

**Matthew Horlock**  
Joined the Trust in June as a physiotherapist and **Elizabeth Turner** who joined the Trust in August as an Occupational Therapist.

## New appointment ...



**Dr Whallett**  
*Head of Medical Education*

Consultant Rheumatologist Dr Andy Whallett has been appointed to the role of Head of Medical Education. This is a new role for the Trust and,

with the introduction of Health Education England, it is essential in helping develop a workforce fit for the future.

Dr Whallett, who joined the Trust in 2000, brings a wealth of experience from his previous role as Postgraduate Clinical Tutor as well as a strong desire to develop education across the Trust.

He helped to develop the Foundation Programme for junior doctors in the Trust which is seen as one of the best in the region.

## Goodbye to ...

**Jane Parker**  
*Ward Manager,*

Jane retires after 41 years working in the NHS. Staff from the Continuous Ambulatory Peritoneal Dialysis (CAPD) team held a farewell party and welcomed patients past and present to join in.



**Lois Parkes,**  
Lois Parkes, Head Orthoptist, retired in June after 24 years with the Trust and plans to spend more time with her family and passions of garden and church activities.

# Summary of Key Achievements 2011/12

Here is just a small selection of the many awards and achievements received by our staff and services.



Electronic Patient Record training in ED



The COPD LES Team receiving their award

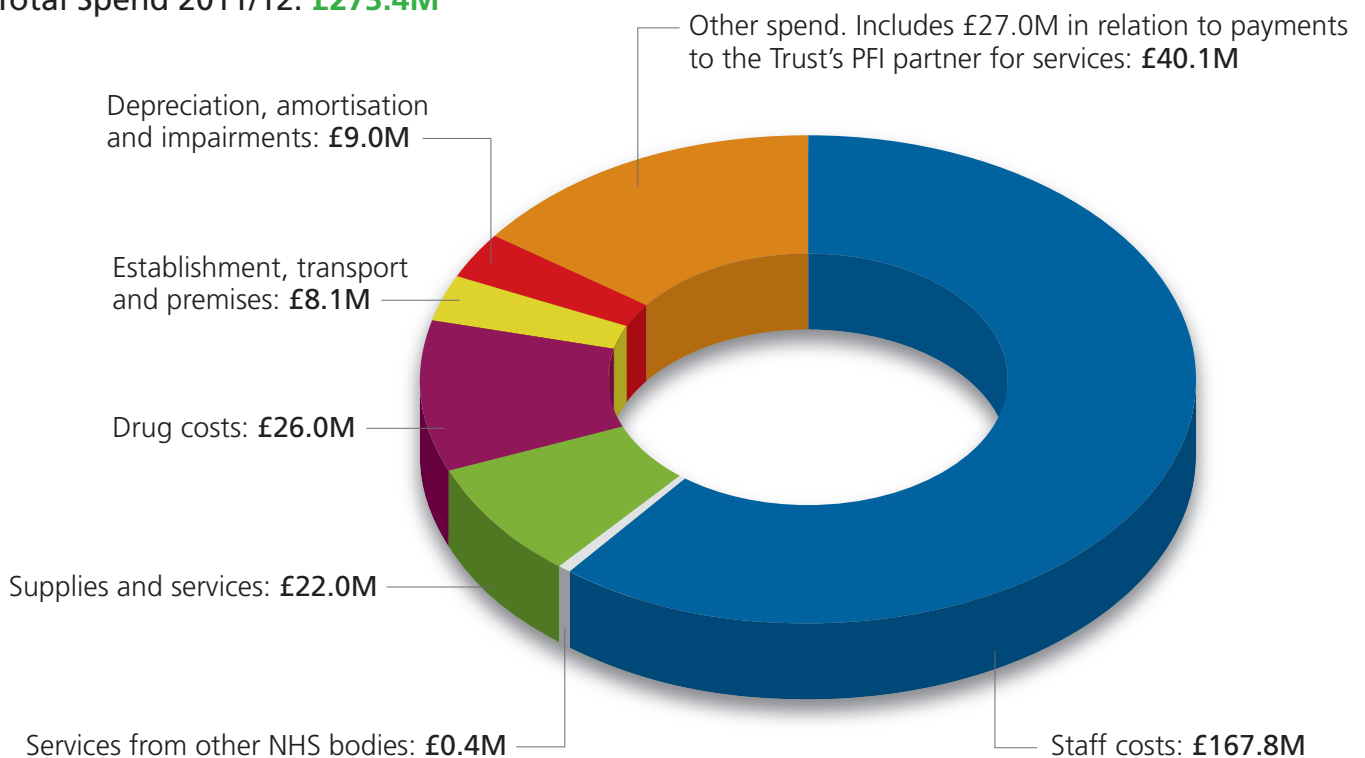
- ▲ Our Emergency Department (ED) became the only ED in the country to go live with a fully functioning Electronic Patient Record with e-prescribing, electronic ordering, electronic referrals and full patient tracking. The move away from paper systems aims to improve patient safety, process efficiency and quality of care for patients.
- ▶ NHS Diabetes Care QiC(Quality in Care) award – national award recognising the importance of providing specialised, tailored and safe care to people with diabetes while in hospital. Our Trust initiative – ThinkGlucose was seen as a clear success resulting in improved outcomes for patients with diabetes.
- ▶ Wound Academy (Molnlycke) scholarships – Our Diabetes Foot Team was also awarded a highly Commended Team award for 'Putting Feet First' initiative, providing foot education for patients and health care professionals.
- ▶ A state-of-the-art digital screening unit now provides clearer, instant images to improve the diagnosis of breast cancer.
- ▶ Staff in the Biochemistry Department have developed a nationally recognised scoring system for patients who would benefit most from bariatric (weight loss) surgery. These are patients who might be likely to develop diabetes, or have an urgent need for other surgery but may not necessarily be the heaviest.
- ▲ The Chronic Obstructive Pulmonary Disease Local Enhanced Service (COPD LES) in Dudley Won the Best Respiratory Initiative at the National Vision Awards.
- ▶ Jackie Smith, Senior Research Biomedical Scientist at the Trust has developed a test to identify the fat gene.
- ▶ The Trust's Heart Failure Team is working with the British Heart Foundation to improve the care of patients with injectable diuretics in the home.
- ▶ For the first time in the Trust a gastric balloon was used to help a patient lose weight for life-saving heart surgery.
- ▶ We have now started an open access sleep apnoea (sleep disorder) assessment service for any patient who suffers from excessive snoring and or daytime sleepiness.
- ▶ The Ear, Nose and Throat (ENT) service has developed a multidisciplinary voice clinic with Speech and Language Therapy (SLT) to aid quicker diagnosis, treatment and resolution of symptoms for voice patients.
- ▶ Specialties, including urology, general surgery and orthopaedics, have started the Enhanced Recovery Programme to improve patient outcomes and speed up a patients' recovery after surgery.



# How we spent the money in 2011/12

We are pleased to announce that we ended the year with a financial surplus of £627,000 and during 2011/12 delivered efficiency savings of £11.3m to help us deliver our surplus.

Total Spend 2011/12: **£273.4M**



## Investments

In 2011/12 the Trust invested £8.3 million on new facilities and equipment to deliver best care and improved patient experience.

- ▶ The largest scheme at £2.4m was the replacement and upgrade of the Endoscope Decontamination facility at Russells Hall Hospital and Corbett Outpatient Centre.

- ▶ £1.5m state-of-the-art endovascular suite officially unveiled at Russells Hall Hospital. This provides a combined angiography and operating theatre suite with high speed, high resolution 3D images of blood vessels whilst giving patients lower doses of radiation.
- ▶ A second MRI scanner at Russells Hall Hospital with improved speed, resolution and image quality, increasing the number of patients we can see.



# Looking Forward

## Our Future Strategy

Over the past year (2011/12) the Trust has welcomed involvement from staff to renew its vision and values, to find goals to aspire to and deal with challenges facing us. Along with Board members, over 800 members of staff have been actively involved in the process to find a message that everyone, both inside and outside the Trust, can relate to.

Our new vision is **'Where People Matter'**.

This vision can be achieved each and every day and be summed up in our three new values: **Care, Respect and Responsibility.**



We have committed to setting a series of challenging goals for 2012/13 to 2014/15. These include how the Trust wishes to be viewed by our patients, service users, staff and commissioners. We

also aim to develop new services and ways of saving money while still delivering the best high quality patient care and experience.



### Involving our workforce in improving our services



We operate two key approaches to helping our staff to make changes to improve services and patient care: Listening into Action (LiA) and Transformation programmes. Listening into Action (LiA) puts staff at the centre of change and is becoming the accepted and popular way for staff to make improvements in their area for the benefit of patients and staff alike. Since LiA began in 2010 nearly 2,000 staff have taken part in LiA conversations and we use the LiA approach to include Members, Governors, staff and partner organisations in deciding our quality priorities.

## Transformation

our future begins with you

Our Transformation team has continued to run a series of projects derived from Lean Action Weeks and Lean Action Days. The various teams have delivered improvements to both efficiency and enhancements to patient experience. So far more than 24 projects have focused on improving the way we deliver care in for example; Community Nursing, General Surgery, Acute Medical Unit, Rheumatology, Oncology, Elderly Care and Outpatients. We will continue to use transformation methods to find more efficient ways of working while increasing the quality of care our patients receive.

### Goals

- ▶ We aim to become well known for the safety and quality of our services
- ▶ To continue to provide the best possible patient experience
- ▶ To drive the business forward by taking opportunities to expand our range of services
- ▶ To develop and strengthen clinical partnerships to maintain and protect our key services
- ▶ To create a high commitment culture from our staff with positive morale and a "can do" attitude
- ▶ To deliver an infrastructure that supports delivery

# Quality Report and Accounts

## Summary 2011/12

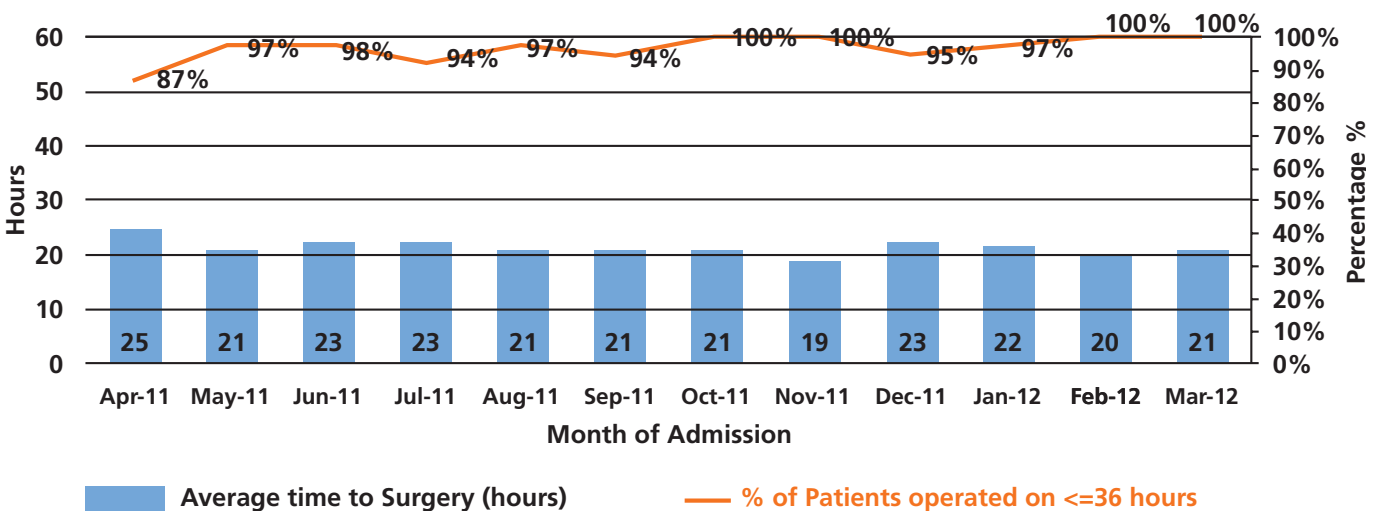
Quality reports and accounts are annual reports to the public from NHS bodies about the quality of services they provide. They focus on the three dimensions of quality:

- ▶ Safety
- ▶ Effectiveness
- ▶ Patient Experience

Quality accounts are also a measure of how we have already made 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 2011/12 on our website

[www.dudleygroup.nhs.uk](http://www.dudleygroup.nhs.uk)

**Table 1:** All patients having hip fracture surgery who were clinically well enough on admission for surgery (Total: 424 patients of which 96.9 per cent were operated on <=36 hours)



### Choosing our Quality Priorities for 2012/13

In order to set our quality priorities for 2012/13 we held a Listening into Action (LiA) event. Over 50 staff, patients, Governors and representatives of partner organisations attended the event and gave feedback. Together we chose the following quality priorities for 2012/13:

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

We are pleased to announce our previous priority – to increase the number of hip fracture patients who undergo surgery within 36 hours, was so successful in achieving its aims we will focus our priorities on other areas. We have therefore chosen to concentrate on Nutrition and Hydration of patients. See table below for our hip fracture progress. The national average time to surgery is 34.25 hours and our Trust average time to surgery is 26.33 hours.

# Priority 1 – Patient Experience

We value the feedback of our patients and following the LiA event in February, have this year decided to change the measures we use to monitor this quality priority. We have previously focused our patient experience priority on overall satisfaction measures and while this is useful, in 2012/13 we want to try to make improvements to some specific issues that have scores that are lower than we would like.

## During 2011/12 we measured:

### 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.
- (b) Show an increase in patients who would recommend The Dudley Group’s services to a friend or relative.

## Progress during 2011/12

We showed a decrease of 0.6 per cent in patients who rate their overall care as highly, from 89.3 per cent in 2010/11 to 88.7 per cent in 2011/12. This is in line with the average of 73 Trusts, whose results were available for comparison, showing an average reduction of 0.8 per cent.

Our own real time surveys provide a much larger number of responses. This showed an increase of people who would recommend the hospitals to 90.7 per cent.

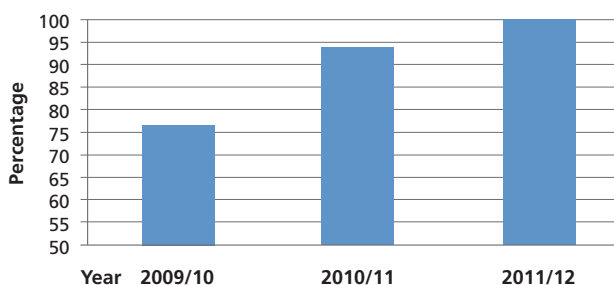
## Community

During 2011/12 our community patient experience priority was to increase the number of patients who rate their overall satisfaction with community services care and treatment from 94 per cent to 96 per cent.

## Progress during 2011/2012

We are delighted that patients surveyed are wholly satisfied with the care and treatment received in the community, (see graph below) with the quarter two baseline of 99.56 per cent rising to 100 per cent in quarter four, thus exceeding our target of 96 per cent.

Percentage of Patients who are satisfied with the personal care and treatment received from Community Services



This is testament to the hard work of community staff during their initial year in the Trust.

## New for 2012/13

### Hospital:

- (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.

### Community:

- (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 or treatment if they wished to do so from 80.8 per cent to 85 per cent.

## Developments planned for 2012/13

- ▶ Consider the feasibility of increasing employed nutritional support workers, continue utilising trained volunteer mealtime assistants and embed the use of the 15 minute meal bell along with behind the bed boards identifying mealtime assistance required
- ▶ Introduce bedside folders to inform patients of ward routines
- ▶ Raise awareness with patient (family/carer) of the use of Single Assessment Process folder to keep them informed of care provided
- ▶ Ensure PALS leaflets are available for patients; refresh posters in clinical areas advising patients how to complain if they wish to do so

# Priority 2 – Pressure Ulcers

## Priority 2011/12

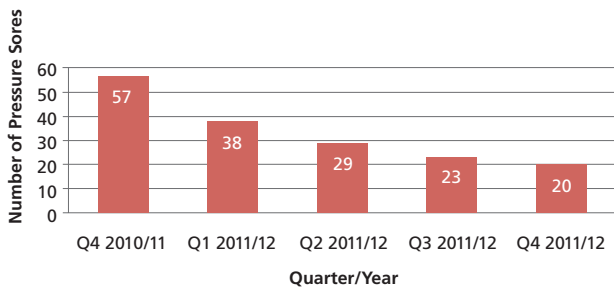
### Hospital

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

### Progress during 2011/12

We are delighted to report that the number of patients who develop a pressure ulcer while they are in hospital has come down by 50 per cent (see graph below).

Graph A – Hospital



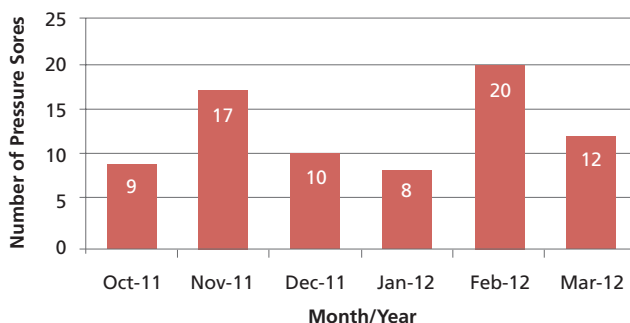
### Community

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

### Progress during 2011/12

A reliable system of reporting of pressure ulcers was put in place in community services in October 2011. This is now in line with the hospital system and all pressure ulcers are reported within 48 hours of development.

Graph B – Community



## Priority 2012/13

### Hospital

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.

### Community

Reduce avoidable stage three and four 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 (Jul-Sept) and by 20 per cent at the final quarter of 2012/13 (Jan-Mar).

## Developments planned for 2012/13

- ▶ Continue to embed the reliable reporting system with community nursing teams
- ▶ Train community staff to know what stage ulcers are at and treat accordingly
- ▶ Introduce a revised and improved version of the pressure ulcer prevention and management document
- ▶ Undertake a check of the use of the new document described above
- ▶ Undertake training of social services carers and carers within residential homes
- ▶ Improve the reporting of the incidence of pressure ulcers so that it is done electronically across the Trust rather than on paper as at present

## Priority 3 – Infection control

**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 two post 48 hour cases; C. diff is no more than 77 post 48 hour cases.**

### Progress in 2011/12

With only two cases of MRSA Bacteraemia this year it's clear we have continued our good work to maintain consistently low levels. In 2008/09 seven patients acquired MRSA and in 2011/12 there were two cases.

The Clostridium difficile (C. diff) target has not been achieved in 2011/12, with numbers increasing generally across the West Midlands region. In May 2011, the Trust realised it may not meet the annual C. diff target and so requested support from the Health Protection Agency, relevant Primary Care Trust and Strategic Health Authority staff as well as independent experts. These agencies investigated the situation and found that all the Trust procedures were appropriate but in certain situations procedures were not always used. In depth investigation into the type or strain of each case shows that cross infection was not happening in the hospital. An action plan was put into place and this is now monitored at a weekly meeting. There was a total of 113 cases in 2011/12 which is an increase from 82 cases in 2010/11 but still a reduction from our cases in 2007/08 of 238.

We are pleased to report that from November 2011, the Trust was back on track with its monthly targets and this continues to be the case as at the end of March 2012.

### Developments planned for 2012/13

- ▶ Introduce hydrogen peroxide 'fogging' for deep clean of environment
- ▶ Improve training for anti-microbial prescribing
- ▶ Review cleaning contract in light of new national directives
- ▶ Review usage of protein pump inhibitors medication used for patient with stomach problems
- ▶ Monitor and review the time it takes to place patients into side rooms once an infection has been identified

## Did you know?

### During 2011/12 we have:

- ▶ Delivered 5276 babies
- ▶ Treated 37,777 day cases
- ▶ Seen 516,876 outpatients
- ▶ Treated 98,452 patients in the Emergency Department

### Our PFI partners have:

- ▶ Packed and laundered around 3.1 million pieces of linen
- ▶ Supplied 1800 new pillows
- ▶ Cleaned and delivered 156,000 uniforms
- ▶ Cleaned more than 5,000 miles of corridor



# Priority 4 – new for 2012/13

## Nutrition and Hydration

### Nutrition

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 the risk assessment completed and this will continue for the rest of the year.

### Hydration

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

### Current status

The Trust has used the 'Malnutrition Universal Screening Tool' ('MUST') for a number of years. The tool identifies adults who are underweight and those at risk of malnutrition and is a quick and simple procedure which enables us to take action and provide appropriate nutritional advice on admission.

Improving hydration brings well-being and better quality of life for patients and can often mean reduced use of medication and prevention of illness. For the best hydration of the patient, the need for accurate recording of fluid input and output cannot be underestimated.

- ▶ **Patients' needs are constantly assessed and where necessary information on bed boards is available so staff know the nutrition and hydration needs of each patient and can give individual care.**
- ▶ **The 15 minutes dinner bell prepares patients and staff for meal times. Being prepared aids the delivery, consumption and digestion of food.**
- ▶ **A wide choice of food is available, including a vegetarian option and foods to meet religious, cultural and dietary needs.**
- ▶ **'Protected Meal Times' has been introduced meaning no interruptions from non-urgent treatments during mealtimes. This results in a more relaxed atmosphere which aids consumption and digestion.**
- ▶ **Along with beverages served mid morning, mid afternoon and in the evening, extra snacks and drinks are also available.**
- ▶ **A water jug, fruit juices and hot drinks are available to patients so that they stay hydrated and meet the recommended consumption of eight glasses of fluid per day.**

### Developments planned for 2012/13

- ▶ **Nutrition steering group to review indicators quarterly and drive changes from any required action points**
- ▶ **Continue audit of MUST and education to be delivered in targeted areas**
- ▶ **Develop screen saver to promote MUST screening on admission to Trust**
- ▶ **Essence of Care Link nurses re-enlisted**
- ▶ **Fluid balance charts redesigned and to be introduced**
- ▶ **New fluid balance charts to include new lunch time evaluation requiring trained nurse signature**
- ▶ **Education package for fluid balance developed and to be delivered in all ward areas**
- ▶ **Competency document for fluid balance developed for all staff to sign**
- ▶ **New fluid balance criterion to be included in the Nursing Care Indicator (NCI) audit**

# Our performance against key national priorities across

National targets and regulatory requirements	Trust 2007/08	Trust 2008/09	Trust 2009/10	Trust 2010/11	Trust 2011/12	National 2011/12	Target 2011/12	Trend/Comparison/Target
--	---------------	---------------	---------------	---------------	---------------	------------------	----------------	-------------------------

## 1. Preventing People from Dying Prematurely

A maximum wait of 31 days from diagnosis to start of treatment for all cancers	100%	100%	99.3%	99.8%	99.7%	98.41%**	96%	↓	😊	😊
All cancers: 31 day wait for second or subsequent treatment: surgery	N/A	N/A	N/A	99.6%	99.6%	97.58%**	94%	↔	😊	😊
All cancers: 31 day wait for second or subsequent treatment: anti-cancer drug treatments	N/A	N/A	N/A	100%	100%	99.74%**	98%	↔	😊	😊
A maximum wait of 62 days from urgent referral to treatment of all cancers	100%	99.9%	86.5%	87%	88%	87.3%**	85%	↑	😊	😊
All cancers: 62 day wait for first treatment from consultant screening service	N/A	N/A	N/A	99.6%	96.6%	93.51%**	90%	↔	😊	😊
Proportion of high risk TIA patients investigated and treated within 24 hours of first contact with a health professional	N/A	N/A	N/A	76.11%	72.18%	70.19%**	60%	↓	😊	😊

## 2. Helping people to recover from episodes of ill health or following injury

A maximum two-week wait for standard Rapid Access Chest Pain Clinics	99.98%	99.89%	99.90%	99.64%	99.89%	99.86%**	95%	↑	😊	😊
Genito-urinary medicine – percentage of patients offered an appointment within 48 hours	N/A	99.59%	99.83%	99.66%	99.18%	N/A	98%	↓	N/A	😊
Stroke patients spending 90% of their time on stroke unit	N/A	N/A	N/A	68.30%	76.8%	80.97%**	80%	↑	☹	☹
Maximum time of 18 weeks from point of referral to treatment (admitted patients)	N/A	92.4%	95.8%	97.03%	95.7%	90.83%*	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	99.2%	97.3%*	90%	↓	😊	😊
Referral to treatment times for admitted patients	N/A	N/A	N/A	19.8 weeks	19 weeks	N/A	23 weeks	↑	N/A	😊
Referral to treatment times for non-admitted patients	N/A	N/A	N/A	12.1 weeks	9.6 weeks	N/A	18.3 weeks	↑	N/A	😊

### KEY

Trend = Present position compared to last year 2010/11  
 Target = Position compared to allocated target  
 Comparison = Position compared to national figure



↑ = Improvement  
 ↓ = Deterioration  
 ↔ = Same

😊 = Better than target/national figure  
 ☹ = Worse than target/national figure



# the domains of the NHS outcomes framework

National targets and regulatory requirements	Trust 2007/08	Trust 2008/09	Trust 2009/10	Trust 2010/11	Trust 2011/12	National 2011/12	Target 2011/12	Trend/Comparison/Target		
<b>3. Ensuring that people have a positive experience of care</b>										
A/E: Percentage of patients admitted, transferred or discharged within 4 hours of arrival	98.1%	95.9%	98.1%	98.8%	97.27%	97.13%#	95%	↓	😊	😊
Percentage of patients who have operations cancelled for non-clinical reason to be offered another date within 28 days	100%	100%	100%	100%	100%	96.14%**	98.5%	↔	😊	😊
Two week maximum wait for urgent suspected cancer referrals from GP to first outpatient appointment	100%	100%	98%	96.8%	97.2%	95.77%**	93%	↑	😊	😊
Two week maximum wait for symptomatic breast patients	N/A	N/A	69%	98.2%	99%	95.61%**	93%	↑	😊	😊
Percentage of patients waiting five weeks or less for diagnostic tests	N/A	99.73%	99.58%	98.34%	95.25%	98.27%*	100%	↓	☹	☹
Proportion of women receiving cervical cancer screening test results within two weeks	90%	90%	32.12%+	98.60%	99.9%	N/A	98%	↑	N/A	😊
Mixed sex accommodation breach rate per 1000 FCEs	N/A	N/A	N/A	N/A	0	0.84***	0	N/A	😊	😊
<b>4. Treating and caring for people in a safe environment and protecting them from avoidable harm</b>										
Clostridium difficile year on year reduction	N/A	154	126	81	113	N/A	No more than 77	↓	N/A	☹
MRSA – number of post 48hour bacteraemia infections	N/A	7	2	3	2	N/A	No more than 2	↑	N/A	😊
Screening all elective in-patients for MRSA	N/A	N/A	100%	100%	100%	100%**	100%	↔	↔	😊
Certification against compliance with requirements regarding access to healthcare for people with a learning disability	<b>In 2011/12 the Trust is compliant</b>									

+The low figure for 09/10 is due to a national increase in women coming forward for screening following a very high profile celebrity death from cervical cancer.

N/A Not available or not applicable  
 \* Figures are up to end of Feb 2012  
 \*\* Figures are up to end of Dec 2011  
 \*\*\* Figures are up to end of Oct 2011  
 # Figures are up to end of Sep 2011

# Summary of our finances 2011/12

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](mailto:heather.taylor@dgh.nhs.uk) or phone (01384) 321040.

<b>Statement Of Comprehensive Income</b>	<b>Year Ended 31 March 2012 £'000</b>	<b>Year Ended 31 March 2011 £'000</b>
For the year ended 31 March 2012		
Operating Income from operations	285,312	260,231
Operating Expenses of operations	(273,406)	(249,430)
<b>OPERATING SURPLUS / (DEFICIT)</b>	<b>11,906</b>	<b>10,801</b>
<b>FINANCE COSTS</b>		
Finance income	433	347
Finance expense - financial liabilities	(9,769)	(9,206)
PDC Dividends payable	(1,943)	(1,785)
<b>NET FINANCE COSTS</b>	<b>(11,279)</b>	<b>(10,644)</b>
Corporation Tax Expense	0	0
<b>SURPLUS/(DEFICIT) FOR THE YEAR</b>	<b>627</b>	<b>157</b>
Other comprehensive income		
Impairments	(2)	(193)
Revaluations	16,937	29
Asset disposals	0	0
Other recognised gains and losses	0	0
Other reserve movements	0	0
<b>TOTAL COMPREHENSIVE INCOME / (EXPENSE) FOR THE YEAR</b>	<b>17,562</b>	<b>(7)</b>

All income and expenditure is derived from continuing operations.

There are no Minority Interests in the Trust, therefore the surplus for the year of £627,000 (2010/11 £157,000) and the Total Comprehensive Income of £17,562,000 (2010/11 Expense of £7,000) is wholly attributable to the Trust.

## Summary of our Financial Position as at 31 March 2012

	31 March 2012 £'000	31 March 2011 £'000	31 March 2010 £'000
<b>Non-current assets</b>			
Intangible assets	576	838	1,111
Property, plant and equipment	219,000	203,193	203,410
Investment Property	0	0	0
Other Investments	0	0	0
Trade and other receivables	8,733	7,826	6,627
Other Financial assets	0	0	0
Other assets	0	0	0
<b>Total non-current assets</b>	<b>228,309</b>	<b>211,857</b>	<b>211,148</b>
<b>Current assets</b>			
Inventories	2,837	3,183	2,949
Trade and other receivables	6,247	6,131	8,858
Other financial assets	0	0	10,000
Non-current assets for sale and assets in disposal groups	0	1,078	0
Cash and cash equivalents	36,346	33,441	26,925
<b>Total current assets</b>	<b>45,430</b>	<b>43,833</b>	<b>48,732</b>
<b>Current liabilities</b>			
Trade and other payables	(15,093)	(13,717)	(13,575)
Borrowings	(4,897)	(4,231)	(4,065)
Other financial liabilities	0	0	0
Provisions	(706)	(613)	(834)
Other liabilities	(2,048)	(1,040)	(1,242)
Liabilities in disposal groups	0	0	0
<b>Total current liabilities</b>	<b>(22,744)</b>	<b>(19,601)</b>	<b>(19,716)</b>
<b>Total assets less current liabilities</b>	<b>250,995</b>	<b>236,089</b>	<b>240,164</b>
<b>Non-current liabilities</b>			
Trade and other payables	0	0	0
Borrowings	(151,365)	(154,020)	(158,089)
Other financial liabilities	0	0	0
Provisions	0	0	0
Other liabilities	0	0	0
<b>Total non-current liabilities</b>	<b>(151,365)</b>	<b>(154,020)</b>	<b>(158,089)</b>
<b>Total assets employed</b>	<b>99,630</b>	<b>82,069</b>	<b>82,075</b>
<b>Financed by Taxpayers' equity</b>			
Public Dividend Capital	20,927	20,927	20,927
Revaluation reserve	52,709	37,160	37,423
Available for sale investments reserve	0	0	0
Other reserves	0	0	0
Merger Reserve	0	0	0
<b>Income and expenditure reserve</b>	<b>25,994</b>	<b>23,982</b>	<b>23,725</b>
<b>Total Taxpayers' equity</b>	<b>99,630</b>	<b>82,069</b>	<b>82,075</b>



The Dudley Group NHS Charity Newsletter

Autumn 2012

# Newsletter



**Dudley Group NHS Charity**  
 2<sup>nd</sup> Floor, Trust HQ, Russells Hall  
 Hospital, Dudley, DY1 2HQ  
 Charity Number: 1056979

t: 01384 456111 Ext: 3349  
 e: karen.phillips@dgh.nhs.uk  
 w: www.dudleygroup.nhs.uk/our-charity  
 w: www.justgiving.com/dghc

## ENT take on 3 Peaks



Three members of the ENT team at Russell Hall Hospital, plus friends, took on the Three Peaks Challenge and raised over £2,500 for the ENT Department.

*Story by Laura Pritchard (team member)*

### About our charity

The Dudley Group NHS Charity makes a real difference to those being treated in our hospitals or in their own homes.

We are not about providing healthcare; charitable donations enable us to provide comfort and facilities above and beyond those which are provided by the NHS.

Enhancing a person's visit to us can make all the difference to their wellbeing, improving recovery and overall experience.

This newsletter is about the wonderful people who support our charity and what happens to their generous donations.

Hopefully it will also provide ideas and inspire more people to raise money which will make a big difference to the patients who stay with us.



Karen Phillips  
 Fundraising Co-ordinator

t: 01384 456111 Ext: 3349  
 e: karenphillips@dgh.nhs.uk

We decided to do the challenge to raise funds for a much needed Ultrasonic Nebuliser, which works by moisturising dry gases and therefore improving the symptoms of many critically ill Head and Neck patients following a tracheostomy.

The team began the first mountain, Ben Nevis at 3pm on Saturday 10<sup>th</sup> June. The climb was tough but the views fantastic! By 9pm we were in the mini bus, fed and watered by our team organiser/drivers and on our way to Scafell Pike. The ascent of Scafell started at 3am, it was cold, dark and we only had our headlamps to guide us, but we were determined. We made it up

*Laura Pritchard is pictured (far left) with her fellow team members (inset : on the challenge)*

and down in four hours and set off to Snowdon. Time was always tight; the mini bus had a speed restriction of 62 mph! Stop-offs were almost non-existent. After no sleep and feeling completely exhausted we began Snowdon, the weather was miserable and time was against us. We were forced to run the last 30 minutes to the bottom, greeted by our drivers and lots of cheering we made it. 12hrs and 45 minutes of walking, 1000 miles of driving, we climbed the highest mountains in Scotland, England and Wales in 23 hrs and 44 minutes!

### Dudley Group NHS Charity



Follow us on Twitter



Like us on Facebook



## Sponsored Cycle from Vienna to Budapest

Ned Hobbs raised £1,500 to be shared between Acute and Geriatric Medicine. Ned, who did the challenge with his father, cycled from Vienna to Budapest. The journey, which was nearly 250 miles took four days to complete.



## Are you climbing a mountain?

... or running a marathon?  
... or doing something else out of the ordinary?

### Why not get sponsored and support the Dudley Group NHS Charity?

We can supply you with a sponsor form and give you advice on how to set up a JustGiving site so supporters can donate on line. We can also help you out with fundraising ideas.

## MP runs London Marathon



Chris Kelly MP completed the London marathon on Sunday 22 April 2012 in 4 hours 17 minutes 55 seconds raising £700 for the Trust Charity.

## Fundraising volunteering



Volunteering can be a very rewarding experience. Why not have a chat with us about the various options available?

### Hospital Fundraising

We are looking for volunteers to interact with patients and visitors passing through the main reception at Russells Hall Hospital, selling merchandise and promoting charity events.

### Store Collections

Could you spare a few four hour shifts for collections in stores such as Co-op and Tesco? Your help would be appreciated whether you agree to a regular slot or just a few hours here and there.

### Fundraising Group

The charity is hoping to find some ambassadors to create a small group of fundraisers to help organise events and help with our charity campaigns.



## You can now find us on Twitter and Facebook

As well as keeping supporters up to date with our events it is a great medium for encouraging and thanking all those in the community who raise funds on our behalf.

We also intend to publish helpful hints on fundraising and link in with interesting and relevant articles.

**So please, join us and help to spread the word of our events, campaigns and good deeds.**



<https://twitter.com/DGNHSCharity>



<http://www.facebook.com/DudleyGroupNHSCharity>

## Make a Will Week

Making a Will is simple and an important way to protect the future of your loved ones. You can be certain that your money and belongings go to the people and causes you care about.

This year's Will Week will be 8-12 October. Contact us for a list of participating solicitors.

Past DGNHS Charity Will Weeks have raised over £3,000.

All participating Solicitors,

including Waldrons and Silks, offer their time free of charge enabling even more funds to go to our charity. A minimum donation of £60 is asked of members of the public having their wills written.



# Charity Football Match

Two teams of Trust employees came head to head in the second annual charity football match in aid of the Cancer Unit at Russells Hall Hospital.

Last year's winners The Dudley Group All Stars defended their title against the Mighty IT on 1<sup>st</sup> September at the Dell Stadium, Pensnett. The event, which was aimed at families, also included a host of other attractions, including face painting, beat the goalie, balloon pop and refreshments.

The teams raised over £2,000 in order to buy two specialist fold-away guest beds which will allow family members to stay overnight alongside their loved ones and other items of equipment for the Georgina Unit.



Trust Finance Director Paul Assinder is pictured (top) with team captains Amrit Singh and Jamie Evans

The match was refereed by Trust Finance Director, Paul Assinder. Paul says: "This game was an eagerly awaited re-match but in reality it represents a great opportunity to have fun and raise some funds for a brilliant cause. At Russells Hall we always aim to provide maximum comfort for our Cancer patients and importantly try to support their families and carers. These guest beds will be a very welcome addition to the Unit."

## Here are just a few departments who have benefitted from donations

£2,000 purchased 10 bed/chair alarms. These pressure pads will greatly reduce the risk of falls.

The charity spent £900 on 10 nebulisers which will relieve the distress of breathlessness.

The charity has an ongoing campaign to provide all wards with digital Televisions and DVD's.

£8,500 was spent on a bladder scanner for the Trauma and Orthopaedic Unit.

A foetal transducer system, costing £5,000 has been purchased for the maternity unit. This will enable mothers in labour to be monitored using radio transmission, allowing them to move freely around.

## Handmade Cards to CPAP Ventilators



After raising nearly £2,000 last year for EAU Julie Perry is now selling her beautiful handmade cards in Russells Hall Main Reception in aid of the Coronary Care Unit.

Julie and her fellow card maker Gladys, have already raised enough funds for the unit to purchase a CPAP (continuous positive airway pressure) ventilator, a non-invasive process which helps clear the lungs of fluid making it much easier for the patient to breath. Julie aims to raise a further £1,500 for another ventilator by the end of the year.



Throughout December our tree at Russells Hall Hospital will be shining with hundreds of lights, each one dedicated to someone special.

# Tree of Light



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 and send it with your donation (made out to Dudley Group of Hospitals Charity) to : DGNHS Charity, Russells Hall Hospital, Dudley DY1 2HQ

## DGNHS Tree of Light

Donate a light to a loved one and enter their name in the 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)

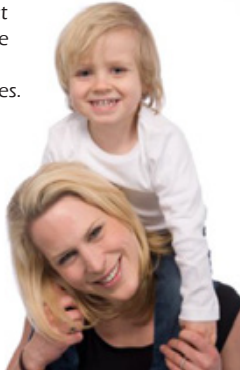
I enclose a donation of £   
**Anyone donating over £5 will be sent a festive memento.**

## Fundraising dates for your diary

Giving you peace of mind and helping a good cause

Make a Will Week

Making a Will is simple and an important way to protect the future of your loved ones.



8<sup>th</sup> - 12<sup>th</sup> October 2012

Contact us for participating solicitors

Do something different to get the festivities started this year

Santa HighRopes & ZipWire

Sunday 2<sup>nd</sup>  
December 2012  
Baggeridge Country Park  
Climbs from 10am-2pm

Minimum Sponsorship £70

Free Santa Suit

Full Training



Christmas Party Night



Copthorne Hotel, Merry Hill  
Thursday 6<sup>th</sup> December 2012  
7pm | Tickets £32.95

We've got Christmas fundraising all wrapped up.



**Tree of Light Appeal 2012**

Throughout December our tree at Russells Hall Hospital will be shining with hundreds of lights, each one dedicated to someone special. (See previous page.)

**Make a donation instead of sending Christmas Cards**

By making a donation to the DGNHS Charity in lieu of giving cards you will be helping to give extra comfort to our patients. Contact us for a free poster.

**Doing your own thing? We can help with your fundraising**

A FREE fundraising pack | A collection box | A coffee time Christmas Quiz

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



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

[www.justgiving.com/dghc](http://www.justgiving.com/dghc)

[www.dudleygroup.nhs.uk/our-charity](http://www.dudleygroup.nhs.uk/our-charity)

t: 01384 456111 ext 3349

e: [karen.phillips@dgh.nhs.uk](mailto:karen.phillips@dgh.nhs.uk)

Please see our website [www.dudleygroup.nhs.uk/our-charity](http://www.dudleygroup.nhs.uk/our-charity) for more information, and a full list of all of our events.

## Make Our Patients Smile Appeal

To donate text **MOPS21** £2 / £5 / £10 and send it to 70070. eg. **MOPS21** £5

You will be given the opportunity to add Gift Aid – meaning we will benefit from an extra 25%.

The Make Our Patients Smile Appeal provides items such as televisions, patient comfort packs, presents at Christmas, children's books and games, etc; such items and services that will enhance our patients experience while at one of our hospitals.





Screening technicians (front to back) are: Joanne Stanley, Rachel Shorrock, Leigh Sammons and Karina Lloyd.

## Meet the AAA screening team

The Abdominal Aortic Aneurysm (AAA) screening team based at Russells Hall Hospital has screened 821 men across the Black Country since the programme started in June this year.

The screening technicians took part in a four month training programme run by the Trust's Chief Vascular Scientist Dr Mark Black who is also a clinical skills trainer for the Black Country AAA Screening Programme.

The group of four also attended national screening training at the Gloucester Royal Hospital in Salford on a course run by the University of Salford on behalf of the National Abdominal Aortic Aneurysm Screening Programme.

Screening takes place four days a week at clinics and GP practices in Walsall, Wolverhampton and Dudley and all scans are uploaded to our secure picture archive at Russells Hall Hospital.

"No individual has to travel more than a few minutes. We've made sure we are screening people on their doorsteps," said Mr Rajiv Pathak, Consultant Vascular Surgeon and Black Country AAA Screening Programme Director.

Mr Pathak said the large majority of men (98 per cent) will have a normal result with no aneurysm. A small aneurysm means the aorta is between 3cm and 5.4cm wide and if detected will continue to be monitored with a regular scan. A large aneurysm is anything above 5.5cm and, if one is detected, the patient will be referred to a consultant for treatment.

"Only a few aneurysms will be large enough to require urgent treatment and cause a risk to a person's health," said Mr Pathak.



Dudley resident Roger Davies says he would not be alive today if he had not attended a routine scan for an abdominal aortic aneurysm as part of the national screening programme.

The chemical plant worker from Woodsetton had no idea he had an aneurysm in his abdomen let alone one measuring 10.5cm, the largest found so far on the screening programme.

"I am so relieved I went for the scan and didn't ignore the letter inviting me to attend a clinic – if it had burst, it would have killed me," said father of two Mr Davies.

"It's a very good screening programme; I would say to anyone who gets a letter to go for a scan to get it done – it doesn't cost anything. Without it I would be dead."

This leaflet is available in large print, audio version and in other languages. If you would like this please contact 0800 073 0510.

We are keen to hear your views about this magazine and our events for members and would be pleased if you could take a few moments to help. Access our short survey on-line at [www.dudleygroup.nhs.uk](http://www.dudleygroup.nhs.uk) If you do not have internet access and would like to give us your feedback, please call (01384) 321124.

### Apology

In our last edition the caption on the photograph of Wendy Walker on the back page was incorrect and should have read Diabetes Specialist Podiatrist.

ਸੇਵਰ ਇਹ ਲੀਫਲੈਟ (ਫੋਟੋ ਵਿਭਾਗ) ਤੁਸੀਂ ਅਪਣੀ ਭਾਸ਼ਾ (ਪੰਜਾਬੀ) ਵਿੱਚ ਲੈਣਾ ਚਾਹੁੰਦੇ ਹੋ ਤਾਂ ਕ੍ਰਿਪਾ ਕਰ ਕੇ ਪੇਸਟ ਵਿੱਚ ਦਿੱਤੇ ਨੰਬਰ 'ਤੇ 0800 0730510 ਟੈਲੀਫੋਨ ਨੰਬਰ 'ਤੇ ਸੰਪਰਕ ਕਰੋ।

यदि आपको यह दस्तावेज़ अपनी भाषा में चाहिये तो पेशान्त इनफ़रमेशन को-ऑर्डिनेटर को टैलीफोन नम्बर 0800 0730510 पर फोन करें।

ਜੇ ਤੁਸੀਂ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਇਹ ਲਿਫਲੈਟ (ਫੋਟੋ ਵਿਭਾਗ) ਚਾਹੁੰਦੇ ਹੋ, ਤਾਂ ਕ੍ਰਿਪਾ ਕਰ ਕੇ ਪੇਸਟ ਵਿੱਚ ਦਿੱਤੇ ਨੰਬਰ 'ਤੇ 0800 0730510 ਟੈਲੀਫੋਨ ਨੰਬਰ 'ਤੇ ਸੰਪਰਕ ਕਰੋ।

आपनि यदि এই প্রচারপত্রটি আপনার নিজের ভাষায় পেতে চান, তাহলে দয়া করে পেসেট ইনফরমেশন কো-অর্ডিনেটরের সাথে 0800 0730510 এই নম্বরে যোগাযোগ করুন।

إذا كنت ترغب هذه الورقة مترجمة بلغتك الأصلية ( اللغة العربية ) ، فرجاء اتصل بمسئول المعلومات للمريض على التلغون 0800 0730510 Information Co-ordinator

اسلام آباد کے رہائشی ایڈیٹر (011) 3534111 کے ساتھ 0800 0730510 پر رابطہ کریں۔

