

Annual Report

2007/2008



Your Hospital
of **Choice**

Our Values

We have developed a set of values, with the help of staff and patients, that will help us shape the way we work and deliver the very best services for our patients:

Care

We are passionate about what we do



Respect

We respect one another



Pride

We take pride in everything we do

Responsibility

We take responsibility for our actions



Effectiveness

We deliver what we promise

Partnership

We work as one team

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Introduction

Welcome to our 2007/08 annual report. This report will take you through some of the work of the Trust during the last 12 months and detail some of the developments planned for 2008/09.

With some of the lowest waiting times for diagnosis and treatment and state-of-the-art medical and diagnostic equipment, the Trust continues to achieve high standards both around clinical quality and performance.

We are totally committed to providing first class health services for our patients and our ambition – to be your hospital of choice – is one shared across the whole organisation. Our staff demonstrate their enthusiasm and dedication through the care they provide.

The annual accounts for 2007/08 can be found separately at the back of this report.

If you would like more information about anything detailed in this year's report, or would like the report in another format (audio, large print or another language) please contact the communications team on 01384 244404 or e-mail communications@dgoh.nhs.uk

Annual General Meeting

The annual report will be presented by members of the Trust Board at the Annual General Meeting (AGM) for 2007/08. The meeting will be held on 29th September 2008. For more information about the AGM please contact the communications team on 01384 244404.

Foundation Trust

If you would like to be involved in shaping the future of your hospital sign up as a member today.

To sign up as a member you can:

- Complete the freepost application form in the back pocket of this report
- Register online at www.dgoh.nhs.uk/ftapply
- Call our dedicated membership line on 01384 456111 extension 1419
- Email us at foundationmembers@dgoh.nhs.uk

More information on our Foundation Trust proposals can be found on page 21.



Foundation Trust Members visited the lung function unit during a tour of the hospital

Message from the Chairman

2007/08 has proved to be another busy and challenging year. The then Prime Minister, Tony Blair, visited The Corbett Hospital Outpatient Centre to open the new Osteoporosis service and Lenny Henry officially opened new facilities in North Wing at Russells Hall Hospital.

Members of our shadow Council of Governors have been busily engaged in a programme to improve their understanding of all aspects of the Trust and its operations and in the recruitment of new members. This is in preparation for taking up their formal positions once we are awarded Foundation Trust status.

On becoming a Foundation Trust, our 39 Governors, made up of elected public members, staff and appointed stakeholder representatives, will be responsible for ensuring that the constituency or group for which they are appointed is appropriately represented and has a say in the running of our hospitals.

This will ensure accountability to our membership – a membership which is made up of our patients, carers, local communities and staff. At the end of the financial year 2007/08 we had around 7745 public members and approximately 3000 staff members and we will continue to build on this over the coming year.

We would welcome anyone wishing to play a part in shaping the future services of the Trust to join our membership, and details of how to do this are included on page 5 of this report.

We continue to work in collaboration with our colleagues in the Dudley Primary Care Trust and to play our full part in the Dudley Health Partnerships – all aimed at improving the health and wellbeing of the communities we serve.

Our hospital volunteer service continues to grow – in age range as well as in number. We now have around 330 volunteers from our local community, with the youngest being just 16-years of age, and we are very grateful for their valuable contribution as are many of our patients and visitors. They all play a valuable part in improving the experience of all patients and visitors to our hospitals.

On behalf of myself and my fellow Directors, I would like to say how very proud we are to be part of an organisation that puts high quality healthcare for local people at the top of its agenda, and we look forward to continuing to work closely with our patients, stakeholders and staff to strive to be your hospital of choice.



Alf Edwards, Chairman



Message from the Chief Executive

The Dudley Group of Hospitals has enjoyed another successful year in 2007/08 in terms of clinical and service performance and financial achievement.

Such success would not be possible without the dedication and skills of our tremendous workforce who, once again, have pulled out all the stops to ensure that we have delivered the highest quality of patient care. I would like to extend my personal thanks to them all for their continued commitment during a very challenging year.

Some of the highlights of the year are shown throughout this report including; service developments, award-winning staff and the introduction of our 'working smarter' project – Programme Enterprise – whose challenge it is to look at the way in which our services operate and to develop and implement improvements to care, for the benefit of our patients. Plus, our Maternity unit was awarded an 'excellent' rating by the Healthcare Commission – the only unit in the Black Country to have received this honour.

It is impossible to do justice in this document to all the achievements our staff accomplish on a day-to-day basis, which are also appreciated through the many expressions of gratitude and kind words received from our patients, their family members and carers.

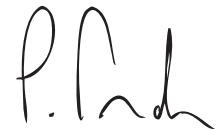
During the year the NHS as a whole has faced the growing challenge of reducing infections in hospitals, and this has been no different for the Trust. We are confident that the measures we have introduced will result in a continued reduction of these infections in our Trust in 2008/09. We will continue to work with our colleagues in primary care to tackle this issue across the health and social care economy.

Also during 2008/09 we will be introducing a unique new way of working – separating the care of patients who are admitted to the hospital for elective (planned) inpatient care from the emergency admissions that we receive at the hospital. This initiative will be supported by plans to ensure that our patients are also offered a wider choice of the type of treatment that they receive, as well as securing the capacity within the hospital for elective care.

Our application to become a Foundation Trust is also progressing. As a Foundation Trust we will have greater independence to develop our services inline with the needs of local people. For more information about our Foundation Trust application please see page 21 of this report.

One of our objectives for the coming year is to strive to become the hospital of choice for people in our catchment area. We aim to do this by continuing to deliver excellent care in high-quality buildings with an emphasis on ensuring that patients have a positive experience of our Trust.

I am very proud of our achievements during the last year, and very proud to be part of an organisation that employs staff who represent the best in the NHS.



Paul Farenden, Chief Executive

Left, Alf Edwards
Right, Paul Farenden



About The Dudley Group of Hospitals NHS Trust

The Board

Executives



Non-Executives

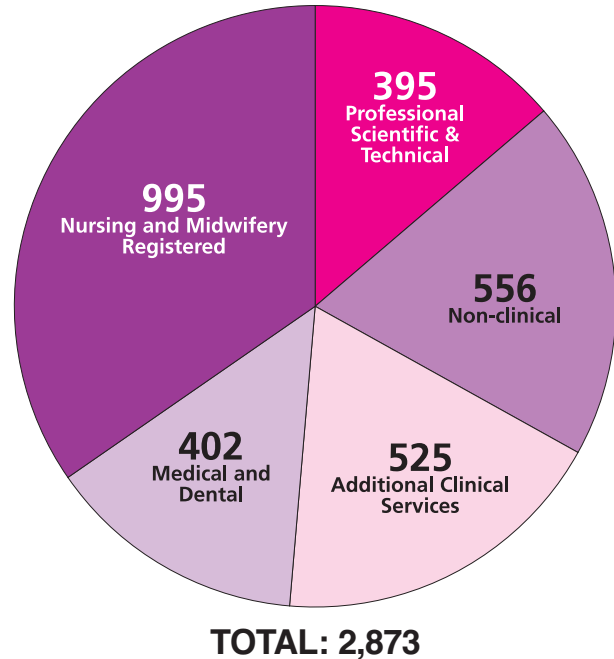


The Dudley Group of Hospitals NHS Trust is the main provider of acute hospital services to the people of Dudley. In 2001 the national Census reported that Dudley had a population of 305,164, evenly split by gender (male 49.1%, female 50.9%). The proportion of people aged over 65 is 17% with 19% aged under 14. Black and minority ethnic groups make up 6.3% of the population which is just below the national average.

The Trust also provides a wide range of services to other areas including Sandwell, Wyre Forest and South Staffordshire. A fifth of our services are delivered to people who live outside Dudley. We serve a total population of more than 400,000 people.

The Trust provides a wide range of core general hospital services. It also has agreements with Primary Care Trusts (PCTs) in the Midlands and Wales to provide more specialised services including Plastic Surgery and Renal Dialysis.

The Trust is the second largest employer in the borough. It has 2,873 whole time equivalent staff:



The Trust's partner, Summit Healthcare and their contractors – mainly Interserve FM and Siemens – employ a further 1,000 staff. These staff work in the Trust's hospitals providing portering, cleaning, laundry, transport, medical equipment maintenance, IT and health records. They play a vital role within our team offering healthcare services to the public we serve.

The services we provide

Most of our work is in providing general hospital services to our local population. These services include:

Surgery

General Surgery, Vascular Surgery, Ear, Nose and Throat (ENT), Oral Surgery, Plastic Surgery, Ophthalmology, Urology and Trauma and Orthopaedics.

Women and Children's Services

Obstetrics (including hospital and community midwifery), Gynaecology and Paediatrics.

Medicine

Emergency Department and Assessment Unit, General Medicine, Older People, Gastroenterology, Cardiology, Respiratory Medicine, Rheumatology, Stroke Services, Haematology, Dermatology, Neurology, Endocrinology, Genito-Urinary Medicine, Chemical Pathology and Immunology.

Specialist Services

Cancer Services, Medical and Clinical Oncology, Palliative Care, Haematology, Renal Dialysis, Urological Reconstructive Surgery, Pain Management, Neonatal Care, Integrated Living Team, Home Parenteral Nutrition.

Clinical Support Services

Anaesthetics, Intensive Therapy (ITU), Surgical and Medical High Dependency Unit, Pathology, Radiology, Pharmacy, Therapy Services.

Community-based Services

Orthopaedic Hospital at Home, Respiratory Assessment Service and the Anticoagulant Nursing Service.

Our Hospitals

Russells Hall Hospital has some of the most technologically advanced facilities in the country. It has 729 inpatient beds and is the centre for all inpatient care. It is the base for some services which are provided for everyone in the Black Country and for other services that reach out into the community.

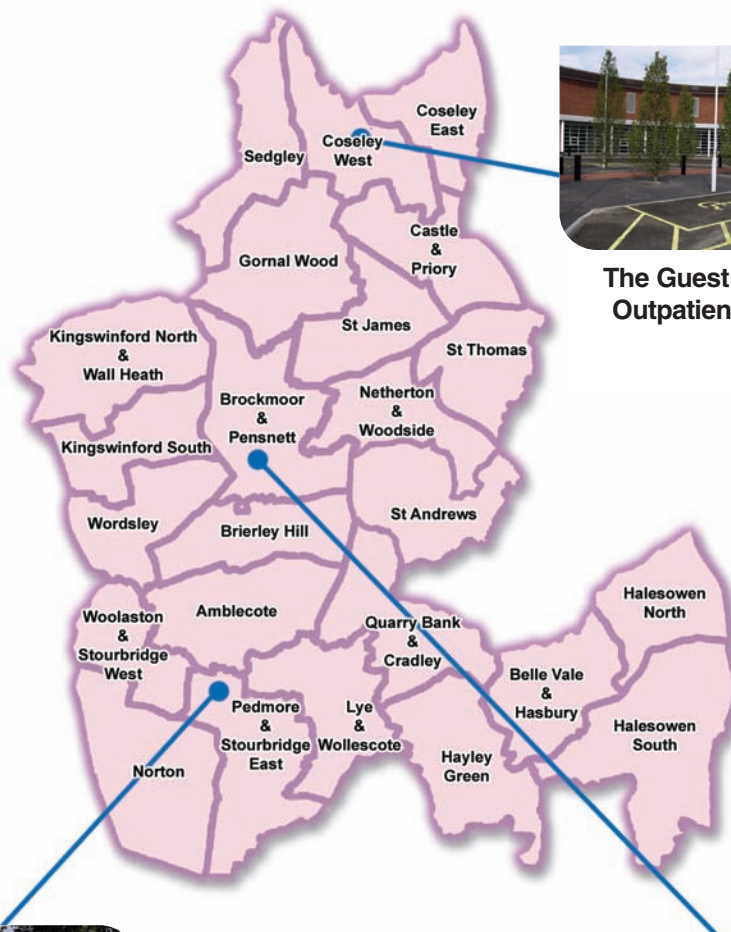
The Trust has a single Operations Directorate which is designed to improve involvement from clinical staff in the management and service development of our clinical services. Medical service heads and matrons work in partnership with senior managers to ensure that our patients continue to receive the highest standards of care at all times.

The **Corbett Hospital Outpatient Centre** (in the south of the borough) and **Guest Hospital Outpatient Centre** (in the north) provide a range of outpatient and day care facilities and services.

The Trust works closely with Dudley Primary Care Trust colleagues to increase the number of services available to patients in the community. This often allows for earlier discharge from hospital and alternatives to being admitted to hospital.

It is more than a year now since the Trust became a smoke-free zone. The Smoke-free policy was introduced to ensure the Trust complied with new Health and Safety legislation which states that public buildings must be smoke-free to ensure a healthy environment. We have worked in close partnership with the Dudley Stop Smoking Service to help staff and patients understand the new policy, and to provide advice and support to staff and patients about how to stop smoking.





**The Guest Hospital
Outpatient Centre**



**The Corbett Hospital
Outpatient Centre**



**Russells Hall Hospital
including **A&E****

48-hour hip replacements

Mrs June Breakwell from Dudley was the first patient in the West Midlands to return home 48 hours after undergoing a hip replacement. Usually patients stay in hospital for seven days after this type of procedure.

Mrs Breakwell said: "I underwent a pre-operative assessment to check I was suitable for the pilot and then went into Russells Hall Hospital for the operation. The hip operation was marvellous. I've had a hip operation previously and following that my leg was really heavy and I found it really difficult to move. This time round my leg has felt wonderful, I haven't got any pain and with aid from my family and my crutches I haven't got any problems getting around.

"I have great confidence in Mr Quraishi and all the doctors and nursing staff who have looked after me. They really have done a brilliant job and as soon as I am 100% better, I will be visiting ward B1 to thank them all for looking after me so well."

Mr Mushtaq Ahmed orthopaedic surgeon and medical head of service commented: "This is one of many innovative projects the department is developing to provide patients in the borough with a high quality service. A shorter stay means patients can recover in familiar surroundings at home."

This method of treatment is being rolled out for all suitable patients undergoing hip replacement at The Dudley Group of Hospitals.

Inhaled insulin

Dudley patient, Mr Garry Langford became the first patient to be prescribed new inhaled insulin to treat his Diabetes in August 2007.

Mr Langford aged 33 from Dudley, has been a type 1 diabetic since 1986 and has previously had to inject himself with insulin twice every day, but he now uses a different technique to administer his insulin.

A new drug is now available for certain patients allowing them to inhale their insulin. Although the treatment is not suitable for everyone, it can help with patients who have needle phobias or have problems injecting themselves due to issues with injection sites, such as lumps, thickened skin or painful sites. The rapid acting insulin is taken with meals and controls post-meal blood sugars.

Diabetes is a disease that affects insulin and blood sugar levels. There are two major types of diabetes, type 1 and type 2, with the most common form of the disease being type 2. People who suffer from diabetes either do not produce any (type 1) or enough (type 2) insulin. Insulin is required in the body to maintain stable blood sugar levels. It is important that these sugar levels are kept under tight control, because if they aren't they can cause further serious health affects on the body including heart disease, kidney failure, blindness and nerve damage.



Patient Stephen Gower is shown how to use a new insulin pen

Lenny Henry opens North Wing

Dudley comedian, Lenny Henry opened five state-of-the-art units in North Wing at Russells Hall Hospital in October 2007.

The £3.6 million investment includes the Diabetes Resources Centre and Ophthalmology, Orthoptic and Genito-Urinary Medicine services which have re-located from the old Guest Hospital.

North Wing also has a brand new vascular laboratory and Clinical Research Unit.

The Research and Development Directorate at the Trust has been running since 1999, and sees approximately 100 research studies taking place each year. It has had enormous support from patients and staff and the Trust has been a top recruiter in a number of previous trials, and has initiated home grown research projects that have been both nationally and internationally recognised.



PM opens Dexa service



During May 2007 the then Prime Minister, Tony Blair, visited The Corbett Hospital Outpatient Centre to open the Trust's new Dual-Energy X-ray Absorptiometry (DEXA) Screening and Osteoporosis service which had been set up with the support of the National Osteoporosis Society.

Dudley has a population of almost 44,000 over the age of 50. Of these, one in two women and one in five men will break a bone in their lifetime, mainly as a result of osteoporosis – which is a condition that results in porous bones. The bones in our skeleton contain an inner mesh of struts. In osteoporosis these struts become thin or weak, causing bones to become more fragile and likely to break (fracture). Osteoporosis can go undetected until the time of the first broken bone, which is why it is called the 'silent disease'.



The DEXA scanner assesses the density of the skeleton by using very low doses of radiation. The scan is then interpreted by a consultant and patients receive appropriate treatments under the care of their GP. There are a range of treatments available such as specialist drugs, vitamins, hydrotherapy and physiotherapy, but some patients who have complex problems will now be able to receive treatment and support from a local specialist consultant.

Dr Andrew Whallett, consultant rheumatologist said: "Our new service will provide GPs with a direct route to a local DEXA screening facility, as well as a specialist clinic to help them manage the treatment for patients with complex osteoporosis problems. In the past patients from Dudley have travelled to other hospitals for screening, but we hope that this new service will provide a much more accessible service for local patients."

It is anticipated that approximately 4,000 patients a year will access the new service.

Thoracoscopy service

Old procedures brought back to life

A new Thoracoscopy service was introduced to Russells Hall Hospital in March 2008 but rather than looking to new technology the Trust has borrowed the procedure from history.

The first thoracoscopy was carried out in 1910, by Swedish internist H.C. Jacobeus, as a diagnostic procedure, but nowadays the service is used to treat patients with symptomatic pleural effusion (fluid in the space between the chest wall and the lungs). This is often caused by malignancy or infection, though can be as a result other conditions such as a collapsed lung or chest injury.

Thoracoscopy is used if simple tests fail to make a diagnosis. It can also be used as a therapeutic procedure to drain off pleural fluid and prevent its reaccumulation, by administering a sclerosant (type of glue) into the pleural space.

The procedure is carried out under local anaesthetic; a metal tube is inserted into the pleural space, a camera is passed through the tube into the space and biopsies can be taken under direct vision.

Finally a chest drain is inserted and the patient is admitted to the chest ward until the drainage is complete before being allowed home.

To date the new service has seen three procedures successfully completed, and it is hoped that this service will speed up the diagnosis of patients and also achieve a quicker and more successful rate of recovery.

Did you know that...

The Trust has a new therapy machine, an Erigo Tilt Table, for use in the rehabilitation of stroke patients. The Table benefits some stroke patients in the early stages of their recovery by stimulating parts of the body with movement. The machine tilts the patient, mechanically bends the knee and straightens it to perform a stepping motion to attempt to re-establish movement skills.

This machine was introduced in April 2008 as part of a physiotherapy programme for some less-mobile patients.

Vascular patients get a boost

EVAR is here to stay

2007/08 has seen the successful launch of a new technique to treat aortic aneurysm called Endovascular Aortic Aneurysm Surgery or EVAR.

An aortic aneurysm is a weakness of the main artery within the body and it generally affects the elderly. If the aneurysm ruptures it is invariably fatal, so treatments like this one are vital.

Since its launch the Trust has treated approximately 20 patients with the new technique which is much simpler and safer than the standard operation which involves a large cut to the abdomen – EVAR involves much less invasive surgery with two small incisions in the groin area. Mortality rates, complications, blood usage and recovery time are all much superior with the new technique.

Patients benefit from the new technique as they are generally only in hospital for between three and four days after the operation, whereas previously it was much longer, between 10-14 days. Patients do not even need to go into the intensive care unit after the EVAR procedure which is a great benefit to patients.

And ... Varicose veins get a laser blast

EVLT has taken hold

The Dudley Group of Hospitals was the first NHS Trust in the Black Country to offer patients a new technique to treat varicose veins. Following an investment from the Trust during the year Dudley patients have been enjoying the minimally invasive, minimally traumatic and minimally painful Endo-Venous Laser Treatment (EVLT).

This new procedure is performed with a tiny wire and laser probe inserted into the vein and advanced up to the groin with laser energy used to cause shrinkage of the vein. About 80 patients have received this treatment so far and have been very satisfied with the results. EVLT avoids a cut in the groin and extensive bruising that the patients had in the past.

Did you know that...

The Critical Care and Intensive Therapy Unit (ITU) are the first patient areas in the Trust to go paperless.

The new CareVue system was launched in April 2008 with one very specific aim in mind – increasing the time committed to patient care.

CareVue will provide ITU with a state-of-the-art clinical information system that will support clinical staff by providing accurate, efficient and high-quality patient analysis data removing the need for nursing staff to complete paper charts.

Pain team of the year

November 2007 saw the Trust's Pain Management Team celebrate their win of a prestigious Hospital Doctor Award.

The team walked away with the 'Pain Medicine in Anaesthesia Award', which was sponsored by The Royal College of Anaesthetists and Association of Anaesthetists.

The team submitted their application in July which related to the service as a whole, service delivery, personnel details and treatment outcome measures and was nationally short-listed down to three in the August. Following this, a judge visited the short-listed hospitals, met staff and carried out a review of the department and the team.

The Hospital Doctor Awards 2007, took place on Thursday 22 November 2007 at the Hilton Hotel, Park Lane, London and celebrated clinical excellence and innovation, and provided an opportunity to share best practice. It was there that it was announced that the Trust had been successful and won the prestigious award.

Jane Southall, clinical nurse specialist said: "We are all very proud to have won this award. To be awarded this national title at such a high level really is a credit to the commitment and quality of service that the team provides at the Trust.

"We would like to especially thank Professor Raphael, who donated part of his salary to help further fund specialist posts within the department."



Communication with our staff

Our staff are our biggest asset so looking after them and listening to what they say is crucial in all that we do.

In order to keep staff up to speed on what is going on in and around the Trust we produce a monthly newsletter called 'Insideout'. Staff are invited to submit their own articles to the newsletter to ensure a good mix of patient care stories and corporate briefings.

We have also launched (in April 2008) a new high-tech intranet site (internal website) called 'The Hub' which features news items, a staff phone book, policies and much more useful information to assist staff in their work. The new site was designed with the help of staff who provided feedback and suggestions about what features they would like the new site to have. During 2008/09 the Trust will be adding new functions and features to the site.

In the Trust's staff survey for 2007/08 staff highlighted communications as a function requiring improvement. In answer to this we will be undertaking an internal communications audit in 2008/09 to ask our staff the best way to keep them informed about issues affecting our Trust.

Quality with equality

The Trust continues to build on good work already in place regarding equal opportunities with the launch of the Gender Equality Scheme during 2007. Along with the existing Race and Disability Schemes already in place this new scheme ensures that we are delivering quality care to patients while reflecting the diversity of our communities within our staff.

The Trust was again accredited with the two ticks symbol – a national standard which recognises that we are 'Positive about Disabled People'.



Listening to our staff

The Trust took part in the national staff survey conducted in late autumn 2007. Overall the results indicate some significant year-on-year improvements in a number of key areas. Areas highlighted as needing action included improved communications and recognition of staff which although both areas had shown improvement on last year, movement had not been significant.

Staff development	Increase in the number of staff receiving appraisals – 61% from 41% in 2006
	Increase in staff having agreed a personal development plan up to 50% from 33% in 2006
Staff job satisfaction	Most work in teams, with clear objectives (83%)
	Most are satisfied with their level of responsibility (69%)
	Manager gives clear feedback on work – 51% from 34% last year
	Manager encourages staff to work as a team – 70% from 60% last year
Training	Increase in number of staff believing the Trust is committed to helping them achieve a good work-life balance
	Substantial levels of training ongoing; of those receiving training, 66% said it helped them do their job better and 71% that it helped them stay up-to-date with professional and job requirements
Health and safety	Reduction in numbers of staff saying that they have suffered work related stress
	Most staff knew how to report errors, negligence, incidents of violence etc (91%) and staff say they are encouraged to do so (79%)
Hygiene	Infection control and hygiene scores have improved significantly with 76% of staff saying that the Trust does enough to promote the importance of hand washing to patients/visitors up from 69% last year, 87% agree in relation to promoting this to staff



Centre of excellence attracts top staff

It has been a busy year in the Rheumatology department, with new units opening, new staff starting and current staff winning awards.

The department has been rapidly developing in all areas and as a result two new consultants, Dr Karen Douglas and Dr Adrian Pace, were appointed to the team of already very successful colleagues. Colleagues that have recently been on a winning streak, picking up four national awards:

Vasileios Panoulas

Rheumatology clinical research fellow
Young Investigator Award
Award from the British Society of Rheumatology

Liz Hale

Chartered health psychologist
Innovation in Development Award
Award from the British Society of Rheumatology

Eunice Whitehouse

Rheumatology nurse
Patients in Focus Award
Award from the National Rheumatoid Arthritis Society

Dr Gareth Treharne

Best Abstract Award
Award from the British Health Professionals in Rheumatology

While the team have been busy winning awards, the department has expanded its portfolio of specialist clinics including Psoriatic Arthritis, Ankylosing Spondylitis and is now offering a top quality Osteoporosis service, in addition to its specialised services for rheumatoid arthritis, vasculitis, systemic lupus and scleroderma, as well as several combined clinics with other specialties, such as orthopaedics, chest and renal medicine and cardiology. The department is also the only centre in the region to provide training in musculoskeletal ultrasound.

Even though this has proved to be an extremely active year for the Rheumatology department, they have succeeded in reducing waiting lists for new patients consistently to below five weeks. So what's in store for 2008/09 in an already busy department? Professor George Kitas, director of research and development at the Trust said: "Continue with the hard work already taking place and staying at the top of the league tables – and we are continuing to expand the team by advertising for another consultant rheumatologist."

Take a snap shot for bowel disease

The department of Gastroenterology introduced a new technique to help diagnose conditions of the small bowel. By using cutting-edge capsule endoscopy technology, patients who have small bowel conditions now have access to a more comfortable and non-invasive investigation technique.

Previously patients with such conditions would have to undergo a relatively uncomfortable endoscopy or X-ray procedure, which would involve consultants using a flexible camera or tube to look inside the bowel of the patient. However, following the introduction of new technology some carefully chosen patients can now swallow a capsule that contains a tiny camera.

The 'pillcam' travels down the bowel for up to eight hours, feeding back digital images to an external receiver. These images can then be viewed by the consultant on a computer.

Dr Barry Jones, gastroenterology consultant said: "This way of looking at a patient's small bowel provides us with greater information about sources of blood loss, pain or malabsorption. It can help to pick up on any unexpected issues as well as help us to detect any narrowing within the bowel."

Michael Hall from Stourbridge is one of the patients who has undergone this innovative new procedure.

He said: "I think the technology is brilliant. I was bleeding internally due to engorged veins and had already undergone a number of procedures, which involved having an endoscopy camera inserted into my stomach and bowel. The engorged veins were dealt with but there was a section of my bowel that couldn't be reached, so to ensure that there were no further problems in this area, I underwent a capsule endoscopy.

"It was a nice procedure and considerably easy. I took the capsule with some water and it took between five to six hours for it to move through my body. I got to see the images as the camera moved through me and luckily there were no further complications, which was a relief and put my mind at rest.

"The staff at the Trust were brilliant and the technology is amazing. I still have my capsule at home."

Committed to Excellence

Every day we feel proud of the achievements of staff in the Trust and 2007 saw the launch of a new award scheme 'Committed to Excellence' to recognise employees who had made a significant contribution to the achievement of the Trust's vision, values and strategic goals.

The scheme proved a resounding success with a significant number of staff/volunteers being nominated for awards by a mixture of patients, colleagues and managers. Feedback from the event was very positive with managers noting an improvement in morale within those teams who were recognised.

Performance excellence – An award to recognise an individual or team who have implemented an improvement or delivered something of real benefit for patients and/or the Trust.

Winner: 48-hour hip replacement team

Runner Up: CAPD/Renal unit

Excellence in patient care – An award to recognise an individual or team who have made an outstanding contribution to the patients' experience.

Winner: C3 isolation unit

Runner Up: Rachel Willetts

Business excellence – Recognising ideas that result in financial cost savings, or generate income or prevent potential loss of income.

Winner: CT scanning team

Runner Up: Orthotics

Excellence in teamwork – An award to recognise excellent and effective teamwork that has achieved results for the service and/or the Trust.

Winner: C4 Chemotherapy day case team

Runner Up: 'Take the Time' tool

Colleague of the year award – To recognise the outstanding contribution of an individual.

Winner: Andrew Ball

Runner Up: Denise Yates

Volunteer of the year award – To recognise the outstanding contribution of a volunteer.

Winner: Steve Ford

Learning and Development

As a teaching Trust The Dudley Group of Hospitals works in association with the University of Birmingham, Wolverhampton University and other educational providers in order to train staff within all specialities.

The Trust is always keen to support medical and non-medical staff, pre and post registration, in attending further learning and development to enhance their skills and provide patients with an improved service. We do this through accredited courses with universities, NVQ qualifications, in-house courses, arranging appropriate placements and the sharing of best practice with other NHS organisations.

The subjects that are covered can vary from learning a new skill or procedure to improving our customer service practice.

It is important that we maintain this commitment as a Trust, as new knowledge enhances patient treatments and service, and promotes team work within the Trust.



Foundation Trust

Be part of the future – sign up as a member today

(See leaflet in back cover for freepost application form)

What is an NHS Foundation Trust?

Foundation Trusts are the future of the NHS and allow local people to shape the future of their local healthcare services. The future development of The Dudley Group of Hospitals now lies in the hands of the staff, patients and the general public.

Although Foundation Trusts remain firmly part of the NHS providing free health care for all, they are free from central government control. So we can decide how best to deliver our services for our local people, keeping any surpluses to reinvest in local healthcare.

As well as our Board of Directors and Non-Executive Directors employed by the Trust, Foundation Trusts have a Council of Governors and a membership that help to shape the future of their local health services. Our Public Governors were elected during 2007 and we have Governors in the constituencies of Dudley Central, Dudley North, Brierley Hill, Stourbridge and Halesowen, as well as Tipton, Rowley Regis, Wyre Forest, South Staffordshire and the rest of the West Midlands.

To represent Trust staff six governors were elected to represent medical staff, nursing and midwifery staff, non-clinical staff, allied health professionals and healthcare scientists and partner organisations.

As well as elected Governors we also have 13 appointed Governors from our partner organisations such as Dudley Primary Care Trust, the local council and Dudley Community Partnership.

The Shadow Council of Governors have already started to meet on a regular basis and the Trust have provided various training sessions to ensure they have a good understanding of the Trust before authorisation.

We are well on our way to a target membership of 13,000 people and have undertaken various recruitment and development activities to help us ensure we engage an active membership.

How do I become a member?

Becoming a member of our Foundation Trust enables people to make a real difference to the way in which the Trust operates.

Membership enables people to:

- be consulted about our plans for future healthcare services and hospital facilities
- be eligible to stand for election as a Governor
- be eligible to vote in elections for the Council of Governors
- receive regular communications from the Trust about its activities

We are keen to encourage as many local people as possible to become members of our NHS Foundation Trust, so that local people can have a real voice in how their hospitals are run. See page 5 to find out ways to join us.

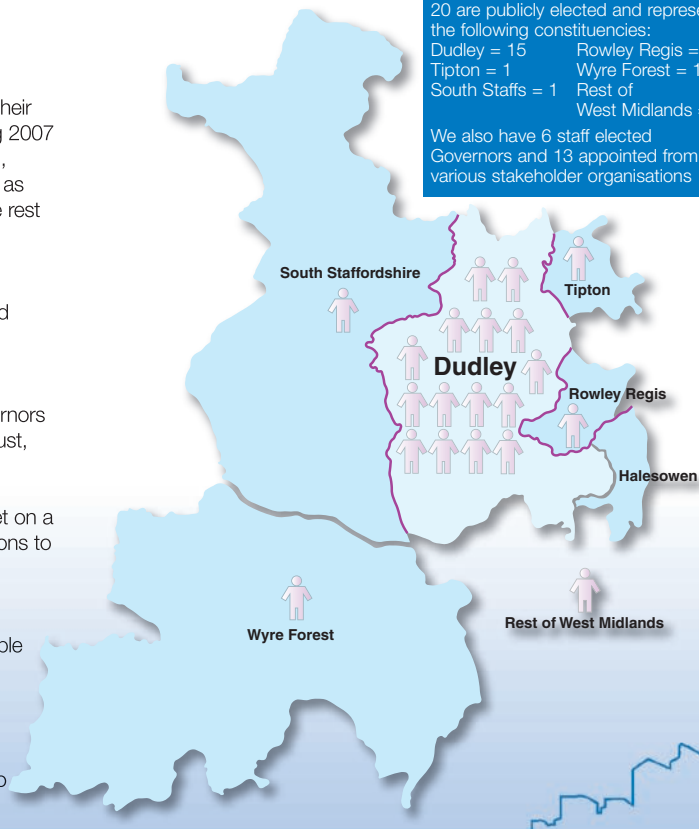
Our membership is made up from people in local constituencies and they are represented by the Shadow Council of Governors.

We have 39 Governors in total

20 are publicly elected and represent the following constituencies:

Dudley = 15	Rowley Regis = 1
Tipton = 1	Wyre Forest = 1
South Staffs = 1	Rest of
	West Midlands = 1

We also have 6 staff elected Governors and 13 appointed from various stakeholder organisations



Dedicated to Health and Safety

"The Dudley Group of Hospitals NHS Trust has shown a commitment to protecting the health and well-being of its employees and others." That's the view expressed by David Rawlins, RoSPA awards manager, who honoured the Trust with its prestigious Occupational Health and Safety President's Award for the third year in 2007/08. This coveted award recognises 13 consecutive Gold awards and challenges the Trust to reach the Award of Distinction which celebrates 15 years of continuous improvement.

Also celebrating their success were facilities management partners Interserve, who were proud to have again received the coveted RoSPA Health and Safety Gold Award.

Interserve have also instilled a proactive approach to health and safety by implementing 'Don't Walk By' and CATS (Changing Attitudes Towards Safety) campaigns. These campaigns are aimed at raising staff awareness of health and safety issues and encouraging them to react to any issues requiring attention.

The Trust continues to develop its existing programmes of health and safety, such as our highly acclaimed Health and Safety campaigns which have been recognised by Graham Jukes, chief executive of the Chartered Institute of Environmental Health, as an example of good practice for other trusts to emulate.

Recycling

During 2007/08 the Biochemistry department launched a new initiative to help the Trust do its bit to protect the environment.

It introduced a scheme that encourages staff to recycle unwanted plastic. The scheme came about when Head of Bio-Medical Science, Peter Howell, noticed that many plastic items were being discarded in the department. Keen to recycle the unwanted plastic, the department decided to pilot the idea within their area.

The scheme kicked off in April 2007 and within a month they accumulated four wheelie bins of plastic.

Peter said: "The scheme is proving to be very successful and I hope that it can be rolled out in the future across the whole Trust. Recycling is very topical at the moment and I think it is essential we get a recycling culture established."

And its not just rubbish that we are recycling...

During certain major operations, such as aortic aneurysm, patients can lose large amounts of blood rapidly and blood transfusions are the only way to replace this loss.

At The Dudley Group of Hospitals, patients' own blood can now be collected in a cell salvage machine where it is centrifuged (spun down) and filtered to separate the red blood cells. The red blood cells are then transfused back into the patient's blood stream reducing risks of complications associated with donor blood transfusions and reducing the amount of donated blood used at the hospital.

Dr Craig Taylor, consultant haematologist said: "By re-using a patient's own blood we can eliminate any risks associated with matching the donor blood correctly to the patient."

Emergency preparedness

The Trust has in place robust major incident and business continuity plans to facilitate rapid and efficient mobilisation of services in the event of a major incident. The plans take into account the NHS Emergency Planning Guidance 2005 and were drawn up in consultation with local health and social care partners.

Did you know that...

Interserve, the Trust's facilities management provider, are currently introducing the Dyson Airblade hand-drier system to all non-clinical areas. It uses up to 80% less energy than traditional hand-driers and its HEPA filtration system reduces over 99% of bacteria in the air before use.

The best of PALS

Our Patient Advice and Liaison Service (PALS) team has gone from strength-to-strength this year – providing help and support to patients, carers and relatives when they have concerns about their healthcare at The Dudley Group of Hospitals.

During 2007/08 the PALS team was contacted by 835 patients; a slight increase on the previous year when they had 775 requests for help.

If the concern cannot be resolved to the patient's satisfaction and they wish to take the matter further, PALS is happy to give advice on making a formal complaint and provide details on how to obtain independent support from ICAS (Independent Complaints Advocacy Service).

Patient feedback

As well as attempting to resolve concerns for individual patients, PALS feedback to appropriate managers those matters that require more investigation, and have also raised wider issues that merit a review of practice or policies.

The Trust is keen to ensure that it learns from the experiences of patients, and measures their level of satisfaction about our services.

The PALS team analyse the comment cards – 'Your Views on Our Service'. The total number of comment cards received during 2007/08 was 523, with 46% patients rating Trust services as 'Good' or 'Very Good'. A total of 85% of the positive comments related to good quality of care or nursing and medical staff. The remainder complimented the Trust on the facilities, cleanliness and food.

The categories causing concern related mainly to parking issues and waiting times in outpatient clinics. It is hoped that the parking will improve when the recently approved tiered staff car park is completed. The waiting times issue is part of a wider project being undertaken by 'Programme Enterprise' looking at ensuring that facilities are used effectively, creating capacity and running scheduled clinics.

Anyone who has concerns or queries about their healthcare at The Dudley Group of Hospitals can contact PALS for help and advice on Freephone 0800 073 0510 or email pals@dgh.nhs.uk

While PALS encourage the use of Comment Cards to give positive feedback as well as relating concerns, many patients still prefer to send a 'Thank You Card' directly to staff who cared for them. It is important to remember that patients choose different ways of complimenting staff that are not always recorded formally.

Incidents involving personal data

Summary of incidents involving personal data as reported to the Information Commissioners Officer in 2007/08

Date of Incident	Nature of Incident	Nature of Data Involved	Number of People Affected	Notification Steps
8th Jan 08	Loss of inadequately protected laptop from secured NHS premises.	Name: Address: NHS Number: Medical Notes: Diagnosis: GP Details: Drugs: Consultants: Ambulance Details: Visits:	5123	Individuals notified in person and by post. Police notified. Media release.
Further action on information risk	<p>The Trust had just completed the procurement of encryption technology for its mobile computers and has begun to deploy this solution in order to fully protect patient information from theft. All laptops since the theft have been kept on site where confidential information is contained until the encryption software is installed.</p> <p>The Trust continues to monitor its information risks in the light of the above incident in order to identify and address weaknesses.</p> <p>Planned steps for this year include:</p> <ul style="list-style-type: none"> • Completion of the roll out of encryption technology to laptops and PDAs. • Roll out of physical security devices to all desktop and laptop machines to reduce the risk of theft. • Various technical exercises to increase the robustness of password management and patching servers to ensure the latest security updates are loaded. • Installation and deployment of software which will prevent the unauthorised attachment of USB devices to Trust IT equipment and provide the facility to encrypt USB memory devices. • Technical assessment of the security systems in place to resist attackers. 			

Summary of other personal data related incidents in 2007/08

Category	Nature of Incident	Total
i	Loss of inadequately protected electronic equipment, device or paper documents from secure NHS premises	0
ii	Loss of inadequately protected electronic equipment, devices or paper documents from outside secured NHS premises	0
iii	Insecure disposal of inadequately protected electronic equipment, devices or paper documents.	0
iv	Unauthorised disclosure	0
v	Other	0

Complaints

During the year the Trust received 415 complaints, though 21 of these were withdrawn. The percentage of complaints against activity at the Trust equates to 0.07%. We take complaints received at the Trust very seriously and always try to respond promptly to patients' concerns. To this end we achieved a rate of

99% of complaints responded to within the 25-day target (or by the extension date agreed with the complainant).

We always apologise when we have got things wrong and attempt to remedy the situation. All complaints are assessed by the individual department groups as well as the Trust-wide Patient Safety Group which considers lessons that need to be learned and makes recommendations to the Board:

Top 5 areas of concern 2007/08	Lessons learned and implemented
Clinical treatment	<ul style="list-style-type: none"> Improved tracking of junior doctors at induction Mark availability of slots in consultant clinics Highlight areas of good practice with staff Nursing teams to raise awareness and prompt professional and caring responsibilities Improved record-keeping and training
Staff attitude	<ul style="list-style-type: none"> More staff have received training in customer care
Communication to patients	<ul style="list-style-type: none"> A 'take the time' questionnaire is being piloted, which is completed by the patient and family to give staff additional information to assist in providing patient care Lead nurses to undertake regular ward rounds at visiting times to enable family members to highlight concerns Centralisation of secretaries in one area to enhance/expedite communication process Temporary staff recruited to resolve backlog of secretarial work All telephone calls to be documented in nursing process
Outpatient appointment delay	<ul style="list-style-type: none"> More staff have been made available for booking appointments A new text reminder service is to be implemented to reduce 'did not attends'
Admission/discharge transfer	<ul style="list-style-type: none"> Review of trends surrounding admission delays Produce discharge booklet to improve electronic handover Staff reminded of discharge procedure during staff meetings Spot checks to be undertaken by shift leads after patients have been discharged Discharge facilitators to be responsible for collecting and checking discharge information and home circumstances

...and compliments

We were also pleased to receive many compliments – in 2007/08 we received 309 official compliments on our services, but each ward/department also received many individual thank-you messages from patients.

"Excellent service from staff and Doctors. Fully explained procedure and follow up. Smiling faces say it all. Throughout the day I was made to feel as I was the only one that mattered."

"Everyone on the ward was extremely kind, helpful and polite. Explained everything."

"The services were great. Doctors, nurses were wonderful. Food was very good."

Language Line

Clinical staff are well aware of the problems experienced in clinic when a patient requires an interpreter to help them with the consultation.

The number of different languages that we need interpreters for is ever increasing so the Trust launched a pilot scheme to provide immediate access to professional interpreters.

The Language Line pilot kicked off in the Maternity, Emergency and Outpatient departments. Designed to give clinical staff access to interpreters that can be booked in advance with Language Line, it helps the consultation process for staff and provides a more tailored service for non-English speaking patients.

Infection control

The Trust again placed high priority on infection prevention and control and 2007/08 saw the launch of two new initiatives aimed at managing healthcare associated infections within the Trust.

Bug Busters

The Bug Busters campaign was introduced to raise awareness of the importance of infection control and good hand hygiene in a fun and creative way.



The campaign was launched during infection control week in October 2007 with an interactive website aimed at dispelling the myths surrounding healthcare associated infections and equipping patients with information prior to them coming into hospital. Helpful tips are also displayed around the hospital sites to remind everyone of their role in the battle against infection.

Infection control clinical champions

The role of the new infection control clinical champion has been specifically designed to work across the whole Trust and provide infection prevention and control training, education, supervision and monitoring of practice, policies and procedures.

The Infection control champions examine practice on the wards, educate staff around both hand hygiene and aseptic procedures such as inserting cannulas and catheters, and identify where we

need to further improve our policies, procedures, education and training for all staff who work in clinical environments.

Isolation wards

One measure aimed at preventing the spread of infection has been the setting up of an isolation facility for *Clostridium difficile* (C. diff). C. diff exists in the gut of a small number of healthy adults and it is usually kept under control by the good bacteria that also reside there. However, certain medications can disturb the bacteria resulting in the C. diff multiplying and producing toxins that cause illness.

Any patient with symptoms of a C. diff related illness is transferred to an isolation ward to optimise their nursing and medical care and also to reduce the threat of the spread of the infection to other patients.

Everyone can help in the fight against infection

The Trust also recruited local schoolchildren to help get the message across.

Youngsters from the Ridge Primary School in Stourbridge got involved in the Emergency department's infection control day in July 2007 by designing posters to brighten up the information stand. The department also thought it was a great way for the children to learn more about infection control and the importance of hand-washing.

Visitors can also play an important part in preventing infections within the Trust by ensuring that they:

- Use the hand-hygiene alcohol gels when entering and leaving a ward
- Don't sit on patients' beds, or place bags on the bed
- Ensure that they have washed their hands after visiting the toilet
- Comply with the two visitors per bed rule
- Do not visit if they are unwell

And we would encourage our patients to ask a doctor or nurse to wash their hands before treatment if they have not seen them do so.

Deep clean

Also, during the year, the Trust undertook an intensive deep clean programme as part of a national initiative to tackle the spread of infections such as MRSA and *Clostridium difficile*.

Financial Review

I have prepared this Operating and Financial Review (OFR) in line with recommendations outlined in the Accounting Standards Board's Reporting Statement that provides guidance on best practice.

The Trust has once again achieved all its financial duties and exceeded financial performance targets for the year. This is the 14th year in succession that such targets have been achieved.

Financial review

For 2007/08 the Trust's performance was as follows:

Target	Performance	Met
To break even on Income and Expenditure	Surplus £10.5m	✓ (a)
To achieve a Capital Cost Absorption rate of 3.5% (within materially range of 3.0% to 4.0%)	3.0%	✓ (b)
To operate within a Capital Resource Limit (CRL) Of £6.2m set by the DoH	Underspend of £11.4m	✓ (c)
To operate within an External Financing Limit (EFL) of -£6.1m set by DoH	-£14.5m	✓ (d)
To pay creditors in line with the Better Payment Practice Code	99%	✓

Please note:

- The Trust achieved an in-year surplus of £10.5m and this will form part of the Trust's Income and Expenditure Reserve and by agreement with the DoH, is available to be spent in future years for the provision of healthcare in Dudley.
- This measures the percentage relationship of dividends paid on public capital to the Trust's net assets and is a well known commercial measure of efficiency. Trusts' performance within a 3-4% band is acceptable.
- The Trust is permitted to undershoot its CRL, which is effectively a cap placed upon total capital spending in the year. In 2007/08 not only did the Trust undershoot the £6.2m limit but, following sale of surplus land at Guest hospital, actually recorded a negative charge on this CRL in year of £5.2m (a total gross underspend against the limit of £11.4m).
- The External Financing Limit is essentially a cap on external borrowing by NHS trusts. For 2007/08 the Trust was set a target by the DoH, rather than to borrow funds to generate excess funds of £6.1m above its cash spending requirements. The Trust retained a good cash position throughout the year and generated excess cash funds of £14.5m – a target undershoot.

Like all trusts, The Dudley Group of Hospitals receives income primarily according to the volume and mix of patients we treat. Under the Payment by Results system (PbR), the Trust is paid for the number of patients treated and the procedures they receive, according to a nationally set tariff. About 95% of our income comes directly from the NHS under this regime.

During 2007/08, additional income was received under the PbR system for treating more patients than planned, but similarly additional costs were also incurred in providing the services. These costs included providing extra beds to meet capacity requirements and the demand in the Emergency department. Complying with national clinical guidance meant increases in drugs costs, and the Trust also had to deal with the ongoing costs of meeting various national initiatives to reduce patient waits.

There was also, a requirement to identify and deliver 2.5% cost efficiencies in-year to meet cost improvement targets levied within the tariff system.

However, the Trust rose to the challenge and managed to successfully deliver an excellent financial position while continuing to deliver care to an increased number of patients within a reduced waiting time and improving clinical quality indicators such as hospital associated infections.

Key financial risks in 2007/08: the delivery of the cost improvement programme (CIP) and the continued development of computerised information and reporting systems, often to challenging external timescales. The Trust has worked hard to ensure that such risks are minimised and monitored. This work continues into the new financial year.

The Trust takes seriously its responsibilities as a customer of local businesses and complies with the Better Payments Practice Code. For 2007/08 the Trust paid 99% of all invoices (by value) and 98% NHS and 96% Non-NHS (invoices by number) within the terms of the code.

Looking ahead to 2008/09

Our financial prospects depend on being the 'Hospital of Choice' to local patients and their GPs. The Government's 'NHS Plan' includes the commitment that by December 2008 nobody will wait longer than 18 weeks from GP referral to hospital treatment. To achieve this requires a contribution from everyone working in the NHS and represents a particular challenge to the Trust, both in terms of ensuring this target is met and providing the additional capacity to meet it.

The cost base may increase as we are investing in more capacity to deliver planned volumes of treatments and there are also unavoidable cost pressures. Challenging cost improvement programmes have been determined by management, which include, for example, the successful control of payroll costs by reducing the number of temporary staff used, especially from expensive agencies.

The Trust Board has agreed its 2008/09 Financial Plans, which take account of the Trust's aspiration to become a Foundation Trust. The Trust looks forward to the year ahead, which will include developing its relationship, with other health and community organisations and its PFI partners in Dudley.

Capital programme

The Trust operated an extremely buoyant capital investment programme in 2007/08 of £8.3m. Significant investment was made in the purchase of medical equipment, across many specialties, and in the refurbishment of the Russells Hall North Block research and teaching centre. Work on constructing a new multi-tiered car park at Russells Hall has now received planning consent and will commence in 2008/09.

Financial statements and audit

The Trust's accounts are subject to audit by Pricewaterhouse Coopers LLP, who are appointed by the Audit Commission. For the purposes of this audit the Directors have confirmed that, so far as the Directors are aware, there is no relevant audit information of which the Trust's Auditors are unaware. The Directors have taken all steps that ought to have been taken as Directors in order to make themselves aware of any relevant audit information and to establish that the Trust's Auditors are aware of that information.

A Register of Directors' Interests is available for inspection upon request.

Summarised Financial Statements and Remuneration Report for 2007/08 are contained in the pocket at the back of this document. To request a full set of Trust accounts please write to Heather Taylor, The Finance and Information Department, C Block, Russells Hall Hospital, Dudley DY1 2HQ, telephone 01384 321040 or email heather.taylor@dgho.nhs.uk

Charitable funds

Money donated to the Trust, known as charitable funds, is subject to Charity Commission guidance and is used to bring benefits to patients and staff, such as new medical equipment, building alterations or training of staff. If you wish to make a donation or would like to see the accounts of The Dudley Group Charity please contact Lynn Hinton on 01384 456111 extension 1215.

Paul Assinder BA FCCA CPFA
Director of Finance



Performance

The way that we perform as a Trust is not only measured in terms of our financial position, but also by whether we have met the targets set out by regulatory bodies.

2007/08 again saw the Trust performing well in all of these priority areas:

Priority	Target Achieved	Notes
Four hour maximum wait in A&E from arrival to admission, transfer or discharge	✓	Achieved 98.32% against a target of 98%
No patient waiting more than 13 weeks for an outpatient appointment	✓	Achieved
No patient waiting more than 20 weeks for an inpatient stay	✓	Achieved
No patient waiting more than 13 weeks for a diagnostic test	✓	Achieved
MRSA bacteraemia Target of no more than 12 cases	✗	See page 29
Clostridium difficile Target of no more than 329 cases	✗	See page 29
Two-week maximum wait from urgent GP referral to first outpatient appointment for all urgent suspected cancer referrals	✓	100% achieved 5773 patients
Maximum waiting time of 31 days from diagnosis to treatment of all cancers	✓	100% achieved 1354 patients
Maximum waiting time of 62 days from urgent GP referral to first definitive treatment of all cancers (shared accountability)	✓	Achieved 99.8% against a target of 95% 607 patients
Appointment offered at a GUM clinic within 48 hours of contacting a service	✓	Achieved 100% in March
Maximum wait of 18 weeks from GP referral to treatment Patients admitted – 85% target Patients non-admitted – 90% target	✓	85.7% achieved 93% achieved

MRSA

Although the Trust experienced 20 cases of MRSA bacteraemia during the year (against a target of 12) a 40% reduction on the previous year was achieved and work is continuing to further reduce the risk of infection.

Clostridium difficile

A 15% reduction in infections related to Clostridium difficile was achieved during 2007/08, resulting in the Trust missing their target for the year by 3.5% with a total of 355 cases. The Trust has put measures in place to further increase the reduction during 2008/09.

Governance

Clinical Governance is the term used in the NHS to ensure that Trusts maintain and improve the quality and effectiveness of the clinical care provided for patients.

Clinical Governance is one of the key elements of our work, and external scrutiny of our work in this area continues to report good outcomes.

During the year it was announced that, as part of its 'annual healthcheck' for 06/07 the Healthcare Commission awarded the Trust a 'Good' rating for the quality of its services. A further assessment of Maternity services by the same organisation resulted in a 'excellent' outcome, which was only attained by four of the 15 units in the West Midlands.

Reports such as these, together with feedback from patients, the public and other stakeholders, provide an ever ready source of useful information for staff to consider and take action to make improvements.

Specific developments this year include:

- Introduction of a 'Take the Time' tool to ensure that complete background information is taken for patients with special needs, which serves as a useful communication aide.
- Increased home visits and more local clinics provided by the anti-coagulation team so that patients do not have to travel to hospital.
- New electronic discharge information sent to general practitioners so that community services are aware immediately when patients go home and the details of medication, treatment and diagnosis.
- Piloting of newly designed notes for pregnant diabetic mothers improving continuity of care.
- Separation of trauma patients from those with hip fractures in the orthopaedic services so that both groups can receive more specialist-focused care.
- Introduction of a special resuscitation team for children to ensure more specialist skills are immediately available when emergencies occur.
- Introduction of a special area for children in the X-ray department to reduce anxiety.
- Increased initiatives in improving and monitoring privacy and dignity issues especially in the Care of the Elderly areas.
- Introduction of new procedures such as one to enhance limb reconstruction surgery and another which enables internal photographs to be taken of the whole digestive system, assisting in quicker diagnosis.
- Introduction of infection control clinical champions to support staff in the prevention and control of infections.

A more detailed description of these and other developments, including specific improvements made in practice due to patient comments, complaints and adverse incidents can be found in the Trust's Annual Clinical Governance Report which can be obtained from Derek Eaves (derek.eaves@dgoh.nhs.uk or 01384 244417/8).



Maternity unit best in the Black Country

January 2008 saw the Maternity unit rated 'excellent' by the Healthcare Commission.

The report was based on results of patient and staff surveys and data collected by the Trust. It highlighted excellent standards of care provided in the unit, high standards of cleanliness in the delivery and post-natal areas, the quality and choice of antenatal care and high standards of postnatal care provided for women and their babies.

During the year, the unit also celebrated being awarded the full Unicef Baby Friendly Accreditation for the third time.



Robot-based sample handling system

Another first for Dudley

The Dudley Group of Hospitals Biochemistry department have got much to celebrate after completing the second phase of a three-phase project to automate their blood sample-handling processes.

When the department first introduced phase one of the project four years ago, they were the first in the country to pioneer a robot-based pre-analytical process for blood samples and have been invited to speak about its success at both national and international conferences.

Since then the system, which barcodes samples to ensure a seamless flow through pre-analysis, analysis and reporting, has received an overhaul and has seen the addition of phase two – the analytical stage.

Put into operation in November 2007 the automated system now handles between 2200 and 2500 blood samples per day, right through from the pre-analytic stage of separating the red and white blood cells from the sample, to the ability to perform a repertoire of up to 400 tests including: kidney function, liver function, bone metabolism and diabetes monitoring and management to name but a few. This results in the provision of a report for review by medical staff and the electronic transfer of the results to the patients' record leaving little room for human error.

It is hoped that 2008/09 will see the completion of this three-phase project when the immuno-assay equipment that measures hormones and cancer markers will also be connected to the automated system.



Programme Enterprise

Programme Enterprise was set up by the Trust in May 2007 to look at the way in which our services operate and to see whether improvements could be made through smarter working practices.

The initial discovery phase of the programme identified more than 250 specific issues where we thought we could improve our services.

The implementation phase started in September 2007 with the launch of Performance Action Teams (PATs) who are working to address the issues identified in the discovery phase. There are currently 27 PATs working on changes that will deliver real benefits across the whole Trust.

Each PAT is made up of Trust staff who work in the areas where the changes will be made, with team members bringing their knowledge and experience of day-to-day issues to the development and implementation of the improvements.

The PATs are split into seven project areas:

	Areas identified for improvement				
	Patient Experience	Length of stay	18 weeks	Staff time	Financial
Unscheduled care and discharge Improving the way we organise and deliver our emergency care and the planning and management of the discharge process	•	•		•	•
Elective care Making the best use of operating theatres and reducing length of stay	•	•	•	•	•
Outpatients Providing a quality patient-focused service through improved efficiency, function and purpose in managing outpatients	•		•	•	
Market share Using the capacity released to treat more patients	•				•
Infrastructure Ensuring that clinical support services effectively support emergency and elective care at the right time and in the right way	•	•	•	•	•
Information and IT Ensuring information and IT supports the clinical business functions of the Trust				•	•
Service line reporting Creating a system that allows us to understand the financial performance delivered by each of our services	•				•

A few of the successes so far...

- Reviewed discharge process and introduced a Trust-wide training pack and predictive discharge planning process for capacity management
- Revised functionality of emergency assessment unit (EAU) for future growth of services
- A number of specialties have increased their capacity to see new patients within the Outpatients department
- Introduced a tracking policy for health records in order to improve access to patient records across the Trust
- Streamlined the process for contacting patients regarding their Outpatient appointments via improving the administration process
- Introduced electronic requesting for inpatient ECGs
- Revised working practices to maintain an Outpatient cardiographer from 8.30am until 5.00pm
- Piloted the role of a pharmacy technician in the EAU to improve the dispensing of patients' medicines to take home
- Pharmacy identified the need for taking dispensing onto the wards and were successful in their business plan submission for mobile computer units

IT – helping to improve the patient experience

During the course of 2007/08 the Trust has continued to embrace the opportunities that technology can bring to healthcare.

Internally, a number of clinical system developments have taken place, along with some major administrative and staff-centred developments:

- The Radiology software has been upgraded to provide a more robust solution that enables smooth completion of reporting procedures, monitoring of the patient pathway and supports speech recognition. Cardiology, Lung Function and Sleep Studies will now also benefit from the system, being able to

administer tests in the same way as Radiology and provide results and reports for Trust-wide viewing.

A Radiology templating application has also been installed for use in the Trauma and Orthopaedics department. This allows electronic templates of joint replacement and fracture repair components to be overlaid onto X-ray images to enable more accurate planning of theatre procedures.

- The Trust has gone live with a specialist application in the Intensive Therapy Unit (ITU). This automates collection of vital signs from patient monitors, settings from medical equipment, results from labs as well as enabling entry of medical, nursing and other notes. Staff have found this new application very useful and it will hopefully soon result in improved data collection, analysis and patient safety.
 - We have implemented a new IT solution for the Gastroenterology unit. This has introduced the ability to capture and report speciality specific details of endoscopy patients including images. Along with some of the other applications described on this page, it provides the necessary technical support to produce information to meet national and local requirements.
 - The Trust is in the process of upgrading the Electronic Patient Record system, Soarian, to a new version. This will provide the potential to deliver further functionality such as Pathology test ordering and the Emergency department whiteboard.
 - Following the successful introduction of the electronic staff record (ESR), electronic rostering is now undergoing a pilot within the Trust and will be rolled out during the year. Besides improving efficiency and saving time in the rostering process, this has had the benefit of engaging the nursing staff in IT and helping with the culture shift from paper to electronic systems.
 - We have completed an upgrade to the OASIS Patient Administration System (PAS). This enables information to be collected to support Referral to Treatment and populates the Commissioning Datasets as required by the government.
- A number of departments have now started to use the PAS system and this will help to provide additional detail on the patient pathway.

- The Trust has also developed and launched a new intranet site (internal website) replacing 'Carenet' which had been in place at the Trust for over 10 years. The look and feel is hugely improved and it provides a platform to continue development.

Like all other NHS organisations we are in the process of encrypting our PCs and mobile devices. This will further help secure us from inappropriate access to sensitive information by unauthorised persons.

In addition to developing systems for use within the Trust, we have developed a number of applications to support GPs and Dudley Primary Care Trust (PCT). The Dudley Group of Hospitals recognises the need for IT that supports a continuous process of healthcare across all care organisations with activities and impending action visible to all involved.

We have been working to create a discharge letter which can be sent to the GP by electronic means. The details include patient details, diagnosis, treatment and medicines prescribed on discharge (TTOs). This information will be sent electronically to the GP upon patient discharge and they will be able to attach it to their patient record within the GP system. This will provide clear and consistent information in a timely fashion. To achieve this, the Trust now requires the TTO medicines to be electronically captured and this means that the information is available to Pharmacy to electronically dispense the drugs.

During 2007/08 the Trust has rolled out access to digital radiological images for GPs in Dudley. The Trust was one of the first to go filmless in 2005, with X-ray films becoming a thing of the past. During the early part of 2007 the Trust began a small pilot with GP surgeries, giving them access via their PC to X-rays and other radiological images taken by the Trust's Radiology department. Its success at pilot stage gave the go ahead for all GPs in Dudley, who wished to participate, to have access to X-rays via their PCs and the majority have taken up the option.

The Trust is also about to pilot GP electronic ordering. This will enable GPs to place Pathology test orders upon the Trust directly from their practice system. The Trust will benefit from clear consistent order information that avoids the risks of a paper-based system and will save the re-keying of orders into the Pathology system. GPs will benefit from a reduction in processing errors and will have access to hospital results for their patients.

Did you know that...

Dudley leads one of the world's largest Rheumatoid Arthritis trials

Dudley Group of Hospitals was the first of around 100 centres in the UK to begin recruiting patients onto a five-year TRACE RA trial, which it co-sponsors with the University of Manchester. There will be almost 4,000 patients taking part in the trial and Dudley are top in the recruitment tables.

TRACE RA, is an academically led trial funded by the Arthritis Research Campaign and the British Heart Foundation. Its aim is to find out whether the cholesterol-reducing drug 'atorvastatin' reduces the chances of patients with Rheumatoid Arthritis suffering from heart attacks or strokes.

Rheumatoid Arthritis (RA) is the most common form of inflammatory arthritis affecting about 1% of the adult UK population. Sufferers have an increased chance of dying from heart disease or stroke. This is thought to be due to premature damage of the blood vessels and may occur due to the high levels of inflammation in rheumatoid arthritis.

The trial researches the use of Statins for the prevention of heart attacks and strokes amongst RA patients. Statins have a proven beneficial effect in reducing such events in at-risk populations, mostly due to their cholesterol-lowering properties, but also possibly through anti-inflammatory effects.



Recruits and Hospital
Pease Road, Dudley

**Hospital
Volunteers
helping to
make a
difference**

Do you have
a few hours
to spare
each week?

**Volunteer
Mealtime
Assistants
Required**

Mon-Fri, 11am-2pm

Full training given to
suitable volunteers

If you can do a weekly lunch time
session, please request details
here or at main reception

Flourishing
Day Release
Dental
Dental Reception

The Dudley

ENTRANCE
TO THE
PEACE GARDEN

Thank you for

Ground Floor West

- ↑ Emergency Assessment Unit
- ↑ Coronary Care Unit
- ↑ Imaging (Xray)
- ↑ Outpatients / Blood Tests
- ↑ Ma
- ↑ P

ORTHOPAEDIC
FRACTURE CLINIC

BLOOD TESTS
MEDICAL CLINIC

MAXILLO FACIAL
SURGICAL CLINIC

YOU ARE HERE



Summit Healthcare and other partners

2007/08 saw the third operational year of partnership between the Trust, Summit Healthcare and its service providers: Interserve Facilities Management and Siemens Medical Solutions.

Summit Healthcare is made up of a group of organisations that work with the Trust; Siemens provide the Trust's IT services and infrastructure, and Interserve provide a cocktail of 13, wide ranging, non-clinical services such as domestic services, catering, portering, security and estates.

The period saw the completion of the North Wing refurbishment at Russells Hall Hospital, providing in-patient services for the Diabetes, Orthopaedic and Clinical Trials departments.

Working in partnership, the Trust and Summit Healthcare have made considerable progress in developing a more flexible approach to problem-solving, while offering the best possible alternatives for staff and patients alike. Re-alignment of the planned re-decorating works, a plan for which is currently being scheduled, means that not only will areas of the hospital receive decorating before the originally planned milestone, but high usage areas such as the Emergency department, will have a hard-wearing sheath applied to all exposed wall surfaces which, in turn, will resist damage, be easier to keep clean and will maintain an improved feeling of 'newness' for years to come.

Summit Healthcare and its IT partner, Siemens, have worked with the Trust on a jointly agreed programme of IT projects ensuring that the Trust meets its mandatory targets and is making best use of IT to support its business objectives.

For the future, the Trust and Summit Healthcare are embarking on a series of unprecedented IT infrastructure improvements, building enhancement programmes and the construction of a 691-space multi storey car park to the rear of the site, all aimed to the benefit of staff and patients alike.

Valuing our volunteers

The dedicated work of all our volunteers is highly valued by the Trust, and it is pleasing to hear that the volunteers also get satisfaction from their role:

"Thank you for sorting out my voluntary work so efficiently as I know it has helped 100% with my job search!"

"Thank you for the help throughout my volunteering, I am grateful for the experience."

"I really enjoyed my time here...and it is going to help me when I go to university."

The Hospitals Volunteer Service, part of the PALS service, has had a busy year in 2007/08, recruiting people from the local community who are willing to offer their time and expertise to support patients, visitors and staff at the Trust. The base figure of approximately 330 volunteers remains, but this includes a constant rolling recruitment to replace volunteers that move on (often to paid employment or higher education).

During the year Volunteers have expanded their 'Way-Finding Service' to not only cover the Main Reception but also the Main Corridor, which is the point most people feel they may be 'lost'. This is proving to be a very popular service.



Volunteers have also been trained to assist patients at mealtimes and there are plans to expand this much needed service during 2008/09.

Some of the tasks volunteers have undertaken include:

Wayfinding	Activity group helpers	X-ray department
Clinic hosts	Reception volunteers	Advice/support groups
Ward volunteers	Dudley Hospital Radio	Chaplaincy
Administration	Art projects	Corbett League of Friends
Emergency department	Patient visitors	Complementary therapies
Audits/surveys	Meal/refreshment helpers	Fundraising

Anyone interested in finding out about volunteering at the Trust can contact the Volunteer Co-ordinator on 01384 456111 ext 1887 or email volunteering@dgoh.nhs.uk

Real-time X-ray images for GPs

November 2007 saw the roll out of MagicWeb to GPs across the borough.

The web-based software package that allows real-time viewing of X-ray images and reports on a PC, has been used within the Trust since 2005.

Initially, a pilot of the system linking to six GP Practices took place in April 2007. And such was the success that 50 GP surgeries are now signed up to MagicWeb, and by February 2008 the majority were fully trained and using the system.

GPs at Keeling House Surgery in Dudley have been using the new system and said: "The new system we have had is fantastic, it has helped to improve patient care."

A fresh way of learning

In partnership with the Action Heart Health Club, located at Russells Hall Hospital, medical students in Cardiology have been receiving some of their education in cardiac prevention and rehabilitation in a 'green classroom'.

Dr Jane Flint, consultant cardiologist and Medical Director of Action Heart leads the students on the 'Walking for Life' route over the Barrow Hill Nature Reserve behind the Hospital. It will soon see the beginning of its fourth year as an exercise route for both our cardiac patient rehabilitation graduates and the local community. The route also provides the Trust with a resource to help maintain the fitness of its staff, and meet new initiatives for workplaces and educational establishments.

Our medical students' enthusiasm for the innovative walking tutorial has been presented to educational workshops at Birmingham Medical School in 2005, The British Association for Cardiac Rehabilitation in Belfast 2006, and shared with the National Campaign for Cardiac Rehabilitation in York and London in 2007. The joint agenda of educating future health professional about the critical importance of a healthy lifestyle, emphasising prevention to all staff, and keeping our wider local workforce fit is compelling, and supports the future appreciation of cardiac and other rehabilitation services.



Georgina ward celebrates 10th birthday

The Dudley Group of Hospitals commitment to working with partners is highlighted through the fantastic achievements of The Leukaemia Unit Appeal Fund for the Borough of Dudley. The registered charity, supported by patrons Sir Ian Botham and the Earl of Dudley, has been fundraising for nearly 20 years and in 1998 the Georgina unit at Russells Hall Hospital was officially opened thanks to money provided by the charity.

The charity have supported extensions and improvements, an isolation unit and facilities such as TVs, DVD players and the like, to help ensure patients visits to the unit are as comfortable as possible. They also provide holiday homes for patients, carers and relatives to the unit in Evesham, Welshpool and Brean in Somerset to allow people to enjoy a holiday when their treatment allows.

Through partnerships such as this the Trust is able to provide the best in patient care and the Georgina unit now cares for people not only with Leukaemia but other cancer sufferers as well.

Take the time

The Trust introduced 'Take the Time' – an information gathering tool for patients with learning difficulties during 2007/08.

There has been a very positive response for this initiative with one relative leaving a note attached to her mother's completed questionnaire saying: "This is a very worthwhile initiative, it is very frustrating to be unable to impart vital information about my mum to a member of staff when demands on their time are so great.

"I have cared for my mother full time, I know everything about her routine, it is comforting to know that there is some procedure available to inform staff of vital facts."



Trust art trail

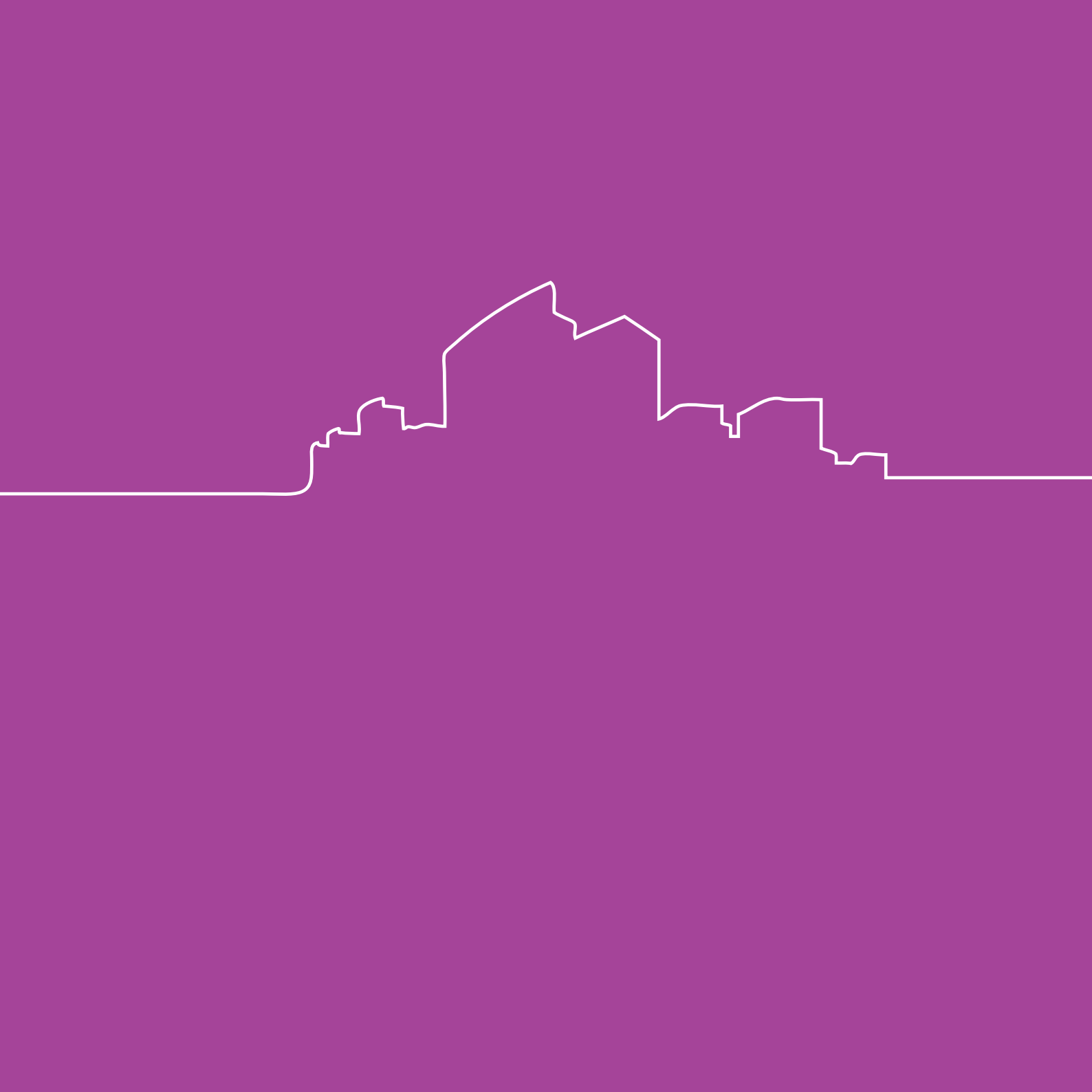
When designing the new hospitals for Dudley the Trust made sure that it integrated art into the overall design to enhance the environment for patients, visitors and staff.

Each year the Trust expands its artwork collection with commissioned and donated pieces and 2007/08 was no different. The Trust built on its relationship with local schools and colleges – Castle High School and Dudley College – both had their artworks displayed at the hospital as well as running workshops in the entrance of Russells Hall Hospital. In fact, the Trust is now so well known for its artworks that art lovers visit the hospital sites just to view the displays.

During 2008/09 there are plans to welcome the historical Wordsley Bell to the Trust. The bell, rescued from the former Wordsley Hospital, will be located in the Peace Garden at Russells Hall Hospital and local artist Malcolm Seer is currently working on the stone tower that will house the bell.

The Dudley Group of Hospitals are grateful for the guidance and financial support of the West Midlands branches of the Arts Council England and Arts and Business.





Your Hospital of Choice

The Dudley Group of Hospitals NHS Trust
Russells Hall Hospital
Pensnett Road
Dudley DY1 2HQ