Making a difference

The next few pages provide a summary of our performance and key developments in 2013/14. They also set out our goals for the next 12 months.
Making a difference

We want to deliver the best clinical outcomes and a high standard of patient experience both in our hospitals and in the community.

Thanks to the dedication of our 16,000 staff we have a strong track record in this area but we are never complacent and continually look to adopt best practice, drive innovation and most importantly learn and improve when we do not meet the high standards we have set for ourselves.

The diagram below shows what our key priorities are and on clinical outcomes, we focus on a number of areas but particularly mortality rates, which have remained low. Unusually we saw a small rise in Never Events in 2012/13 but after prompt action this has significantly improved in 2013/14 and we continue to give this a very high priority as we are quite clear that we aim to have no Never Events regardless of the fact that we treat more than 2 million patients every year.

We continued to have low rates of hospital acquired infections and in particular C.difficile and MRSA. Creating a clean and welcoming environment for our patients, visitors and staff is a sign of a high level of attention to detail and during 2013/14 we reduced the number of cases of C.difficile by more than 23% to the lowest ever level.

During the year, two inspections by the Care Quality Commission found we are meeting all of the essential quality and safety standards and many aspects of our care were praised by patients and inspectors.

During 2013/14 we invested over £3million to expand the Accident and Emergency Department at the Northern General Hospital to accommodate increased demand and improve patients’ experience and privacy. Over the year, despite very high levels of demand, we saw over 95% of patients who arrived at A&E within 4 hours or less.

(continued overleaf) >>

Our commitment to you
We aim to achieve the following for our patients, their families and staff.

- Deliver the best clinical outcomes
- Provide patient centred services
- Employ caring and cared for staff
- Spend public money wisely
- Deliver excellent research, education and innovation
The number of diabetes-related amputations in Sheffield has nearly halved in the past four years following the introduction of an innovative diabetes footcare programme.

In 2007 Sheffield had one of the highest diabetes-related amputation rates in the country, but thanks to a new diabetes foot hotline, new rapid access to a specialist team and improved training for GPs and other healthcare professionals, amputation rates have dropped significantly – with 18 fewer people with diabetes losing a limb in Sheffield every year.

This is at a time when national amputation rates have remained static, and the number of patients attending the Sheffield diabetes foot clinic has increased by 80%.

Foot problems related to diabetes can deteriorate in a matter of hours and caring for people with diabetes foot disease is a complex process, involving a large number of healthcare professionals, including GPs, podiatrists, microbiologists, vascular surgeons and nursing staff.

The diabetes foot hotline, which is run by a consultant diabetologist provides immediate advice to any community healthcare professional on diabetes-related foot disease and receives ten to 20 calls a week. Improved training for primary care professionals has enabled foot problems to be identified earlier.

Dr Rajiv Gandhi, a diabetes consultant based at the Northern General Hospital's diabetes centre, said: “Amputation is one of the most feared complications of diabetes and has an enormous impact on patients’ lives, including loss of occupation and status, disfigurement, reduced mobility and depression.

We are delighted that despite a dramatic increase in the number of people developing diabetes and diabetic foot problems in Sheffield in recent years, the changes we have made have led to this astonishing drop in the number of amputations.”
How did we perform?

Providing safe, high quality care is our top priority and most of the time we achieve or exceed our patient's expectations.

During the year we have met almost all the national quality standards required but we want to really make a difference in the areas which we know mean the most to you and your family.

We listen to your feedback, complaints and suggestions and while the majority of our patients are very satisfied with their care, we also know that there are always areas where we can do even better.

That is why every year we discuss with patients, staff, Trust Governors, Commissioners of healthcare services, Healthier Communities and Adult Social Care Scrutiny Committee and Healthwatch the areas where they feel we should focus extra effort to resolve an issue or make things even better.

This is brought together into a document called the Quality Report which gives information on a number of quality standards and sets out our priorities for the coming year and how we performed in previous years.

The information on these pages explain the areas we particularly focused on, what we achieved and where there is more to be done. The Quality Report is available on the Sheffield Teaching Hospital NHS Foundation Trust website (www.sth.nhs.uk) or by calling 0114 2714322.

How did we perform last year (2013/14)

<table>
<thead>
<tr>
<th>Patients who would recommend the Trust as a place to have care.</th>
<th>! = Good or better than planned</th>
<th>😞 = Further improvements need to be made</th>
</tr>
</thead>
<tbody>
<tr>
<td>In the national NHS patients survey and the newly introduced Friends and Family test, the majority of patients who were surveyed at Sheffield Teaching Hospital NHS Foundation Trust said they would recommend us to their family or friends as a place to receive care. However we are continuing to listen, and where appropriate act on, patients’ suggestions, comments and complaints so that we provide an even better experience.</td>
<td>![Good or better than planned]</td>
<td>![Further improvements need to be made]</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Waiting times overall.</th>
<th>! = Good or better than planned</th>
<th>😞 = Further improvements need to be made</th>
</tr>
</thead>
<tbody>
<tr>
<td>We work hard to keep waiting times as low as possible and the majority of our patients have their consultation and treatment or operation within 4-6 weeks of their GP referral. Last year we met or exceeded the majority of the standards for waiting times including those for cancer treatment. However for the last few years we have seen an increase in the number of patients choosing to have their treatment with us and this extra demand has put more pressure on our ability to meet every standard. We are currently making a number of changes to enable us to continue to treat patients as quickly as possible.</td>
<td>![Good or better than planned]</td>
<td>![Further improvements need to be made]</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>A&amp;E waiting times.</th>
<th>! = Good or better than planned</th>
<th>😞 = Further improvements need to be made</th>
</tr>
</thead>
<tbody>
<tr>
<td>More than 95% of our patients who attended the A&amp;E department or Minor Injuries Unit were seen and then admitted to a ward or discharged home within 4 hours. This is comparable to the national standard of 95%. In 2014/15, many more patients sought emergency treatment compared to the previous year. To cope with the extra patients more than £3million has been invested in expanding the A&amp;E department at the Northern General Hospital.</td>
<td>![Good or better than planned]</td>
<td>![Further improvements need to be made]</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Cancer treatment waiting times</th>
<th>! = Good or better than planned</th>
<th>😞 = Further improvements need to be made</th>
</tr>
</thead>
</table>
| • 94% of patients waited less than 2 weeks from GP referral to their first outpatient appointment. This is better than the national standard of 93%  
• 88% of patients waited less than 62 days from referral to receiving their treatment for cancer. This is better than the national standard of 85%.  
• 98% of patients waited less than 31 days from decision to treat to receiving their cancer treatment. This is better than the national standard of 96%. | ![Good or better than planned] | ![Further improvements need to be made] |

<table>
<thead>
<tr>
<th>Patients receiving treatment within 18 weeks of their GPs referral to the hospital.</th>
<th>! = Good or better than planned</th>
<th>😞 = Further improvements need to be made</th>
</tr>
</thead>
</table>
| • Patients who require admission – The majority of patients (90.4%) who needed to stay in hospital to have their procedure or operation waited less than 18 weeks to have treatment. This is compared to the national standard of 90%.  
• Patients who do not need to be admitted to hospital - 94.9% of patients who did not need to be admitted to hospital (out-patient) during 2013/14 waited less than 18 weeks from GP referral to hospital treatment. This is comparable to the national standard of 95%. | ![Good or better than planned] | ![Further improvements need to be made] |

<table>
<thead>
<tr>
<th>Mortality rates</th>
<th>! = Good or better than planned</th>
<th>😞 = Further improvements need to be made</th>
</tr>
</thead>
<tbody>
<tr>
<td>Our mortality rates are amongst the best in the NHS and are within the expected range. This means that as a Trust we have no more deaths than are expected.</td>
<td>![Good or better than planned]</td>
<td>![Further improvements need to be made]</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Infection rates overall</th>
<th>! = Good or better than planned</th>
<th>😞 = Further improvements need to be made</th>
</tr>
</thead>
</table>
| • MRSA blood stream infections – Of the 2 million patients we cared for during 2013/14 the Trust had four cases of MRSA bacteraemia. The national target is currently zero cases and the Trust is constantly working towards achieving this. During the year we continued to deep clean our wards, introduce the latest cleaning agents and train staff to employ rigorous infection control practices.  
• Clostridium Difficile (C.Difficile) During 2013/14 the Trust had 80 incidents of Clostridium Difficile. This is a significant improvement on previous years and is among the lowest rates for a Trust of our size. However we are never complacent and continue to introduce new practices and improvements to drive the figure down even further. | ![Good or better than planned] | ![Further improvements need to be made] |

<table>
<thead>
<tr>
<th>Readmissions to hospital after 28 days of discharge</th>
<th>! = Good or better than planned</th>
<th>😞 = Further improvements need to be made</th>
</tr>
</thead>
<tbody>
<tr>
<td>As a specialist centre for many more complex operations and conditions we treat some of the sickest patients in the NHS. As a result 10.8% of patients were readmitted to the Trust, within 28 days of being discharged. We continually monitor readmission rates so that we pick up any areas for improvement quickly and put improvements in place where appropriate.</td>
<td>![Good or better than planned]</td>
<td>![Further improvements need to be made]</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Staff who would recommend the Trust as a place of care</th>
<th>! = Good or better than planned</th>
<th>😞 = Further improvements need to be made</th>
</tr>
</thead>
<tbody>
<tr>
<td>72% of staff employed by the Trust during 2013/14 would recommend the Trust as a provider of care to their friends and family. This is above the national average of 60%.</td>
<td>![Good or better than planned]</td>
<td>![Further improvements need to be made]</td>
</tr>
</tbody>
</table>
Innovative technique prevented paralysis in mum-of-three

Suzanne Wingell, 48, of Norwood, says she “wouldn’t be here today” if surgeons from Sheffield’s Royal Hallamshire Hospital hadn’t performed complex surgery to remove a tumour in her spinal cord, which had been causing her to lose balance and stumble for more than two years.

But, as well as successfully removing all of the tumour surgeons have gone one step further, pioneering a technique called intraoperative neurophysiological monitoring which preserves nerve function in patients who would otherwise be paralysed for life.

Without it, Suzanne – who still struggles to walk – would probably be paralysed from the neck down, have limited function and lie down all the time.

Suzanne said: “Before the operation I couldn’t get my balance at all, and had to lie down all the time. The Royal Hallamshire Hospital – is one of the few centres in the UK with the specialist expertise to perform the complex surgery and the only one in the Yorkshire and Humber region routinely offering intraoperative neurophysiological monitoring to improve the quality of patients’ lives.

“if I hadn’t had the surgery I’d be surprised if I was still alive, but without the technology I’d be completely dependent on hospital care. I still have some disability, but it’s nothing compared to what it would have been without the technology.”

Reduce the number of non urgent operations cancelled on the day due to clinical and non-clinical reasons to 4%

Each year, we carry out more than 45,000 operations and it is only in extreme circumstances that we cancel a planned operation because we know how upsetting this can be for a patient and their family. Regrettably due to an increase in demand and despite a lot of hard work by our staff, we did not achieve the reduction in cancelled operations we hoped for. 6.7% of operations were cancelled on the day and the top five reasons for cancellations were: patient unfit, patient did not attend, operation not required - symptoms that have improved or disappeared, patient cancelled or refused treatment, and lack of theatre time due to emergency patients taking priority. We are working hard to improve this. Work on communication with patients is ongoing to reach the 4% target. Nurses now telephone patients 3 days before their operation date to confirm that they will be keeping their appointment.

What are our priorities for this year (2014/15)

As well as continuing to improve even further on what we achieved last year we also will focus our efforts in 2014/15 on the following:

• To continue to monitor mortality rates at the weekend and compare them with mortality rates during weekdays to ensure any variance is acted upon appropriately.
• To review the impact on patients experience if they have to wait longer than 18 weeks for their non urgent treatment and take actions to keep waiting times as short as possible.

Improved discharge information for patients

During last year, 628 patient information leaflets have been checked and revised. Of these 243 (39%) have had changes made to their discharge information. This work will be ongoing until all 1,500 leaflets within the Trust are checked and updated. Patient information leaflets are now also available on the Trust website to enable patients and carers to access them easily after discharge.

Reduction in the number of patients who have pressure ulcers

During 2012/13 1.77% of patients receiving hospital care acquired a pressure ulcer. Last year this dropped to 1.4%. Further work within the hospitals is planned including the identification of patients at risk of developing a pressure ulcer, instigation of early intervention by the Pressure Ulcer Prevention Team, and targeted work with clinical areas with a high prevalence of pressure ulcers. We have also provided cameras to appropriate staff to enable wound imaging, which can be attached to the electronic record and viewed remotely by the Tissue Viability Team. Further work is planned including a project for a Tissue Viability Nurse to work alongside a community team to understand the prevalence of pressure ulcers within their patient group.

Assessment of patients at risk of having a blood clot (VTE)

95.16% of patients who were admitted to hospital were assessed for the risk of acquiring venous thromboembolism (a blood clot) during 2013/14. This is an improvement, as last year it was 93.33%.

Responsiveness to personal needs of patients

79.3% of patients reported that the Trust is responsive to their personal needs. This is above the national average of 72.8%.

We are guided in everything we do by our values which were chosen by our staff:

- **Patient first:** Ensure that the people we serve are at the heart of all that we do
- **Respectful:** Be kind, respectful, fair and value diversity
- **Ownership:** Celebrate our success, learn continuously and ensure we improve
- **Unity:** Work in partnership with others
- **Deliver:** Be efficient, effective and accountable for our actions

---

**Our commitment to high quality care**

We are guided in everything we do by our values which were chosen by our staff:

- **Patient first:** Ensure that the people we serve are at the heart of all that we do
- **Respectful:** Be kind, respectful, fair and value diversity
- **Ownership:** Celebrate our success, learn continuously and ensure we improve
- **Unity:** Work in partnership with others
- **Deliver:** Be efficient, effective and accountable for our actions

---

**Top national award for Jessop's Citywide midwifery team**

Jessop Wing celebrated being named ‘Team of the Year’ in a national awards ceremony. The Citywide 1:1 Midwifery Team won the top award, which is given by the British Journal of Midwifery, for the personalised support and care they offer to a diverse range of women before, during and after birth. This includes women with learning disabilities, severe mental health problems or those who choose to give birth outside of recommended guidelines. They also provide bespoke care to women opting for normal breech birth.

The service’s three community midwives provide care 24 hours a day. The team have provided extra support and reassurance to 142 women since they were first established two years ago. Kendra Aarkley, 25, of Nether Edge, was referred to the service after a growth scan confirmed her baby was breech at 34 weeks. “Everyone I spoke to said just have a c-section, but I decided I wanted to try to deliver my baby naturally. The Citywide 1:1 team were brilliant: they gave me extra scans, and put me at ease by checking fluids, size and position of my baby. I could contact them at any time during my pregnancy and everything just fell into place as soon as I met them. They had all the experience, and I felt really safe. My daughter Annika was born naturally without any complications just over a month ago, and I’m really enjoying being a mum.”

---

**£35m technology investment to support first class patient care**

We are investing more than £35 million to transform many of the IT systems we have in place at the moment so that we can continue to provide high quality, safe and responsive care to our patients.

We are a trailblazer in so many areas thanks to the innovation and dedication of our staff across hospital and community care. However this is often hindered rather than helped by some of the IT systems which we have had for many years. But we don’t want to just update, we want to transform our organisation into one which has cutting-edge systems to support the transformation in care we want and need to deliver over coming years.

The five year programme will see changes in everything we do and bring huge benefits for our patients and bring faster more efficient systems for staff across the Trust to use.

It will also provide computer systems which will enable us to work much more closely with other health providers by allowing us to share information and plan care together.
Our finances

Despite the continuing difficult economic climate, the Trust performed well again financially. Our total income last year was £932,870k and we declared a surplus of £7,264k. Any surplus we make enables us to invest in new facilities and equipment.

The growth in income from patient services is due to treating a higher number of patients and the majority of our costs are associated with paying the 16,000 staff who work for the Trust. The diagrams below give a summary breakdown of where our money comes from and how it is spent. Full details can be found in the Annual Report and Accounts which is available at www.sth.nhs.uk.

Overall our 2013/14 financial results are very satisfactory, particularly when set alongside excellent service performance and the challenging financial environment. However, along with the rest of the NHS, we face an immensely difficult future as demands on services continue to grow and funding seems likely to remain constrained.

We remain committed to delivering high quality services and to achieving real efficiency savings to address the future financial pressures and to protect and invest in our services.

Where our money comes from

- Clinical Commissioning Groups and NHS England - provision of Healthcare £774,989k
- Research and Development £12,672k
- Education and Training £63,623k
- Local Authorities £8,723k
- NHS - other £1,850k
- Received from NHS Charities and Other Bodies £1,567k
- Other income £99,280k

How we spend our money

- Wages and salaries £563,271k
- Drug costs £114,974k
- Supplies and services - clinical £89,763k
- Supplies and services - general £9,125k
- Premises and Establishment Costs £45,142k
- Depreciation and Amortisation and Impairment Charges £32,027k
- Clinical Negligence £10,308k
- Financing Costs £17,604k
- Research and Development £4,281k
- Services from NHS bodies £10,231k
- Purchase of Healthcare - Non-NHS £18,550k
- Other Costs £15,071k

Neil Priestly, Director of Finance

Robot surgery helps cancer patients recover quicker

A prostate cancer patient said he felt fantastic after becoming the first person to benefit from a new £1.8m Da Vinci robot helper.

Trevor Risley, 63, of Rotherham, is full of praise for the pioneering surgery, which has restored his bladder function, enabled him to drive three days post-surgery and seen him return to football training within six weeks.

He was discharged from hospital the day after his surgery. Robotic surgery enables surgeons to perform complex and delicate operations leading to improved surgical outcomes, shorter recovery times and reduced hospital stays using a robotic console. This console enables the surgeon to control a camera ten times more accurate than the human eye and use specially designed ‘wristed’ instruments attached to the robotic arms using joysticks and foot pedals. From here, the surgeon can perform complex surgery through small incisions with precision, as the machine adjusts itself to compensate for the natural tremor in the human hand. Patients having the surgery are likely to be back at work in two to four weeks.

Trevor Risley, who was diagnosed with prostate cancer two weeks prior to the operation, said: “The operation was first-class and I can honestly say I felt no pain. I’ve got a two-inch scar on the middle of my tummy and that’s it. I’m so grateful to still be here. Nobody could tell me not to recommend this surgery. I can’t thank the surgeons enough.”

As well as urology procedures the robot is also being used by other specialties such as gynaecology to undertake certain types of surgery.
Pioneering medical breakthroughs
Without medical research, breakthroughs in medicine wouldn’t be possible. As one of the largest teaching hospitals in the country, we are committed to improving patient care through research and innovation. We have a long and proud tradition of research – pioneering new treatments and technologies that are now routinely used in hospitals throughout the UK.

In 2013 the Trust was named as one of the UK’s top 10 performing NHS Trusts for clinical research by the National Institute for Health Research, and we are continuing to provide more and more opportunities for patients to take part in clinical trials. During 2013/14 there was a 40 per cent rise in the number of people in Sheffield taking part in clinical trials. More than 200 scientists and clinicians gathered for a three-day global summit hosted by the Sheffield Institute for Translational Neuroscience (SITraN) looking at ways to improve treatment and diagnosis of motor neurone disease. Researchers from the Sheffield Kidney Institute launched a £1.2m study examining whether bicarbonate of soda can stop chronic kidney disease from worsening and investigators from the Trust discovered a new antibody which could help diagnose gluten ataxia, a neurological illness treatable through a gluten-free diet.

These are just a small sample of the amazing breakthroughs in healthcare research and treatment which are originating here in Sheffield and the wider region.

Rapid diagnostic test saves life of woman with rare blood disorder
A FOSTER carer who started slurring her words while potty training one of her children says that she had no idea she had a rare blood disorder which could kill her in 24 hours.

Sally Beardsall, 49, of Brumby, Scunthorpe admits she “didn’t know she was ill” when unexplained bruises first started appearing on her arms and legs in February 2011.

“I had a severe headache which lasted for a week, and then a couple of weeks later bruises started appearing on my arms and legs. I thought it was the side effects from the tablets I was taking, so I didn’t do anything about it. Two to three weeks later I started slurring my words and there was a slightly tingling feeling on the bottom of my lip. My kids thought it was quite funny because I was saying “Do you want to go to the poilet? I thought I was having a mini-stroke.”

Within hours she and her husband, Mike, were at Scunthorpe General Hospital, where doctors started to perform an array of tests, including one which was sent to coagulation and haematology specialists at Sheffield’s Royal Hallamshire Hospital.

The complex test, which checks if a large blood-clotting protein called ADAMTS-13 is functioning, revealed that Sally’s organs were on the brink of collapse because she had an extremely rare blood disease, thrombotic thrombocytopenic purpura (TTP).

“My blood count was dangerously low, and my organs could have closed down for good. If the disease hadn’t been detected via the test I would have ended up in intensive care.”

TTP is a hard-to-diagnose blood disorder which paralyses the body through the formation of blood clots in small blood vessels throughout the body causing fits, fluctuating levels of consciousness, severe attacks, altered personality, fatigue, heart failure and chest pain.

Treatment is given through plasma exchange, which removes the patient’s blood and separates out the blood cells from the fluid plasma. The blood cells are then combined with new plasma and the mixture returned to the patient. This reduces the risk of death from the disease from 90% to between 10% and 20%.

As well as saving lives, the accuracy of the test can also prevent people who appear to have the disease from unnecessarily having plasma exchange treatment, which costs the NHS around £10,000 a day.
Care in the right place at the right time

Sheffield’s Right First Time (RFT) partnership between GPs, local hospitals, mental and community health teams, the City Council and voluntary organisations, aims to give our residents the best possible health services particularly focusing on transforming and improving the way older people receive healthcare and also those patients who have long term illnesses such as diabetes, heart failure and dementia.

Part of delivering the ‘Right Care, at the Right Time, in the Right place’ is ensuring good quality care is available seven days a week and that actions, such as patients being discharged from hospital when they are ready, are not disrupted or delayed over the weekend.

The Trust has also developed a number of initiatives as part of RFT to support patients to avoid hospital admission and return home from hospital quicker. This included the launch of Discharge to Assess and Active Recovery in 2013/14.

What is Discharge to Assess?

When frail patients are medically fit to go home after a stay in hospital, a series of checks must be carried out to see how they cope with day to day tasks (such as climbing stairs, washing and making a cup of tea) and if they need additional support.

These assessments were traditionally performed in a hospital setting meaning the patient often stayed longer than they needed to. The new programme allows patients to safely go home as soon as they are medically fit and receive the necessary assessments in their own home.

This new system gives the assessor a more realistic indication of how the patient can cope at home and what, if any, changes to their home are required. It not only enables the patient to be discharged from hospital sooner and return to their home which patients tell us is what they want. It also ensures hospital beds are available for the sickest patients to receive care.

Patients are often supported by the Active Recovery service during this period who provide short term care and rehabilitation at home.

What is Active Recovery?

The Active Recovery Service provides short term care and rehabilitation to people at home who have experienced a period of ill health or have been in hospital. The service aims to enable people to regain their independence and reduce the need for ongoing support with tasks, such as washing and dressing. The service encompasses a large multidisciplinary team (including nurses, physiotherapists, occupational therapists, support workers, speech and language therapists, clinical psychologists, dieticians, podiatrists, pharmacists and geriatricians and social workers) to ensure patients receive all the care and rehabilitation they need at the right time. The Trust’s Community Intermediate Care Service (CICS) works in partnership with the Sheffield City Council’s Short Term Intervention Team (STIT) to deliver the service. Before the partnership, the CICS and STIT teams operated independently, resulting in the duplication of work and the missed opportunity for patients to benefit from the skills and knowledge of staff in both services working together.

A mother and son are smiling again after receiving free dentures at the Charles Clifford Dental Hospital (CCDH).

The pair from Longley said the procedure, which was performed by trainee dentists, has ‘changed their lives’ after spending decades without any teeth.

Christopher Roberts, 41, began losing his teeth at the age of 24 after suffering an accident which left him with a disability and underwent failed dental treatment. By the time he was 28, he had no teeth at all and a weakened jaw.

Chris said: “Before I had my dentures fitted, my confidence was at rock bottom. I couldn’t speak to anyone without covering my face with my hand. I didn’t want to leave the house and I became very depressed. After many years without any teeth I finally plucked up the courage to visit Charles Clifford and I can honestly say it was the best thing I ever did.”

“At almost a year after my treatment my confidence has shot up – I am now able to talk to people and socialise without covering my face. I was that pleased with my new teeth I even recommended my mum who had a phobia of the dentist and lost her teeth thirty years ago.”

“I was nervous before I went but the students really put me at ease. I had the same pair looking after me throughout the six week period in which I had my visits, and after it all I would call them my friends. I was treated with dignity and respect and I didn’t feel judged at all, which I had worried about. The students were guided by a Clinical Tutor, who made sure everything was not just good, but perfect. They couldn’t do enough for me and took the time to make sure they got everything right.”

Christopher’s mum, Carol Roberts aged 69, said she feels like a new women after taking her son’s advice and getting her own new set of dentures. She said: “I call them my pearly whites. I look twenty years younger now and I’m looking forward to getting myself a toy boy! It’s given us both a new lease of life, I go out on bank holiday’s now I have my new smile and have bought new jewellery to match my more glamorous appearance. I’m so pleased for both of us.”

Charles Clifford Dental Hospital offers free routine dental treatment to hundreds of people in Sheffield every year. Treatments are performed by trainee dentists and hygiene therapy students from the University of Sheffield, School of Clinical Dentistry. All work is closely supervised by experienced dentists, consultants or hygienists and therapists and after an initial assessment appointment, further straightforward treatments are offered.
Listening to our patients

We are committed to listening to our patients and learning from their feedback to make our services even better. This includes our performance in areas such as the information we provide about medication, the quality of hospital food, and the care of patients when they are ready to leave hospital. Hearing directly from patients about the things that matter to them is already helping us to make small changes that will improve their experience of care. Whilst we are proud of the services we provide, we recognise there is always more that we could do to ensure that every patient’s care is exceptional all of the time.

Going forward we will step up our efforts to listen to both patients and staff, particularly those working at the frontline, as these are the people who are best placed to provide an honest view of how we are doing and what we might do better. Patients continue to make a valuable contribution to our development plans. Patients and stakeholders are involved in decisions about changes and developments such as the newly opened Diabetes Centre at the Northern General Hospital.

Weston Park Hospital’s Teenage Cancer Trust Unit (TCTU) is a five-bed unit which treats teenagers and young people aged 16-25. The unit, one of only 12 TCTUs in the country, sees approximately 40 young people with a new diagnosis of cancer every year.

The Teenage Cancer Unit help young patients through their cancer journey in surroundings designed to feel like a home-from-home. The unit is very different from a normal adult ward offering the young patients the additional support they need. The unit has everything that a teenager or young adult would want, including DVDs, Internet access, TVs and games consoles.

Joanne Humberstone, from Doncaster knows all to well why Weston Park Hospital and the Teenage Cancer Unit are so special after her 16 year old son, Oran, was diagnosed with Ewing’s Sarcoma in May 2013.

In January 2013, after complaining of severe back pain, Oran visited his GP and was eventually diagnosed with primary bone cancer. Amidst his distressing diagnosis and treatment, Oran bravely managed to successfully pass 11 GCSE exams, including 5 grade As and 2 distinction stars. Joanne said: “Nothing can prepare you for the devastating news that your child has cancer and there is no pain greater than watching your own child suffer. “But Weston Park Hospital has been amazing and I cannot praise the staff enough. Without the dedicated care and the outstanding facilities on the specialised Teenage Cancer Unit, our future would look bleak.”

Oran is currently receiving chemotherapy treatment on the Teenage Cancer Unit and the family are looking positively to the future, despite surgery and a year’s worth of further treatments to come. Oran said: “Although I still have a long way to go, I can at least be confident that I am in the best hands and in the most comfortable environment here at the unit at Weston Park Hospital. “My main focus is getting better so that I can continue with my studies and start living my life to the full once again.”

Weston Park Hospital is one of only four dedicated cancer hospitals in the UK and has an international reputation for the care and research it provides.
We strive to recruit and retain the best staff: the dedication and skill of our employees are what make our hospitals and community services successful and we continue to keep the health and wellbeing of staff as a priority.

Our PROUD values and behaviours will continue to underpin the way we lead and deliver through change in the next five years. If we are to flourish as an organisation we will need to rely on these values and ensure they guide how we work and deliver services.

The Trust has just over 16,000 employees whose skills, hard work and dedication play a significant part in the success of the Trust. We recognise the importance of positive staff engagement and good leadership to ensure good quality patient care.

During 2013/14, our Staff Engagement Strategy had a particular focus on improving both staff involvement and the appraisal rates for all staff across the Trust. During the year we increased the number of staff who had an appraisal to just over 97% and we began to introduce values and strengths based recruitment.

Our staff engagement score in the National Staff survey rose again and we were particularly pleased to note that the majority of our staff would recommend the Trust as a place to work or receive care. We conducted a full census NHS Staff Survey in Autumn 2013 to give all staff the opportunity to contribute their views and suggestions.

We have also worked with NHS England on the introduction of staff ‘friends and family’ testing, which will be introduced into the Trust on a quarterly basis in 2014/15. This will give more staff the opportunity to give more frequent feedback.

A number of new initiatives were introduced in 2013/14 to support health and wellbeing. This has had a positive impact on the level of staff sickness but we are aware we have further improvements to make.

MORE adults with learning disabilities and impaired hearing are using their hearing aids correctly thanks to a new technical support service provided by Sheffield Teaching Hospitals NHS Foundation Trust.

Elaine Pearson, a senior assistant technical officer at the Royal Hallamshire Hospital, has increased uptake of hearing aids in patients who would otherwise struggle to use them by introducing dedicated review and repair sessions, which focus on hearing aid use rather than assessment and fitting.

Now, these tailored appointments are improving the quality of life in adults with learning difficulties as evidence shows regular use of hearing aids has a positive impact on their social interaction and reduces mental health problems that can arise from isolation.

During the repair and review sessions, Elaine encourages the use of hearing aids by ensuring patients and carers feel confident in their use, know how to troubleshoot, and have contact details in case of any problems. The patient is then able to self-manage the use of their hearing aids as far as possible – improving confidence and increasing use.

One in three adults with learning disabilities suffer with sensory impairment, including hearing loss.
During the last 12 months the amazing work of our staff was recognised with a number of awards.