

Worcestershire Way



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New heart procedure for arrhythmia patients

Worcestershire patients suffering from heart rhythm problems are now able to undergo a life-changing procedure closer to home for the first time.

The procedure – called cardiac electrophysiology and ablation – was introduced at Worcestershire Royal Hospital in February. During the procedure, small wires called catheters are placed inside the heart to measure the heart's electrical activity, all via tiny holes at the top of the leg. When the source of the problem is found, the tissue causing the problem is destroyed to prevent abnormal rhythms from moving through the heart.

County patients suffering from arrhythmia previously underwent the procedure at University Hospitals Coventry and Warwickshire NHS Trust (UHCW). The exciting development - as a result of close working with UHCW- means Worcestershire Acute Hospitals NHS Trust (WAHT) joins a small number of Trusts across the country that can carry out this work.

Dr Will Foster, consultant cardiologist at Worcestershire Acute Hospitals NHS Trust (WAHT), said: "This is a real triumph, both for patients - who will benefit from a service closer to home and shorter waiting times – and the Trust. We have been working in partnership with UHCW for the



Patient Mike Cusack with the team who performed his cardiac electrophysiology and ablation procedure at Worcestershire Royal Hospital, including Dr Will Foster, second on his right, and Dr Faizel Osman, second on his left.

last five years and it is through this strong partnership working that we have been able to develop the service locally.

"The results of this procedure are fantastic – there is a very high chance that rhythm problems will be cured and patients should be home within just a few hours."

Patient Mike Cusack from Droitwich was the first patient to undergo the procedure.

"Prior to this procedure I was having continuous palpitations, dizziness, breathlessness and suffered from heavy

limbs," he said. "I was thrilled when I was asked if I wanted to undergo this procedure at Worcester as, for me, travelling to Coventry would have been very difficult. The staff in Worcester were fantastic – it is done under local anaesthetic and I was in and out on the same day and I am already feeling better. I am looking forward to walking the dog!" he added.

It is hoped that around 100 patients a year will be treated at Worcestershire Royal Hospital initially, with the number increasing as the service develops.

Trust responds to CQC concerns



Staff across Worcestershire Acute Hospitals NHS Trust have been working hard to address a number of concerns raised by the CQC.

Over the last 18 months, the Trust has undergone several inspections. In December 2015, following an inspection in July 2015, it was rated inadequate overall and placed in special measures. Following a re-inspection in November 2016, the Trust was issued with a Section 29a warning notice. This said the Trust must make significant improvements to the quality of healthcare by March 10.

The Trust fully recognises the concerns raised by the CQC and the Board and senior leadership team have spent time identifying the drivers for change that are required to ensure safe, compassionate care is delivered to the local population by staff who feel empowered and engaged.

- In this edition of Worcestershire Way, as well as highlighting the day to day achievements of our teams, we will be taking a closer look at the work that has begun to address some of the issues outlined in the recent Section 29a notice.
- On pages 4, 5 and 6 we outline what some of the concerns were, explain what we have already put in place to address the immediate issues, as well as detail what we will be doing in the longer term to fulfil our ambition to become an outstanding Trust in the next four years.

National praise for Trust cardiac team

The Trust's cardiac team made the national headlines recently after patient Ray Woodhall told his story of how they saved his life - 27 times.

Ray was rushed to Worcestershire Royal Hospital after suffering a heart attack whilst playing walking football. Over the course of the following 24 hours he suffered a further 26 cardiac arrests. Deepak Goyal, Consultant Interventional Cardiologist at Worcestershire Acute

Hospitals NHS Trust said: "He had unstable cardiac rhythms requiring defibrillation prior to the procedure and, despite a successful procedure, he suffered multiple cardiac arrests needing further multiple defibrillations and required further stabilisation, treatment and intervention - including insertion of an aortic pump device via his leg." Ray said: "The hospital was brilliant and I owe them everything."



Welcome



Michelle McKay, Chief Executive of Worcestershire Acute Hospitals NHS Trust

Since being appointed as your Chief Executive back in December I have kept in touch with members of the senior team and have been across to lead the interviews for three key senior Board executive posts – Chief Nursing Officer, Chief Medical Officer and Director of Finance.

We had an impressive field for all three of these posts and have been able to appoint talented individuals with a wealth of NHS experience. Jill Robinson, Director of Finance and Vicky Morris, Chief Nursing Officer have already started in their roles and our new Chief Medical Officer Suneil Kapadia will be joining us in May.

I was also pleased to be able to appoint Haq Khan, who has worked at the Trust for several years, to the post of acting Director of Performance. It is important not only to attract great talent to work at the Trust but also to grown our own staff so that they can take on exciting senior roles with our organisation.

During my interview process, and when I was over interviewing for the executive roles, I met with members of the senior divisional teams as well as staff. This is something I will be focusing on in my first few weeks.

Involving staff at all levels of the organisation is key to us improving the care we deliver. Many of the solutions to the challenges we face lie with the people who deliver the service and I am passionate about harnessing the knowledge and expertise at all levels.

As your incoming chief executive I am looking to all staff at all levels within the organisation to help drive the necessary changes to ensure that we provide outstanding care and treatment for our patients.

We all have a part to play and I know that by working collectively this is something we can achieve at pace.

In the coming weeks and months I look forward to meeting you and hearing your ideas on how we can drive improvements in the care we deliver as we focus on becoming a learning organisation.

How knitted octopuses are comforting premature babies in NICU

Premature babies in our Neonatal Intensive Care Unit (NICU) are being comforted by donations of knitted octopuses.

Neonatal staff are collecting the knitted or crocheted octopuses for premature babies who are given comfort being holding on to the tentacles of the octopus.

The idea is that the tentacles remind babies of their mother's umbilical cord and therefore the womb, making them feel safe and even improving their development.

Originating in Denmark, doctors observed premature babies with the crocheted toys. The babies that cradled their octopuses were found to have overall health improvements with their breathing, regular heartbeat, strong oxygen blood levels.

Local mum, Carla Gregg, whose baby son Tommy has been on the NICU set up a Facebook page, dedicated to encouraging members of the public to knit and donate the toys for other babies on the unit after hearing about the benefits to premature babies online.

Carla said: "He was really bad at ripping his feeding tubes out at first but now, rather than that, he plays with the octopus a lot more.

"It gives him comfort. If the mum keeps it close to her it can smell like her which gives them even more comfort. It's going to be a keepsake for him too when he



Baby Tommy is comforted by his knitted Octopus.

comes home."

Matron for NICU, Sharon Ali said: "Everyone has gone octopus crazy. It has been really positive to see though. I can knit and the design looks pretty simple. I don't imagine it takes too much time to make one, perhaps a couple of days.

"From now, if we have any, the babies will have them from birth when they are coming into the unit. They tentacles imitate the mother's umbilical cord and they are meant to help stabilise their heart rate and comfort them.

"Then when the babies go home

the babies will take them with them and the parents have something that baby has been nuzzled next to. We have had a few donations and some of the girls have been making them. It's nice for them to have something as a keepsake that has helped their babies."

Staff nurse Tony Clark who has been giving out some of the Octopuses to babies on the unit said: "You definitely see a difference when you put them in with the premature babies. You can see them running their hands through them and gripping onto them and they seem a bit calmer. The parents love the idea and they are growing in popularity."

You can 'like' the page and get updates on the project by searching for 'Operation Octopus' on Facebook.

Is your team on Twitter?

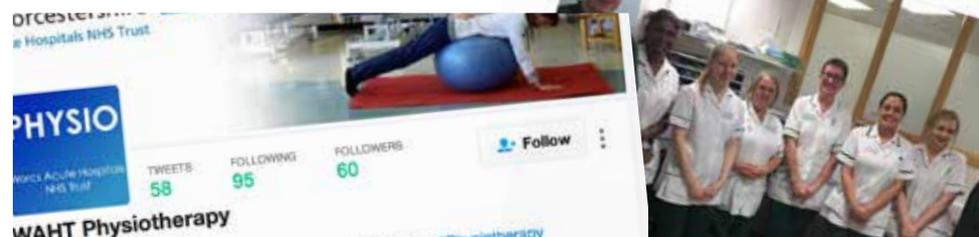
Some of our clinical teams are starting to join the social media site to tweet info and updates on the work of their team and service.

You can follow the two newest teams to join Twitter on:

Occupational Therapy @WAHT_OT

Physiotherapy @WAHT_Physio

Want your team to join up? Contact the Communications team for advice and support and get your team out there on social media.





The Maternity Hub team includes student midwives, community midwives, antenatal clinic midwives, consultants and reception staff

'One stop shop' for antenatal and postnatal care benefits mums-to-be

Mums-to-be in the Wyre Forest are benefiting from a new 'one stop shop' antenatal and postnatal service at Kidderminster Hospital and Treatment Centre.

Community and hospital services have been brought together under one roof for the first time, meaning pregnant women are now able to access and receive any care they need - throughout their pregnancy and afterwards - quicker and easier.

The development of the 'Maternity Hub' means community midwives, scanning midwives, antenatal clinic midwives, consultants and specialist advisors all work together, referring women into each other's services on the same day - and often within just a few hours.

Karen Chapman, Maternity Hub Team Leader, said: "The Maternity Hub opened in November and we are gradually expanding what we can offer. The developments are in line with the recommendations laid out in NHS England's Better Births document which sets out a vision for a modern maternity service that delivers safer, more personalised care for all women and every baby. We

are already hearing really positive things from our parents-to-be - the overwhelming benefit is that they can now access services in one place and often in one visit which is much more convenient."

Mum-to-be Rebecca Phillips, who is nearing the end of her pregnancy, said she had found it much easier having all of her appointments in one place. "Previously I was attending my clinic appointments at two different children's centres and then having to come to the hospital for scans. Being able to just come to the hub and know that, should I need any further tests or scans I can just go across the corridor on the same day, is really convenient."

Community Midwife Maria Birt said the Maternity Hub was also working well for staff. "We have really noticed the difference - we're not spending as much time on the phone trying to sort out follow up appointments for other services. We can just talk to our colleagues within the hub and get things sorted out there and then - it's great for the mums-to-be."

The centre has also been made more child friendly, with a new Wendy House and

children's activities kindly donated by the Kidderminster Hospital League of Friends.

If the Maternity Hub model proves successful Worcestershire Acute Hospitals NHS Trust hopes to roll the model out countywide.

Maternity Hub services

- Community Midwife clinics
- Antenatal scanning
- Day patients' room - blood testing, glucose tolerance tests, scan reviews
- Early Pregnancy Assessment Unit
- Day assessment rooms - for foetal monitoring, blood pressure assessment
- Consultant clinics
- Access to specialist services including mental health, diabetes, smoking cessation, feeding advisors
- Services in development will hopefully include access to healthy weight advisors, postnatal drop-in clinic, health visitor contact

Newborn hearing screening to be carried out in hospital



The county's newborn babies will soon undergo their hearing screen in Worcestershire Royal Hospital before they go home, meaning any possible hearing problems can be diagnosed and treated earlier.

The Newborn Hearing Screen service - the national screen for all babies was previously carried out by health visitors in babies' homes or at community clinics - in the first few weeks after birth.

The new service will be run seven days a week by a dedicated team of screening staff at Worcestershire Acute Hospitals NHS Trust. Where screeners aren't available prior to discharge (for example, discharge at night), an appointment will be offered at the nearest hospital or GP surgery to the baby's home as soon as possible.

Lorna Laird, Countywide Audiology Services Manager, said: "The newborn hearing screening test helps to identify babies who have permanent hearing loss as early as possible. This means parents can get the support and advice they need right from the start.

"Permanent hearing loss can significantly affect a baby's development. Finding out early can give these babies a better chance of developing language, speech, and communication skills. It will also help babies make the most of relationships with their family or carers from an early age."

The test is called the automated otoacoustic emission (AOAE) test. A small soft-tipped earpiece is placed in the baby's ear and gentle clicking sounds are played. When an ear receives sound, the inner part (called the cochlea) responds. This can be picked up by the screening equipment.

The service will commence on April 10.

Here's how we're respo

Ensuring that all our patients have the assessments that they need

What the CQC said:

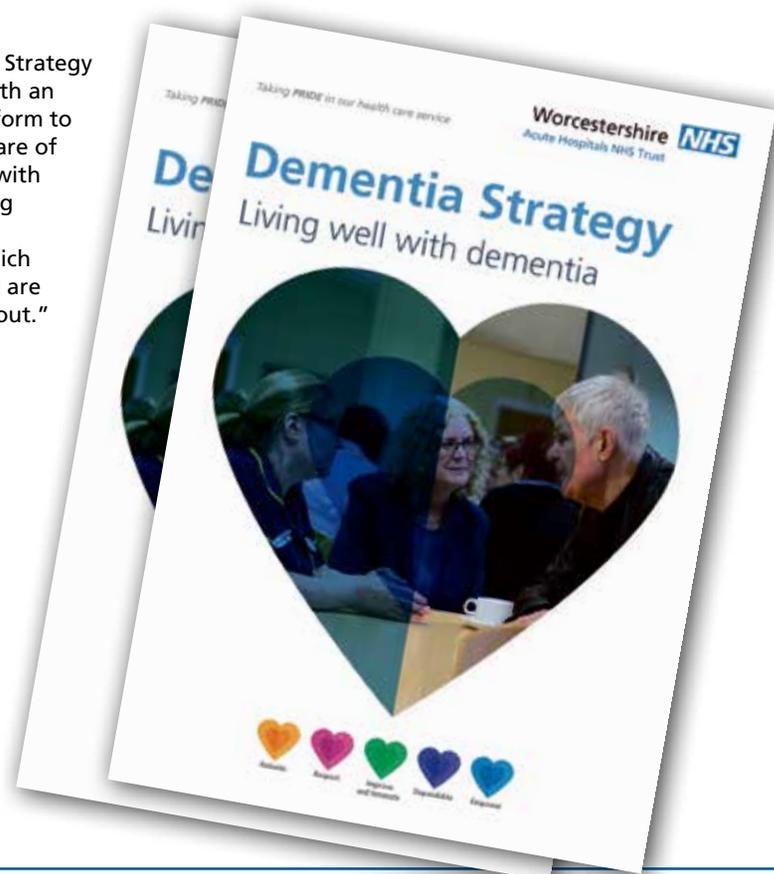
"The Trust needs to improve the way in which it monitors and mitigates risks to patients - including improving dementia and pressure ulcer assessments"

What we have done so far:

Donna Kruckow, lead nurse for elderly care, said: "Assessing elderly patients for dementia within 72 hours of admission is an important part of the care they receive when they are in hospital as it prompts appropriate referral and follow up after they leave. We are pleased with our current performance which is in excess of the target. However, we are working hard to raise the focus of dementia care as a whole across the organisation through our Dementia Strategy which was launched in February.

Developed in partnership with the Alzheimer's Society, it aims to modernise communication links with people living with dementia; foster and sustain a dementia-friendly environment in our hospitals; and ensure that we have an effective dementia care workforce who will work to promote a collaborative approach to care.

The Dementia Strategy provides us with an excellent platform to improve the care of people living with dementia using our hospitals - something which my team and I are passionate about."



Reducing avoidable pressure ulcers

A React to Red Skin Campaign is highlighting the work we need to do to improve pressure ulcer assessments and care. Elaine Bethell, Tissue Viability lead nurse, said: "The poster campaign will help to make staff vigilant in their response to the appearance of persistent red skin and reinforce

the actions needed to be taken to prevent pressure ulcers. This includes repositioning patients every two hours, and making sure they are using suitable equipment. We have already seen signs of improvement and our tissue viability team are supporting ward areas with this work."

The campaign will be rolled out to all inpatient areas by the end of May and success will be measured by achieving no avoidable grade 3 and 4 pressure ulcers and a 25 per cent reduction over 12 months of all hospital acquired grade 2 ulcers.

Responding to CQC concerns

Improving patients' privacy and dignity in A&E

What the CQC said:

The Trust needs to ensure the privacy, dignity and safety of patients in A&E.

What we have done so far:

When demand is at its highest, patients in our Accident and Emergency department are cared for in the department's corridor areas. Separate work is being undertaken to improve the flow of patients through the hospital and reduce the number of patients being cared for in these areas. Clare Bush, Matron for A&E at Worcestershire Royal Hospital, said: "We have taken steps to ensure privacy and

dignity is improved for these patients and that their safety is maintained through harm reviews, care and comfort rounds and regular observations. We've also restricted the number of people who have swipe card access to A&E and screens are used to provide a level of privacy wherever possible. We've got more work to do but we've had positive comments about the work so far."



Worcestershire **NHS**
Acute Hospitals NHS Trust

We're rolling up our sleeves to ensure there's

NO HIDING PLACE FOR GERMS



Ensuring our staff are 'bare below the elbow'

What the CQC said:

There was poor adherence to infection prevention and control practices.

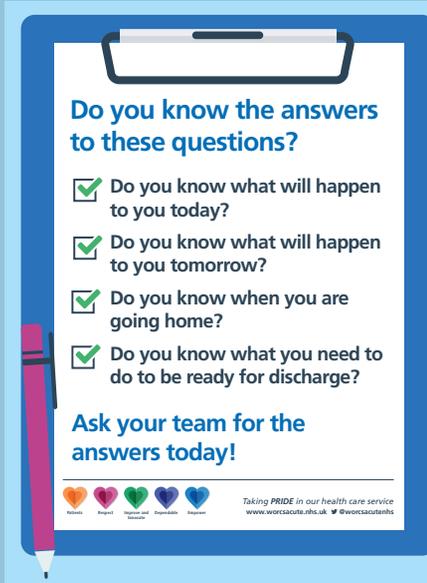
What we have done so far:

The infection prevention and control team have been working hard to remind all staff of their responsibilities towards infection prevention and control.

David Shakespeare, Associate Chief Nurse – Infection Prevention and Control, said: "One of the main things we have done is to refresh our hand hygiene campaign, including making a new short film which reiterates the importance of all staff being bare below the elbows, and a new poster campaign around our hospitals. We've also updated our hand hygiene policy and will be carrying out more frequent audits and observations of infection prevention and control practices. Importantly we're asking our staff – and our patients – to feel confident to challenge staff who are not complying with basic hand hygiene and bare below the elbow practice."

SAFER

Posters have been developed to support the SAFER campaign. A patient facing poster explains the four simple questions that every patient should be able to answer about their care, while a staff facing poster highlights the importance of making every day a 'green day' – ie, a day of value for each patient's progress towards discharge.



Do you know the answers to these questions?

- Do you know what will happen to you today?
- Do you know what will happen to you tomorrow?
- Do you know when you are going home?
- Do you know what you need to do to be ready for discharge?

Ask your team for the answers today!

Taking PRIDE in our health care service
www.worcestershire.nhs.uk @worcestersh



SAFER PATIENT FLOW BUNDLE

MON	TUE	WED	THU	FRI	SAT	SUN
Green						

Make every day a green day

green day [of value to the patient]
the patient requires an acute level of care.

red day [of no value to the patient]
the patient no longer requires an acute level of care.

Questions:
Could the current interventions be feasibly (not constrained by current service provision) delivered at home? **Yes = red day**
If I saw this patient in outpatients, would their current physiological status require immediate emergency admission? **No = red day**

These examples highlight just a handful of ways in which we are working to address the issues raised by the CQC. Our response to the CQC marks the very beginning of the work we will be undertaking to make the improvements required. A key element for all staff will be to learn from best practice, serious incidents, near misses and complaints and take action to deliver changes in patient safety. We will be working very hard to realise our aim to be outstanding within four years

Improving patient flow through our hospitals

What the CQC said:

There was a lack of an effective plan to address the significant capacity issues causing crowding in the A&E departments

What we have done so far:

A number of significant changes have been made at both Worcestershire Royal Hospital and the Alexandra Hospital to improve patient flow and reduce overcrowding in A&E. One of the ways we are working to make improvements is through the introduction of a simple set of rules for wards to improve patient flow and prevent unnecessary waiting for patients.

This includes ensuring all patients have a consultant review before midday, all patients will have and know their expected discharge date, and that medication for patients who are due to go home will be ready the day before. The 'SAFER' programme has been supported with a dedicated team of coaches who are helping to embed the system on our wards.

Mel Taylor, SAFER Coach working on Avon



3 at Worcestershire Royal Hospital said:

"The ward team really got to grips with SAFER and quickly implemented a simple process that follows the principles of the SAFER project. This includes a twice daily board round to identify medically fit patients, and establish clear estimated discharge dates for every patient."

We are also changing the way that medical patients are admitted into Worcestershire Royal Hospital from the A&E department. Instead of being admitted directly to a ward, where possible medical patients are now being admitted to an extended

Medical Assessment Unit where they can benefit from the skills and experience of our acute medical team. This is helping to ensure that they are seen in the right setting, first time – therefore reducing their length of stay and helping to improve patient flow and capacity, all of which has a positive impact on waiting times in A&E.

We have already seen a number of benefits including an 11% increase in the number of patients being admitted to MAU and a 51 per cent increase in patients being discharged home directly from MAU.

Creating a clear picture of staffing levels

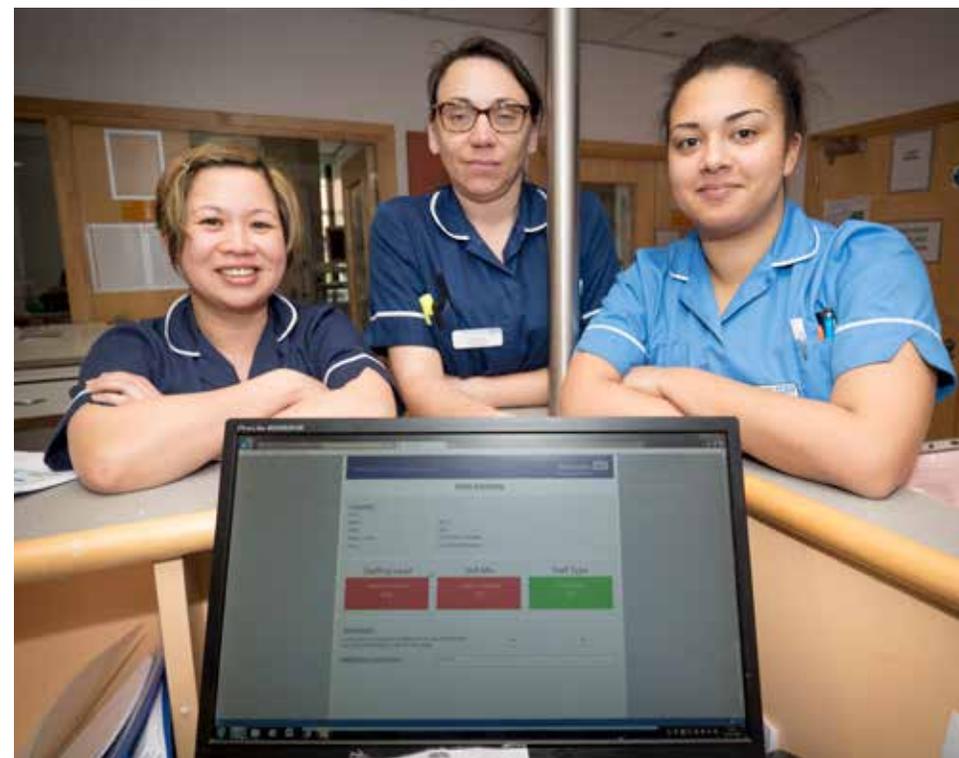
What the CQC said:

Untrained staff were left alone to care for patients in the discharge lounge and clinical decisions unit

What we have done so far:

A 'Safer Staffing App' has been developed to enable electronic recording of staffing levels in all patient areas. The app – which can be accessed on computers or downloaded on to phones - allows staff to enter the number of actual staff working on every shift. It then shows whether the allocated staffing is sufficient or not by showing a 'green', 'amber' or 'red' alert based on the skill set and numbers of staff required on their particular ward or inpatient area. Where action is required, the app will alert the matron and senior manager responsible for that area so that necessary action can be taken.

Stephanie Beasley, Divisional Director of Nursing for Surgery, said: "The app replaces the previous system where staff manually recorded their staffing numbers for their area. It gives us a clear board to ward view



of our staffing at any given time instead of managers having to ring round different areas for updates. It gives us confidence that we have a robust assessment process to ensure safe staffing at all times, and is

much more efficient."

The Safer Staffing app will be rolled out across the Trust by the end of March.



The Trust's colorectal multidisciplinary team

Focus on ... Colorectal Clinical Nurse Specialists

April is Bowel Cancer awareness month. Cassie Dovey, Colorectal Clinical Nurse Specialist, describes the service she and her team provide to patients in Worcestershire.

"The colorectal cancer service at Worcestershire Acute Hospitals NHS Trust has seven dedicated specialist nurses who have the skills and experience in caring for people with a colorectal cancer (bowel or rectal). We act as the patient's point of contact during investigations and treatment, answering any questions they may have and

ensuring the process runs smoothly. We also offer emotional and practical support and advice – from helping to manage symptoms and side effects to helping patients to get extra support at home or find support on addressing financial worries. Our health and wellbeing sessions are also well received by newly diagnosed patients, and we run Worcestershire Bowel Cancer Support Group for patients and their families. The group meets every three months, and offers the opportunity to meet patients who are going through or who have been through a

similar experience. The support group holds regular talks on a variety of subjects ranging from managing anxiety to bowel function and bowel control. For more information please contact 01905 760643 or 01527 512196."

Cassie and her colleagues will be manning information stands in the main entrance of Worcestershire Royal Hospital between April 3 and 7. Drop by for further information.



Patient Wayne Smith was treated by the team following his diagnosis of bowel cancer.

He said: "Following a trip to my GP, I was quickly referred to hospital for a scan.

The results showed that I had a lump and following further investigations I was given a diagnosis of cancer. The dedicated team of nurses supported my wife Sue and myself. They helped us with the practical considerations as well as giving me lots of encouragement and support that there was light at the end of the tunnel.

Within five days of a final diagnosis I was in hospital having surgery. At every stage of the process, the team explained everything and my recovery was pain free.

"They really are an amazing team of people, working hard behind the scenes. I am really grateful for the care and attention to detail I was given."

Wayne will be sharing his whole story through bowel cancer and beyond as part of the first Beating Bowel Cancer Midlands Patient Day being held at the Charles Hastings Education Centre, Worcestershire Royal Hospital on Saturday 8th April.

Bowel cancer patients, their families and colorectal nurse specialists are invited to attend this free day of information and support. To register visit:

www.beatingbowelcancer.org/how-we-can-help/patient-days/patient-day-midlands/

Five minutes with... Iain Johnston, Senior Infection Control Nurse



I am committed to reducing the number of avoidable Healthcare Associated Infections and working with clinicians to achieve this. In addition to my infection prevention role, I have recently joined NHS Professionals and now also sometimes work as a registered nurse alongside my ward based colleagues offering infection prevention support while doing so. This gives me an appreciation of the many challenges they face on a daily basis.

What was the last book you read?
'Killing Floor' by Lee Child

Who would you invite to a dinner party, dead or alive?
Oscar Wilde

Night in or night out?
Night in on the sofa with a good film

What advice would you give your younger self?
Start trying earlier...

Favourite place and why?
Niagara Falls – beautiful and humbling

Broadsheet or tabloid?
Tabloid

Best thing about your job?
My Team

If you had a superpower what would it be?
To know what was coming 24 hours in advance

Tea or coffee?
Tea

Tell us a joke
I'm selling my vacuum cleaner; all it's doing is gathering dust...

Spot the signs of colorectal cancer

Most people with these symptoms don't have bowel cancer. Other health problems can cause similar symptoms. But if you have one or more of these, or if things just don't feel right, go to see your GP.

- Bleeding from your bottom and/or blood in your poo
- A change in bowel habit lasting three weeks or more
- Unexplained weight loss
- Extreme tiredness for no obvious reason
- A pain or lump in your tummy
- A pain in your abdomen or back passage
- a feeling of needing to strain in your back passage (as if you need to poo), even after opening your bowels



Vascular team achieves national recognition

The Vascular service at Worcestershire Royal Hospital has achieved national recognition for its innovative treatment methods and the achievements of two leading staff members. The Vascular unit – which is based on the Severn Unit at Worcestershire Royal Hospital – has gained reputation as a national centre of excellence for its innovative treatment of varicose veins.

Vascular Consultant Mr Isaac Nyamekye, who is renowned as a pioneer of keyhole treatment of varicose veins recently received national recognition by being elected as the President of the Royal Society of Medicine's (RSM) Venous Forum. This role is a prestigious position which involves leading high-quality postgraduate education and learning in venous disease to the medical profession as a whole. Mr Nyamekye said:



Nationally recognised; Mr Isaac Nyamekye and Alex Wagstaff together in the Vascular Unit, on Severn Unit at Worcestershire Royal Hospital.

"It is a great honour to be elected to lead the forum and serve in this role, helping deliver a programme of high-quality education nationwide". Alex Wagstaff, a

surgical doctor in training in the vascular department has also received national recognition, after winning first prize in the Royal Society of Medicine's Venous Forum for a research paper she wrote on varicose vein procedures. After her prize win, Alex was invited to present her research paper to the American College of Phlebology in California. After impressing with her work, Alex has now also been invited to speak at the American Venous Forum meeting in New Orleans and at the meeting of the Japanese Society of Phlebology in Tokushima City, Japan. Mr Nyamekye added: "Alex is a very able surgical trainee who won her prize against competition from seniors trainees from major national vascular units. She fully deserves her prize and the accompanying international travel and recognition".

Trainees helped to 'get into the NHS'



The Prince's Trust trainees were presented with a certificate to mark their achievement.

We are proud to have supported 11 young people as part of The Prince's Trust programme 'Get into the NHS'.

The trainees, who came from a variety of disciplines, spent four weeks at the Trust in February and March participating in a mix of classroom based learning and a ward/department work experience placement. The programme, supported by the learning and development team, aims to help young people gain a wide range of practical experiences within the NHS.



Marking Nutrition and Hydration week

Our dietitians were out in force during Nutrition and Hydration week in March, promoting, guiding and informing staff and members of the public on the importance of good nutrition and hydration.

As well as giving out bottles of water, offering nutritional supplement snacks and making fruity faces with our younger

patients, they shared facts and advice to help people maintain good health and well-being.

Dietitian Jeminie Patel and her colleagues even worked with the catering department to develop a special high calorie, high protein cake for a Global Afternoon Tea at the Alexandra Hospital, highlighting the

'food first' approach for malnutrition.

She said: "Malnutrition affects over 3 million people in the UK and can be prevented without the need for medication. Using a high calorie diet short-term can reduce weight loss and promote weight gain and maintenance, empowering people to self-manage their own weight."

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-  facebook.com/worcsacutenhs
-  [@worcsacutenhs](https://twitter.com/worcsacutenhs)
-  www.worcsacute.nhs.uk

Tell us your ideas

What would you like to see in the next edition of Worcestershire Way?

Perhaps you are a patient who has an amazing story to tell about the treatment you have received?

Or are you a member of staff whose team is working on an innovative new project?

Maybe you run a support group and would like to advertise when the next session is taking place?

Whatever your idea, please let us know by emailing wah-tr.communications@nhs.net or calling 01905 760453.