

August 2019  
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Sheffield Teaching Hospitals  
NHS Foundation Trust

# Good Health

The newsletter for members of  
Sheffield Teaching Hospitals NHS Foundation Trust

## INSIDE:

New sight saving  
surgery 'absolutely  
amazing'

Page 5



## You are invited to the Annual Members' Meeting

- Visit a marketplace of stalls
- Catch up on the latest developments
- Meet the governors who represent you

# You are invited to the Annual Members' Meeting on the 17<sup>th</sup> September

**I am delighted to invite you to this year's Annual Members' Meeting to hear about developments across our hospital and community services over the last 12 months.**

You will hear about how well we have performed, where we hope to make further improvements and how we have spent the money we were given.

You will also be able to meet the Governors who represent you, visit a marketplace of stalls and see presentations showcasing the exciting work and new initiatives taking place across the Trust. This will include the change to learn about the transformation work taking place at Weston Park Hospital and the development of the services we offer to stroke patients.

The Annual Members' Meeting will take place on Tuesday 17th September at the Medical Education Centre at the Northern General Hospital. Registration is from 10.15am, with the AGM at 11.15am and the marketplace from 12.30pm. A light lunch will be provided. Information on how to get here is available at [www.sth.nhs.uk/our-hospitals/northern-general-hospital/how-to-get-here](http://www.sth.nhs.uk/our-hospitals/northern-general-hospital/how-to-get-here).

This edition of Good Health magazine also includes the results of the Governors elections, and a summary of key information contained in the Annual Report and Annual Quality Report to provide an update ahead of the event. Full versions of the report are available online at [www.sth.nhs.uk/about-us/official-publications](http://www.sth.nhs.uk/about-us/official-publications).

You can also read about the progress of the work to build a new walkway

linking Jessop Wing to Weston Park Hospital, a new outpatient hub for Musculo-Skeletal Services and the installation of additional wards at the Northern General.

Finally, there are some fantastic success stories from across the Trust, including an NHS Parliamentary Award for the team behind the pioneering AHSCT Multiple Sclerosis treatment.

I look forward to seeing you at the meeting and thank you for your continued support.



Tony Pedder OBE, Chairman

## Book your place

To book a place at the Annual Members' Meeting please email [jane.pellegrina@sth.nhs.uk](mailto:jane.pellegrina@sth.nhs.uk), call Jane Pellegrina on 0114 271 4322 or complete and return this form by 12 September 2019.

I would like to book  places at the meeting.

Name(s):

Address:

Phone:

Email:

Do you have any mobility/access requirements? ☐ Yes ☐ No

Please specify:

Do you have any special dietary requirements? ☐ Yes ☐ No

Please specify:

Please return this form to:

Jane Pellegrina  
The Foundation Trust Office  
Sheffield Teaching Hospitals NHS Foundation Trust  
Clock Tower Building  
Northern General Hospital  
Sheffield S5 7AU

Email: [Jane.Pellegrina@sth.nhs.uk](mailto:Jane.Pellegrina@sth.nhs.uk)

## What's inside...

**Page 3** Patients praise care in survey

**Page 4** Stroke patient climbs Snowdon

**Page 5** Pioneering surgery saves Jean's sight

**Page 6** Sheffield Hospitals Charity dementia appeal

**Page 7** Making a Difference –  
a summary of our Quality Report

**Page 19** MS stem cell team win  
NHS Parliamentary Award

**Page 20** First person to donate lifesaving  
stem cells in new partnership

**Page 21** Video telemetry helps diagnose epilepsy  
and sleep disorders

**Page 22** Results of Governor Elections

**Page 23** New walkway takes shape

**Page 24** Dates for your diary





Jeanette Sands

## Patients praise care in national survey

Patients cared for by staff at the Trust have rated the care as 'above average' in the national NHS Inpatient survey.

The survey, which is carried out by the Care Quality Commission, showed that patients who responded thought the Trust gave better than average scores (when compared with other NHS Trusts) in many areas, including:

- Patients saying they got enough help from staff to wash or keep clean (96%)
- Patients being told who to contact if worried (83%)
- Patients saying they were admitted as soon as necessary (81%)
- Patients knowing what would happen next with care after leaving hospital (89%)

One patient who agreed with the feedback was Jeannette Sands, 56, of Doncaster. She said: "I have been coming in every few months for treatment, and the care has been really good. The staff are really caring and they listen to you. Everybody is very friendly as well."

Chris Morley, Chief Nurse, said: "We are really pleased with the results of the inpatient survey, which showed better than average scores in a number of areas of patient care.

"Patient feedback is essential so that we know where we are getting things right and where we need to do more. For example in the last survey, noise on some wards at night was highlighted as an issue and so we have looked at how we can reduce this. We will now look at the results from this latest survey to ensure we respond to any areas which need improvement."

## Quality Mark recognises high standard of training

**The Trust has been awarded a Quality Mark recognising the high standard of training provision on offer to staff.**

The Quality Mark, which is awarded by the National Skills Academy for Health (NSAH), identifies the Trust as a provider of excellent teaching and training for the healthcare support workforce.

L&D Manager Brian Burke said: "The achievement of the Quality Mark is a celebration of the efforts of everybody involved."



Brian Burke, L&D Manager; Mark Gwilliam, Director of HR; Lynn Atkin, NSAH; Alison Hales, Deputy Head L&D

## E Check-ins introduced

In many of our outpatient areas we now have handy check-in screens to make arriving for your appointment even easier.

Skip the reception queue by using the new touchscreens:

- Simply follow the instructions on the screen.
- Check your personal details are up to date.
- Once you get the green tick, staff will know that you have arrived

It's quick and easy, taking just 15 seconds - make sure to look out for one at your next appointment.





# Stroke patient thanks medical teams from top of Mount Snowdon

A stroke patient has thanked the team who treated him by sending them a video from the top of one of the UK's highest mountains.

John Webb, 58, climbed Mount Snowdon in Wales less than four months after suffering a serious stroke, which initially left him unable to walk at all. But after treatment at the Acute Stroke Unit at the Royal Hallamshire

Hospital, followed by rehabilitation at the Stroke Pathway Assessment and Rehabilitation Centre (SPARC) and at home with the community stroke service, he was able to complete the challenging solo hike. At the summit, he recorded a video to thank the team who had helped him recover.

He said: "I just want to say a massive thank you to everyone that looked

after me and said I could do this thing. Less than four months ago I couldn't even walk, and here I am at the top of Snowdon, which is all down to you guys. The doctors, nurses, physios, everyone that has helped me - I appreciate you so much and I just wanted to let you know that."

Check out John's video message on the STH YouTube channel.

## Governor explains what happened when he suffered a 'mini-stroke'

**STH Governor Joe Saverimoutou suffered a Transient Ischemic Attack (TIA), also known as a 'mini-stroke' in November 2018.**



A TIA is caused by a temporary disruption to the blood supply to part of the brain, and can cause symptoms similar to a full stroke, such as speech or visual impairment, or numbness and weakness in the face, arms and legs. Joe, 74, who is a public governor at the Trust, explained what happened and what his experience was like.

"It happened very suddenly. I had my granddaughter in my arms and then all of a sudden I couldn't feel my left arm and my hand was useless. My speech was OK, it was just my arm that was affected, but immediately my wife and I knew that something was wrong. I got an emergency appointment with my GP who phoned the stroke unit at the Royal Hallamshire and they told me to come in straight away. I was assessed by a doctor and had scans which confirmed a TIA.

"The care I received was fantastic, with no wait at all. I was given some medication and was able to go home. I returned six weeks later for a check-up, but I feel like I have been lucky really because I have had no residual problems and my arm is back to normal."

Joe said he thought it was important that people had access to support following a stroke, because of the psychological impact. Information about support available can be found at [www.sth.nhs.uk/stroke](http://www.sth.nhs.uk/stroke)

## Sheffield becomes a regional hyper-acute stroke unit

**Sheffield is now a regional hyper-acute stroke, following a reconfiguration of the service.**

Along with Doncaster, Sheffield is a regional unit and has been taking patients from Rotherham since July, and will also take them from Barnsley from October.

A brand new facility is being created on L floor at the Royal Hallamshire Hospital, which will have 16 hyper-acute beds on ward L2. There will be a teleconferencing area for liaising with colleagues across the region to manage the patient pathway.

L2 will also have an eight-bedded neuro-admissions unit with a four-bedded trolley bay, and a 'fit to sit' area for patients with possible Transient Ischaemic Attack (TIA) – also known as a 'mini-stroke' - or other walking-wounded patients who do not require a bed.

To deliver the new service, a number of staff have joined the team, including staff nurses, stroke nurse practitioners, a new member of the Patient Flow Team, ward clerks and therapy staff. This will help to deliver a resilient seven-day service.

**If you suspect someone is having a stroke, remember to act FAST:**

**F - Face**

Has their face dropped to one side?

**A - Arms**

Are they unable to lift their arms?  
Are they weak or numb?

**S - Speech**

Is their speech slurred or garbled?

**T - Time**

If they have any of these symptoms, time to **call 999**.



# Pioneering surgery saves Jean's sight

**A Sheffield woman who has suffered with glaucoma for nearly four decades has praised the success of a pioneering new procedure which has seen the pressure in her right eye drop to its lowest level in 35 years, potentially saving her sight.**

Jean Billam, 78, who lives in Sothall, described the results of the operation which was undertaken at the Royal Hallamshire Hospital as "absolutely amazing".

The procedure, which is the first of its kind in Europe, involved the use of a new hi-tech device called a goniotome, which drains fluid in the eye to release pressure that could otherwise potentially damage the optic nerve and eventually cause blindness.

For Jean it's meant that she now could be doing away with a lifetime's dependency on eye drops, as after surgery the pressure in her right eye dropped to the lowest recorded pressure

she's seen in her eyes for 35 years.

"The thing about glaucoma is you don't know you have it, and that's why it can be so dangerous," said Jean, who received regular screening tests for glaucoma after her brother was diagnosed with the condition.

"Having the operation has made a tremendous difference. Because of the surgery I've been able to reduce the number of glaucoma drops I use, and may be able to completely stop if the pressure remains low."

Mr Graham Auger, Consultant Ophthalmologist, who is the first eye surgeon in Europe to use the goniotome device as part of minimally invasive glaucoma surgery, said: "We are delighted to be offering patients with moderate glaucoma who have previously not responded to first line therapies such as eye drops or laser surgery this new procedure."



Graham Auger and Jean Billam

"Preliminary data demonstrated that all nine eyes of eight patients treated with this device had a significant drop in their intraocular pressure, which is key to preventing fluid build-up and, consequently, blindness.

"Although these are promising results, we now need to gather more data on a larger group of patients to confirm if this device is as effective as other minimally invasive treatments in the management of uncontrolled glaucoma."

## Drug trial enables jockey to pursue dream career

By Charles Yates

Photo by Nigel Bennett

Apprentice jockey Harrison Shaw had a nightmare allergic reaction to horses, but a drug trial turned his life around and allowed him to pursue his dream career.

Harrison, 23, was in and out of hospital as a child with uncontrolled atopic dermatitis (severe eczema) and though he loved the racehorses he was completely allergic to them.

His childhood dreams of working in racing where looking distant until under the treatment of Professor Mike Cork, Consultant Dermatologist at Sheffield Teaching Hospitals, he was put on a trial four years ago for a new monoclonal antibody drug Dupilumab.

Harrison said: "I am allergic to horses as I've got an overactive immune system and uncontrolled atopic dermatitis. I've had allergic reactions all my life, not

just with horses, with dogs, cats, bark, pollen and trees. It's an awful thing as they are all around you, but much worse if your dream job is to be a jockey.

"Before I was put on that drug four years ago I was bleeding all the time. It was shockingly bad for anybody, but probably even worse due to my age when everything is magnified in those teenage years. Without it I'd never have been able to do this job and I absolutely love it."

Within six weeks of going on the Dupilumab trial his dream of becoming an apprentice jockey came true and 12 months after he had won his first race.

Professor Cork said: "Harrison was the first on the clinical trial we did over four years ago. He is so dedicated to his horseracing that it is remarkable that his allergy to horses has

gone from more than 100 per cent to less than 30 per cent – he can even hug a horse now."

Dupilumab is the first drug to target the cause of uncontrolled atopic dermatitis rather than just suppress the symptoms, and Sheffield is playing a leading role in developing this treatment to the NHS. Patients wanting to find out more about Dupilumab as a treatment option should speak with their dermatologist in the first instance.



Harrison Shaw

# The world feels different when you're living with dementia.

Will you help make Sheffield hospitals better for people with dementia today?



## **When you're living with dementia, an unfamiliar place like a hospital can be challenging.**

Imagine waking up in hospital and having no idea what's happening or why you're there. Picture being surrounded by people you don't recognise, in a place that's nothing like your home.

For somebody living with advanced dementia, that's how a trip to hospital can feel. That's why Sheffield Hospitals Charity has launched a new appeal to make the experience of being in hospital better for those with dementia.

**The Charity is aiming to raise £200,000 by next summer to make improvements that will benefit patients with dementia.**

## **Reducing anxiety and loneliness**

Patients with dementia can often feel anxious and isolated in hospital. Activities like arts and music groups, mobile dementia cafés and special memory sessions will help patients feel calmer and more settled.

## **Creating dementia-friendly hospitals**

Dementia affects the way people see and understand the world. Money raised from the appeal will help to fund changes to hospital spaces so they are designed around the specific needs of patients with dementia, creating an environment where they feel calm, confident and secure.

## **Helping people with dementia live well**

By giving people with dementia a better experience in hospital, they'll be more likely to get home sooner and feel as fit and healthy as possible.



Alan has lived in Sheffield since he was a boy and was diagnosed with Alzheimer's disease last year.

By supporting the appeal, you'll make a real difference to local people with dementia.

To support the Dementia Appeal visit **[sheffieldhospitalscharity.org.uk/dementia](http://sheffieldhospitalscharity.org.uk/dementia)** or complete and return the slip below.

If you complete this form we will keep you up to date by post on how you are making a difference to your local NHS. This includes sending you our newsletter and information about fundraising appeals. For more information on how we look after your data please see our Privacy and Data Protection Policy on our website.

Name .....

Address .....

Postcode .....

Email .....

Telephone .....

Please tick the boxes if you are happy to hear from us by:

☐ I'd like to fundraise - please send me details

Email ☐

Telephone ☐

SMS ☐

☐ I'd like to make a gift to help local patients with dementia - I've enclosed a cheque.

Please make cheques payable to 'Sheffield Hospitals Charity'. Please tick the relevant box below to let us know whether your gift is eligible for Gift Aid.

☐ Yes, I am a UK taxpayer ☐ No, I am not a UK taxpayer

I understand that if I pay less Income Tax and/or Capital Gains Tax than the amount of Gift Aid claimed on all my donations in that tax year it is my responsibility to pay any difference. I wish Sheffield Hospitals Charity to treat this donation, all subsequent donations, and any donations I have made of the past four years as Gift Aid donations. I will notify Sheffield Hospitals Charity if my circumstances or address change.

**Please return this form for free by writing 'FREEPOST SH CHARITY' in block capitals on your envelope or hand it to our Fundraising Hub, Huntsman Entrance, Northern General Hospital. You can also contact us by phone on 0114 226 7351 or email [charity@shct.nhs.uk](mailto:charity@shct.nhs.uk)**



# MAKING A DIFFERENCE

A summary of our Quality Report 2018/19  
plus key information about our  
performance and future priorities.

**PROUD TO MAKE A DIFFERENCE**

SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST



# MAKING A DIFFERENCE

At Sheffield Teaching Hospitals NHS Foundation Trust we remain committed to delivering good clinical outcomes and a high standard of patient experience both in our hospitals and in the community.

Thanks to the dedication and professionalism of our staff, volunteers and partners we have a strong track record in this area. 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 standards we have set for ourselves.

This drive for improvement is embodied within the Trust's Corporate Strategy 'Making a Difference'. The strategy outlines five overarching aims:

- 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.

In summary, our priority is to do all we can to continually implement quality improvement initiatives that further enhance the safety, experience and clinical outcomes for our patients.

The recently published NHS Long-Term Plan sets out a new direction of travel and way of working for health providers and wider systems. At its heart is still the core objective of delivering safe, high quality healthcare as effectively and efficiently as we can, supporting our local population to be as healthy as possible and continuing to push the boundaries of treatment through research and innovation.

The challenge is how we do that in light of increasing demand, an ageing population and workforce challenges. This requires us to think differently, work more closely together and exploit the knowledge and skills of other sectors including industry, academia and the third sector.

'Making a Difference' sets out our aspirations to support us in achieving this.

Our performance in 2018/19 has continued to provide the solid foundations on which to build, with the support of everyone who works across the Trust, our partners and of course our patients.

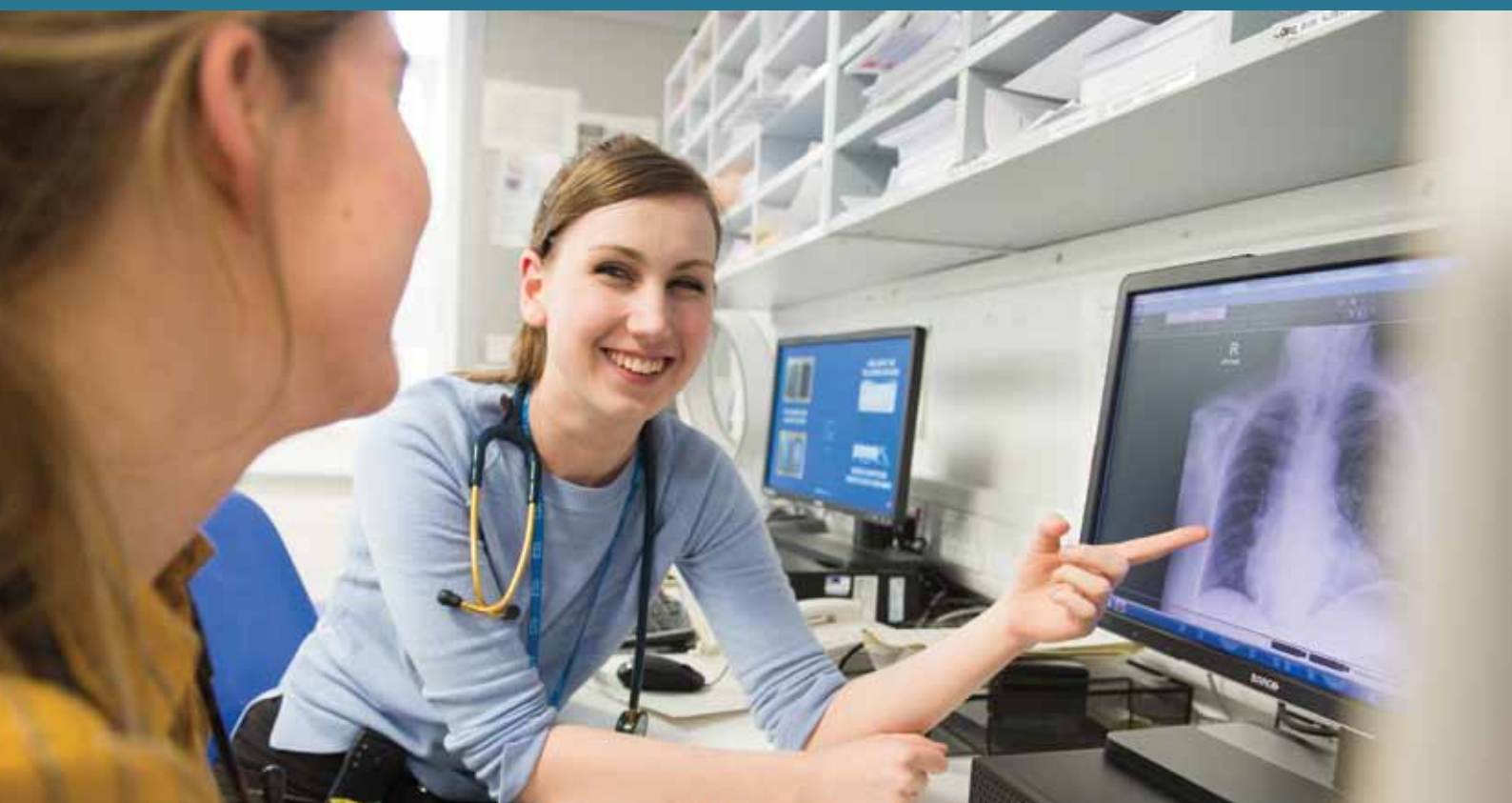
It was exceptionally pleasing that national and local survey results during 2018/19 consistently showed that the vast majority of our patients and staff would recommend the Trust as a place to receive care and to work. Indeed our staff won a record number of quality and safety awards throughout the year.

During 2018 we also launched our new People Strategy which sets out our vision and plans to ensure Sheffield Teaching Hospitals is a 'brilliant place to work' as well as a brilliant place to receive care.

I hope you find the following pages interesting and you can be assured we will all continue to work hard to provide you with the best care possible.



**Kirsten Major** - Chief Executive





# WHO WE ARE

We are one of the UK's biggest and most successful providers of hospital and community based healthcare.

We provide comprehensive NHS services ranging from maternity services to care of the elderly. We provide services to Sheffield, South Yorkshire, Mid Yorkshire and North Derbyshire but also specialist services to patients from all parts of England.

We are proud to have a reputation for delivering high quality care, effective leadership and innovation in both clinical and non-clinical services. Our current Care Quality Commission rating is evidence of this with a 'Good' rating overall with many outstanding features.

With over 17,000 employees working within our hospitals and out in the community, we are one of the biggest employers locally. We aim to reflect the diversity of local communities and are proud of our partnerships with local people, patients, neighbouring NHS organisations, Sheffield City Council and charitable bodies.

Through our partnerships with the University of Sheffield, Sheffield Hallam University, other health and social care providers and industry we remain at the forefront of advancements in clinical services, teaching and research.



**FIVE**  
HOSPITALS 

**ONE OF THREE**  
major trauma centres in  
Yorkshire and the Humber



**OVER 17,000** MEMBERS  
OF STAFF 

**OVER 2 MILLION**   
PATIENT CONTACTS PER YEAR

**OVER 150,000** ACCIDENT &  
EMERGENCY ATTENDANCES 

**OVER £1 BILLION BUDGET**

**OVER 40** COMMUNITY LOCATIONS &  
CARE IN PEOPLE'S HOMES 

**RATED GOOD** BY THE CARE  
QUALITY COMMISSION

## Sheffield

Population 560,000  
All clinical services

## South Yorkshire (pop 2.2m)

- Cardiothoracic
- Vascular
- Bone
- Cancer

## National including:

- Pulmonary Vascular Disease
- Ocular oncology
- Orthopaedics
- Gestational Trophoblastic Disease
- Spinal Injuries
- Infectious diseases

# PROGRESS MADE AGAINST OUR PRIORITIES 2018/19

Providing safe, high quality care is our core purpose and most of the time we achieve or exceed our patients' 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 whilst 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.

**Here is a progress update on the improvement priorities identified for 2018/19 followed by what our priorities for 2019/20 are going to be.**

## **1. Reduce inpatient falls during 2018/19 by 10%.**

The actual reduction in falls for 2018/19 is 11%. There has also been a 25% reduction in inpatient hip fracture; a decrease from 48 in 2016/17 to 36 in 2018/19.

A number of improvements have contributed to the reduction including:

- Falls Safety Huddles have been introduced. This is when all staff come together to discuss each patient in terms of their risk of falling. This enables everyone to be aware each patients' risk and for measures to be put in place to limit their opportunity to fall.
- Ongoing review of vision assessment
- Review of medications that increase the potential for a patient to fall
- Improved access to mobility aids
- Increased awareness of keeping patient buzzers accessible and identifying patients who may be unable to use the buzzers due to cognitive problems.
- Appointed a new Clinical Lead for Falls Prevention.

## **2. Develop a human factors plan which will have practical application and lead to tangible improvements in safety culture**

There has been a significant drive nationally to better understand how the principles and practices of human factors, as used in many other safety critical industries, influence patient safety. Through an understanding of the effects of teamwork, culture, ergonomics and individual behaviours this is known to positively influence performance and ultimately increase patient safety. Work to understand how this can be integrated into patient care has been ongoing throughout 2018/19.

## **3. Demonstrate a 30% improvement in the early recognition and management of sepsis within the Trust.**

There has been good progress against the target set and further work is continuing to build upon the work which has taken place. Key points include:

- Between October 2017 and October 2018 the Emergency Department increased the timely recognition and screening for sepsis by 78%, (41% of patients were screened in October 2017, which increased to 73% in October 2018).
- The sepsis screening tool was re-launched during 2018/19 to reflect the move from using the Sheffield Hospitals Early Warning Score (SHEWS) system to the National Early Warning Score (NEWS2) system.
- There has been a sepsis awareness campaign and 80% of clinical staff having received education on sepsis.
- Electronic observations have been piloted on four acute wards via the e-whiteboard to better identify those patients at risk of sepsis. It is the intention that this will be rolled out in 2019/20 across all ward areas.
- A newly formed Deteriorating Patient Committee, chaired by the Medical Director, will lead on improving the early recognition and management of sepsis.

## **4. Ensure a Trust-wide reduction by 10% of all avoidable patient harm associated with pressure ulcer prevention and management**

The term 'avoidable patient harm' relating to pressure ulcers was withdrawn from use and the national reporting requirement ceased. As such, it has not been possible to identify whether we have achieved the 10% reduction.

However we remain focused on reducing patient harm related to pressure ulcers and a number of changes have been made to support this work:

- The acute and community Tissue Viability teams have been successfully integrated, to standardise and improve wound care, particularly around pressure ulcers. A new Lead Tissue Viability Clinical Nurse Specialist (CNS) is in post to oversee and develop this new service.

- A city-wide educational strategy has been developed to support pressure ulcer prevention, including the 'React to Red' (RTR) training and link nurse programme.
- Ongoing work continues to ensure photography plays a key role in pressure ulcer management, and also to ensure that patients and staff have access to pressure redistributing equipment in a timely manner.

## **5. Improve recognition and timely management of deteriorating patients leading to improved care. Implement an electronic system for tracking patients' observations**

- The Deteriorating Patient Committee was formed in 2019 to provide an oversight on all deteriorating patient workstreams and sub groups. With widespread and senior representation, its key workstreams are to implement and monitor the recognition, escalation and response to the deteriorating patient.
- NEWS2, a system which helps determine the degree of illness of a patient and prompts critical care intervention was rolled out across the Trust.

## **6. Reduce preventable Acute Kidney Injury (AKIs) across the Trust**

A dataset has been developed to track patients with AKI in real-time. This three year objective has now been incorporated into an overarching workstream which will be overseen by the newly formed Deteriorating Patient Committee.

## **7. Implement and evaluate at least one major co-production project with patients, carers and families and develop a plan for embedding this approach more widely**

The Spinal Injuries Unit was identified as a pilot site. Feedback was sought through in-depth discussions with patients and their carers to identify improvements that could address what matters most to patients, their families and carers. A vision statement was identified which set out that every patient should be offered an initial case conference multi-disciplinary meeting within three weeks of admission to the unit and each patient should have a 'Patient Passport' detailing their goals and progress.

In 2018, an initial draft of a 'Patient Passport' was piloted and this work will continue in 2019/20.





### **8. Ensure that End of Life Care is individualised and meets the needs of both patients and those who are important to them**

Significant work has taken place over the past year which was reflected in the 'Good' for End of Life Care rating given to the Trust by the Care Quality Commission in November 2018. Improvements have included the development of a information hub to give staff access to all relevant End of Life Care information and resources.

An electronic Nursing Care Planning Toolkit was rolled out and this records the preferred place of care and death for patients on an End of Life Care pathway.

An End of Life Care e-learning package was developed for staff.

### **9. Ensure outpatient and inpatient letters are fit for purpose, are clear and understandable and meet the needs of both patients and national good practice guidelines**

Written correspondence is a key method used to communicate with patients. These letters contain a significant amount of information and it is important that they are clear and helpful to patients. The different letters held on the Trust's electronic patient record system have been reviewed during 2018/19. There were 437 letter templates in total. These have now been reduced to 20 core templates. The letter templates have been amended to

ensure that they comply with dementia friendly and visual impairment guidelines. Further work is planned in 2019/20 for patients to review and provide feedback on the templates.

### **10. Significantly increase the scale of patient engagement with those who may be harder to reach or seldom heard**

In 2018/19, an engagement network database was established to provide access to large numbers of people and groups, including seldom heard groups, in order to increase the scope of feedback from patients, families and carers.

### **11. Increase the availability of high quality refreshment facilities in outpatients including hot drinks**

Two new high quality vending machines have been introduced into two outpatient departments; Outpatient Department One at the Northern General Hospital and Ophthalmology at the Royal Hallamshire Hospital.

### **12. Improve the process and quality of consenting with a focus on ensuring patients are provided with individualised information**

Patients require sufficient information (written or verbal) that is clearly communicated to them by the healthcare professional before they can decide whether to give their consent.

In 2017/18, a two year priority for improvement was identified focusing on the process and quality of consenting. By the end of March 2020:

- 100% of clinical directorates will undertake the Consent Audit
- 100% of pilot sites will have embedded the new combined patient information leaflet / procedure specific consent form
- Revised consent forms will have been implemented.

At the end of March 2019, 83% of Clinical Directorates are undertaking the Consent Audit and work is ongoing to revise the Trust's written consent forms.

### **13. Ensure that the Procedure Safety Checklist is embedded into practice, aiming to reduce errors and adverse events, and increase teamwork and communication**

An updated Safer Procedure Policy including standardisation of the Procedure Safety Checklist has been developed. An online learning programme for the World Health Organisation's (WHO) Safer Surgery Checklist for all relevant staff has been uploaded on to the Personal Achievement and Learning Management System (PALMS). This will enable staff to demonstrate an understanding of, and compliance with, the five steps to safer surgery / procedure according to the WHO guidelines, procedural checklists and supporting documentation.

# WHAT ARE OUR MAIN QUALITY PRIORITIES FOR 2019/20?

After listening to our patients, members of the public, staff, Governors and partner organisations, we have considered carefully which are the main quality improvement priorities we should adopt for 2019/20.

The list below does not encompass everything we will be doing to maintain and improve the quality of everything we do, it simply highlights some of the specific areas we will be targetting in 2019/20 across the four domains of patient safety, clinical effectiveness and patient experience.

More detail on our quality improvement work can be found in our Quality Report (page 13) which is available at [www.sth.nhs.uk/about-us/official-publications](http://www.sth.nhs.uk/about-us/official-publications)

## Safety:

- ✓ Identify opportunities to detect and respond to potential emerging safety or risk issues.

## Patient Experience:

- ✓ Evaluate new in-patient and out-patient letters, consulting widely with patients, including those from 'seldom heard' or hard to reach groups.
- ✓ Learn from an area that displays best practice in relation to 'customer service' and staff attitudes and share learning Trust-wide.

## Effectiveness:

- ✓ Reduce the number of referrals logged on our electronic patient record system after 30 days of receipt in order to reduce delays in patient journeys.



# WORKING TO KEEP OUR PATIENTS SAFE

Rigorous infection prevention and control and clean facilities are fundamental to our care standards. We continue to work hard to minimise the chances of patients acquiring hospital acquired infections, such as Norovirus and MRSA. During 2018/19, we had two cases of MRSA bacteraemia and the number of cases of C.difficile remained consistent with the previous year.

During the winter months, flu can pose a real health risk for patients and so we once again offered free flu jabs to all our staff to protect them and minimise the risk of spreading the virus. We also offered patients who came in as emergencies with flu symptoms fast track testing which allowed them to be diagnosed in just 15 minutes.



# MEET SOME OF THE PATIENTS WE HAVE CARED FOR...

## Transplant patient competes in World Games

Mum of three, Lee Colclough, celebrated the one year anniversary of her life changing kidney transplant whilst preparing to compete for the first time in the World Transplant Games.

Lee had her life changing kidney transplant from a deceased donor in 2018 which was a record year for all organ transplantation at Sheffield Teaching Hospitals including the 85 kidney transplants that were performed. Only a year after having her kidney transplant at the Northern General Hospital, Lee, age 52, earned her place in the UK Badminton team following a gold medal win at her first transplant tournament.

If you would like more information on signing the donor register visit [www.nhsbt.nhs.uk](http://www.nhsbt.nhs.uk)

Lee is pictured with her husband Ian and sons: Liam, Niall & Kieran.



## 2,000th patient treated at state-of-the-art cataract eye centre

Trevor Marshall, had been suffering with blurry vision in his right eye for the past few years. The 82-year-old, who used to work as an electric furnace operator before he retired, says the cloudiness left him unable to read, and he used his better left eye to compensate.



Following a regular diabetes eye screening check, he was referred for cataract eye surgery at the new Northern General Eye Centre and couldn't believe he was the 2,000th patient.

Trevor said: "The Northern General Eye Centre is an absolutely amazing place. The staff were excellent, really cheerful and helpful. I would definitely give the centre ten out of ten, and anyone who has cataracts should definitely go as I can see better following my cataract eye surgery."

## Enhanced recovery programme enables patients to return home three days after major surgery

Jennifer Atkinson underwent a radical cystectomy at the Royal Hallamshire Hospital in Sheffield, a 4 ½ hour long operation to remove her bladder and womb.

She was one of a group of patients who were able to return home just three days after the surgery as a result of enhanced post-operative recovery procedures at the hospital's urology department. Previously the complex surgery would have involved at least two weeks in hospital.

She said: "I feel wonderful and I can't fault the treatment I have had at any stage of the process. It really has been world class. I want to thank the NHS for saving my life."

Sheffield Teaching Hospitals is the largest centre in the UK for bladder cancer surgery.



# OUR FINANCES

After another challenging year, the Trust's financial results for 2018/19 are very satisfactory.

Our total income last year was just over a £1 billion and the majority of our costs are associated with paying the 17,000 staff who work for the Trust.

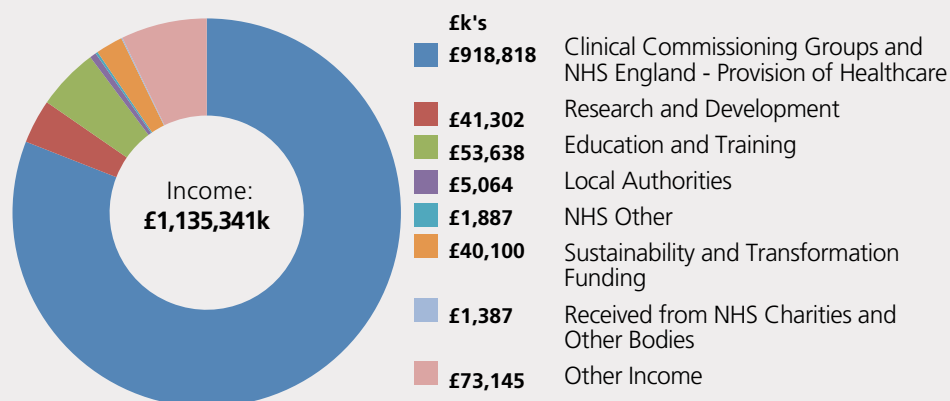
The Trust had a deficit of £5.6 million (0.49% of turnover). However, within this position there are exceptional items relating to impairment charges arising from the Estate Revaluation/Asset Lives Review undertaken during the year and additional national Provider Sustainability Funding (PSF) notified at the end of the year by NHS Improvement (NHSI). Without these and other technical items there would have been a £12.4 million surplus (1.1% of turnover) which is an improvement on the plan.

The efforts of all staff to achieve this should not be underestimated given the current climate and the fact that our Trust has already delivered significant efficiency savings over the past few years.

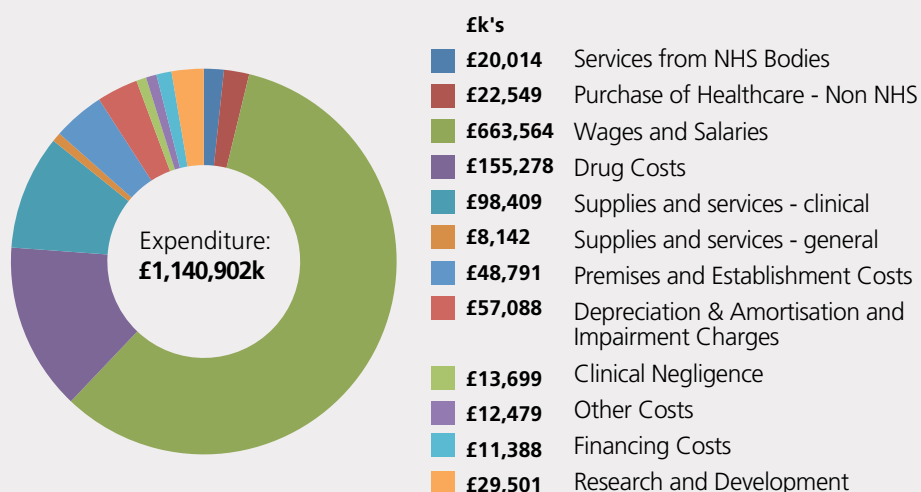


**Neil Priestley**  
Director of Finance

## Where our money comes from



## How we spend our money



## KEEPING WAITING TIMES LOW

We know that ensuring waiting times are kept as low as possible is important to our patients. The average waiting time for care at the Trust is eight weeks or less and the majority of cancer treatment waiting time standards are consistently met. During 2018/19 we achieved the all of the national waiting time targets.

The percentage of patients waiting less than six weeks for a diagnostic test increased to over 99% within the year and whilst we did not consistently achieve the four hour waiting time standard in A&E, on average we did admit or discharge, following assessment and treatment, almost nine out of ten people who came to the emergency department within the required four hour timeframe.



# INVESTING IN OUR FACILITIES

As well as making changes to how we deliver care, we have also continued to ensure our facilities meet the personal and clinical needs of patients.

In total we have invested over £24.4 million in our facilities and equipment throughout the year including two new state-of-the-art birthing pool rooms at Jessop Wing and a refurbishment of the lifts at the Royal Hallamshire Hospital.

We opened the new £6.7 million Northern General Eye Centre which now provides a one-stop-shop for patients who need cataract surgery. We have refurbished the Radiology Unit at the Royal Hallamshire Hospital and completed the first phase of a £30 million theatre replacement project, providing new state-of-the-art theatres on Q floor. During 2019/20 we will completely refurbish the remaining theatres on A floor.



Weston Park Cancer Hospital continued to be a focus of attention with further ward upgrades, refurbishment of the brachytherapy suite and a new outpatients department. We are also continuing to develop the business case for a new Cancer Research Centre integrated into Weston Park Hospital. Work also began on a £2.4 million aerial walkway which will connect Weston Park Hospital with Jessop Wing and the Royal Hallamshire Hospital. This will mean patients can be transferred between departments more easily and without having to wait for transport to be arranged.

The development of a Musculoskeletal (MSK) outpatients department for rheumatology, pain, therapy and orthopaedics at the Royal Hallamshire Hospital commenced in December 2018 and will continue through 2019/20.

As well as the physical environment we have progressed our 'Transformation Through Technology' programme with the



Pictured: Chief Executive Kirsten Major and Simon Carr, Managing Director, Henry Boot Construction Company marking the start of works on the new Weston Park walkway.

roll out of electronic prescribing and further development of the electronic whiteboards as well as our cyber security measures. As we move into 2019/20 we will be looking to move to the implementation of a fully comprehensive Electronic Patient Record which we see as an essential requirement for the Trust to achieve its goal of being paperlight.



# CARING FOR OUR STAFF

The Trust is privileged to have many skilled and dedicated staff who contribute to the success of our hospital and community services.

That is why 'employing caring and cared for staff' is one of our key aims. We want everyone of the 17,000 people who work for us to feel valued, supported and able to develop to their full potential if they want to. We believe that if we have happy people delivering care, then our patients will also benefit.

So we were really pleased that in the latest NHS staff survey our results showed that 81% of our staff would recommend the Trust to family and friends for treatment. This is well above the NHS average for combined acute and community Trusts. Additionally 68% of our staff would recommend the Trust as a place to work, this again is above the NHS average for combined acute and community trusts.

Throughout 2018/19 we have further developed our staff health and well being support programmes which includes health checks for all staff over the age of 40 and free flu vaccinations for staff. We also provide fast track access to physiotherapy, psychology and counselling services and stress management support such as a free mindfulness smart phone app.

We have continued to implement our new People Strategy which is called "Making it Personal". The strategy sets out how we want to build on our strong foundations to develop and



support everyone who already works at the Trust and also to make it an organisation which attracts the very best people to work with us. The people strategy fits with our PROUD values, 'Making a Difference' corporate strategy and our aims.

## OUR VALUES ARE WHAT MAKE US DIFFERENT

<b>P</b> atient-first	Ensure that the people we serve are at the heart of all we do
<b>R</b> espectful	Be kind, respectful to everyone and value diversity
<b>O</b> wnership	Celebrate our successes, learn continuously and ensure we improve
<b>U</b> nity	Work in partnership and value the roles of others
<b>D</b> eliver	Be efficient, effective and accountable for our actions





# WORKING TOGETHER WITH OUR PARTNERS

Partnership working with our neighbouring NHS and social care organisations will be key if we are to deliver the ambitions set out in the new NHS Long Term Plan. We are keen to play our full part in this, working with the South Yorkshire and Bassetlaw Integrated Care System (ICS) and Sheffield Accountable Care Partnership (ACP). These collaborative structures bring together health and social care organisations across the region and across Sheffield respectively to jointly plan and deliver services better tailored to the needs of the local population. During the year both of these partnerships became more formalised and a number of clinical and non-clinical workstreams are in place aimed at improving patient experience and outcomes.

For example the ICS has progressed changes in relation to Hyper Acute Stroke Services (HASU) and completed a Hospital Services Review. The full implementation of the changes regarding HASU services will take place in 2019/20 and the series of recommendations on the configuration of services arising from the Hospital Services Review are the basis of a business case for further service development.

Within the ACP, there are six priority areas for 2019/20:

- Improving the experience of older people in the care system
- Building community resilience through effective neighbourhood working
- Reducing smoking prevalence
- Reducing obesity and promoting physical activity
- Early years – developing more resilient families and communities

By strengthening existing partnerships and forming new alliances, we can play a leading role in closing the gap in health, wellbeing and life expectancy that is experienced in different parts of South Yorkshire. With this in mind the Trust is also working with Sheffield's two universities, Sheffield College, the Sheffield City Region Combined Authority (CA), the Local Enterprise Partnership (LEP) and many public, private and community partners, to take forward the vision for the Sheffield City region. There are six programmes in the plan which is called 'A Better Future Together', including one on health and wellbeing.



## LISTENING TO OUR PATIENTS

Listening to our patients and visitors is the best way to find out where we can do things even better or make change where we are not getting it right.

As well as looking at complaints and thank you letters, we use surveys and patient panels to gather views and ideas.

Our overall performance in national surveys consistently compares well against other Trusts and in a recent survey of inpatients carried out by the Care Quality Commission our care was rated as 'better than the national average'.

Highlights from the report included 96% of patients saying they got enough help from staff to wash or keep clean and around 90% of patients feeling well informed about what would happen next with care after leaving hospital.

## STAFF IDEAS MAKE ALL THE DIFFERENCE

We recognise the importance of positive staff engagement and good leadership to ensure good quality patient care.

During the last 12 months we have continued to encourage more of our staff to be actively engaged and involved in developing services and driving innovations in both clinical and non clinical services.

Yet again during the popular 'Give it a Go' weeks many members of staff tried out new ideas or ways of doing things which made a difference to patients or staff.





# NEW SPECIALIST STROKE REHABILITATION CENTRE OPENS

A new specialist rehabilitation centre was opened by Health Secretary Matt Hancock MP at Norfolk Park.

The new 30-bedded centre was the culmination of a three-year programme to further improve stroke services in the city. Staffed by a team of stroke rehabilitation nurses, physiotherapists, pharmacists, dietitians, occupational therapists, speech and language therapists, psychologists, orthoptists, and doctors, the new centre is reducing long-term dependence on acute hospital care and ensure patients receive the right rehabilitative support in the right setting at the right time of their recovery.

Boasting a therapy gym with specialist rehabilitation equipment and a specially designed kitchen with moveable surfaces, patients can improve balance, coordination and strength, and learn how to adapt to their changing needs, like having to cook one-handed, in a supportive environment. In addition there are spacious grounds outside for social interaction and a communal area for dining.

Dr Amanda Jones, Stroke Nurse Consultant said: "The opening of the new, stroke rehabilitation centre is the culmination of a three-year programme to transform stroke services across the city. It can take months and possibly years for stroke survivors to recover both physically and emotionally from a stroke, so this is a fantastic development which will

enable stroke patients to receive the right treatment and support at the right time in the right place.

The new centre has also freed up beds at the Royal Hallamshire Hospital's acute stroke unit. These can now be used to further develop services for those in the early stages of their stroke, to ensure they receive the necessary specialist emergency treatments and care.

Matt Hancock said: 'The integrated care I saw in Sheffield was fantastic. Having this sort of rehabilitation facility in the community gives stroke survivors the best chance at recovery, and it was great to see first-hand the different ways staff are supporting patients, from tai chi to cooking skills. It's the sort of thing we want to see lots more of in our NHS.'



## A LEADER IN RESEARCH AND INNOVATION

As well as clinical care, we continue to be one of the top performing NHS research organisations in the country, and have a proud history of pioneering medical advances that have now become established NHS treatments.

Working in partnership with the city's universities, members of the public, patients, and industry partners, our cutting-edge research helps to advance understanding of how diseases work, leading to the development of new treatments and therapies, improving care for patients both now and in the future. We also know that patients who participate in research studies tend to make better progress

in their care and recovery than those who do not, so research is a core part of what we do in striving to provide excellent healthcare.

Research and innovation projects undertaken over the last 12 months include a revolutionary neck collar which is making life more comfortable for patients with motor neurone disease and a ground breaking £2 million study looking to see if stem cells harvested from a patient's blood can help patients with Crohn's disease regrow an immune system.

We are also playing a leading role in a major international effort aimed at devising better treatments for people living with hypoglycaemia, a common and potentially serious complication of diabetes.

We continued to play a leading role in pioneering the delivery of genomics medicine, and became a key partner in one of seven new genomic laboratory hubs set up by NHS England Genomics Laboratory Service to bring specialist genetic testing and interpretation to the benefit of patients across the Yorkshire and Humber, North East and Cumbria.

# MS stem cell team win NHS Parliamentary Award

## The team behind a pioneering treatment for multiple sclerosis have won a national NHS Parliamentary Award

The autologous haematopoietic stem cell transplant (AH SCT) team was successful in the Future NHS category.

The team, led by Professor Basil Sharrack, Consultant Neurologist and Professor John Snowden, Consultant Haematologist, was nominated by Clive Betts MP and was selected from 750 nominations submitted by over 230 MPs across the country.

The breakthrough treatment is the first to significantly reverse disability in certain patients with multiple sclerosis (MS). AH SCT works by 'wiping out' the faulty immune system causing the illness with a high dose of chemotherapy. Once destroyed, the immune system is then rebuilt using blood and bone marrow stem cells which would have been collected from the patient's own blood prior to chemotherapy. The regenerating immune system is then effectively 'rebooted'.

So far the treatment has had a life-changing impact on patients who have the relapsing remitting form of the disease, and many regaining their ability to walk, run and even dance as a result.



## Nurses win top accolade for helping dying patients to return home

Nurses who are helping patients at the end of life that arrive at the Accident and Emergency department get home for a dignified death were crowned winners of the Emergency Nursing award at the RCNi Nurse Awards. The awards, which are run by the Royal College of Nursing, are the profession's top accolade and recognise nurses who deliver exceptional patient care.

Staff at Northern General Hospital's A&E department introduced a new pathway to enable patients nearing the end of life to be supported to return to their preferred place of death, often their home, rather than be admitted to hospital. A 24/7 pathway has now been established for all patients who choose to die in their own home. This pathway includes a 'comfort box' that contains items such as syringe drivers, incontinence pads and mouth care equipment.

A new room for bereaved families and friends of patients has also been created at the hospital. Nurse Director for Acute and

Emergency medicine, Angela Harris, said: "This award is down to the commitment of the whole team, the nurses, doctors in A&E, and our palliative care colleagues and GPs."



Caroline Buckle

## Silver medal for Sheffield Teaching Hospitals 'Warrior'

**Caroline Buckle, a Medical HR advisor at the Trust has won a silver medal after competing in the Warrior Games in Tampa, Florida last month.**

Caroline competed in events including seated shotput, para-powerlifting, cycling, swimming and seated discus, in which she won the silver medal.

The Department of Defense (DoD) Warrior Games were created in 2010 and designed to introduce wounded, ill and injured service members and veterans to Paralympic-style sports.

Caroline is a veteran and served in the army providing support to staff and personnel in Germany, Cyprus and Kenya and on a number of operational tours including in Bosnia, Iraq and Afghanistan.

Following an incident in 2009, she was left with life-changing injuries to her left leg and also suffers from anxiety, depression and post-traumatic stress disorder.

She said: "The Warrior Games was the start of a new chapter in my life, the one where I am finally feeling the buzz of living life, that is the biggest medal I won. I cannot thank the Medical HR department enough for supporting me and granting me the time off to go away and compete."





Nurse Practitioner Laura Green with donor James Moore

## First person to donate lifesaving stem cells in new partnership

**A specialist medical unit in at the Royal Hallamshire Hospital is now enabling more people to help save lives all over the world.**

The NHS Blood and Transplant Therapeutic Apheresis Services (TAS) unit, has become the first unit in the country to provide collection centre services for donors from all three stem cell and bone marrow registries operating in England.

The latest partner is DKMS, a blood cancer charity registering potential blood stem cell donors aged between 17 and 55.

The TAS unit is now the only NHS centre in England that provides services for donors from the British Bone Marrow Registry, Anthony Nolan and DKMS.

Stem cell and bone marrow donations are collected to support people who have blood disorders and cancers such as leukaemia and require a lifesaving stem cell transplant.

The first person to donate through the DKMS partnership was James Moore, 26, from Liverpool.

James was inspired to register as a potential blood stem cell donor after hearing the story of a young Liverpool boy who needed a transplant.

He was on the registry for a few years before being identified as a match for someone in need.

He said: "To be identified as a potential match for someone and to go on and donate my blood stem cells to help save their life is such an exciting experience and one that I will never forget. What better gift can you give then the gift of life?"

Each year around 400 patients can't have this potentially lifesaving treatment because there's not a suitable donor.

Catherine Howell, NHSBT Chief Nurse Diagnostic and Therapeutic Services, said: "For some patients, a stem cell transplant is the only hope of survival and if a family member is not a match, patients rely on the generosity of strangers. By working together with DKMS and Sheffield Teaching Hospitals we hope to increase the number of donors available to people and save more lives."

For more information about becoming a stem cell donor, visit [www.nhsbt.nhs.uk](http://www.nhsbt.nhs.uk)

## Trust named centre of clinical excellence by Muscular Dystrophy UK

**The Trust has been recognised by Muscular Dystrophy UK for providing outstanding care for people with muscle-wasting conditions.**

It has been awarded Centre of Clinical Excellence status by the charity. The awards recognise excellence across a range of criteria, including the care received by patients, and help to drive up the standards of clinical support for people with muscle-wasting conditions.

Since 2015, Sheffield Teaching Hospitals has treated over 1,000 patients with neuromuscular disorders such as muscular dystrophy, spinal atrophy, neuropathies, and neuromuscular junction disorders. Neuromuscular disorders are caused by muscle wasting and nerve degeneration over a period of time.

Over the past few years, the team have played a key role in helping to raise awareness of the neuromuscular conditions, organising and running training days and events for GPs, patients, carers and families.



Dr Channa Hewamadduma with Rob Burley of Muscular Dystrophy UK

## On-site fresh fruit and veg

A fruit and vegetable stall is now open on site at the Royal Hallamshire Hospital, providing a range of fresh produce for staff, patients and visitors to buy.

The seller is a local market trader. The stall is situated on B road main entrance, 8am–4pm, Monday to Friday. Work is underway to try and make arrangements for a similar stall at the Northern General.







Charlotte Waite in the new control room at the unit

## Video telemetry helps diagnose epilepsy and sleep disorders

A new unit helping to diagnose patients with suspected epilepsy and sleep and movement disorders has opened at the Royal Hallamshire Hospital.

**Video telemetry is a specialist technique which involves measuring brain electrical activity and making video recordings of a patient's seizures, in order to diagnose and investigate attacks that affect the brain.**

The unit, which has been relocated to ward N2, provides enhanced facilities for patients including two side rooms, a three-bedded bay area and a new control room.

Up to ten patients can be investigated in this unit each week, it is the largest of its kind in the north of England. The new control room allows for 24/7 monitoring of patients, while the side rooms give patients who are attending for sleep studies much needed privacy and a better environment in which investigations for sleep disorders can take place.

Specialists in the unit use a wide range of techniques to improve accuracy of diagnosis in epilepsy and sleep disorders. A few selective patients with epilepsy are evaluated for suitability of surgery in the units using electrodes.

These are implanted with use of the ROSA surgical robot assistant. This technique helps the surgeons to pinpoint the precise location of the abnormality in the brain prior to surgery.

Charlotte Waite, Professional Services Manager for Clinical Neurophysiology, said: "Patients have already commented that the new side rooms are peaceful and relaxing and the addition of the new control room ensures that the highest safety standards are met."

Carrie Upton, 31, from Lincoln has suffered with epilepsy since she was 14. She used the video telemetry unit two and a half years ago for investigations which showed the seizures were very deep in her brain. This time round she's hoping that the tests will pinpoint the exact location of her seizures so she can have surgery. "I'm really impressed with the new unit. I had my own room last time, but there's so much more space this time round, it's more peaceful and much brighter and the staff feel a lot closer. I felt very safe in their care. It's been brilliant."

## New outpatient hub takes shape

Work is progressing on a new musculoskeletal (MSK) outpatient facility on B floor at the Royal Hallamshire Hospital.

The new department will incorporate the MSK departments of therapy services, rheumatology, pain and orthopaedics.

A new administrative area to support the department is now open and some of the administrative staff from therapy services and rheumatology are working from there. Work on phase 2 of the project started in July.



## New wards at Northern General

**Two new wards are being constructed at the Northern General to help accommodate patients while work takes place on the Hadfield building.**

The new purpose built wards, off Vickers Corridor, are on track to open by January 1, and will help to provide capacity for patients during the busier winter months. Work has now started on the Hadfield building repairs that are required.

# Results of Governor Elections



This year's elections ran from 31 May to 20 June. The elections were conducted on behalf of the Trust by Electoral Reform Services in accordance with the rules set out in the Trust's Constitution using the single transferable vote electoral system.

The Trust would like to thank all the candidates for taking part and to congratulate the successful candidates. Also many thanks to all our members who took the time to vote. Now the votes have been counted and we are pleased to announce the results:

Constituency	Candidates	Vacancies	Elected
<b>Patient</b>	David Foster Martin Hodgson Harold Sharpe Fiona Tatton	4	David Foster Martin Hodgson Harold Sharpe Fiona Tatton
<b>Public South West</b>	Joanna Mutlow Sue Taylor	1	Sue Taylor
<b>Public West</b>	Chris Sterry	1	Chris Sterry
<b>Public South East</b>	Steve Barks Peter Bryan Samra Shahid	1	Steve Barks
<b>Public North</b>	Mick Ashman	2	Mick Ashman

## Newly elected Governors

### Fiona Tatton

#### Patient Governor

Sheffield Teaching Hospitals NHS Foundation Trust has a critical role at the centre of the community in Sheffield and beyond. It's a huge privilege to be able to represent fellow patients as a patient governor.



Over the past year I've received life-saving treatment and I'm committed to giving something back in recognition of all my medical team has done for me. The NHS is unique and we must all take an active interest in our local services so we can enable them to thrive and keep delivering the very best possible care.

The Trust is as fascinating as it is complex. During my tenure as a patient governor I'd like to encourage more patients to become members of the Trust, so the wider community can help to support its work.

### David Foster

#### Patient Governor

I believe strongly that our health services should be equally and equitably available for all. After enforced early retirement I spent a number of years as a volunteer living and working with people who have learning difficulties and others who have physical or sensory impairments.



As a patient governor I particularly wish to raise the profile of the needs of such patients and others who suffer from physical infirmities, have limited mobility, or find it challenging to access hospital facilities for other reasons.

I would like to advocate for the improvement of the aftercare and support of outpatients, especially those whose acute treatment has been completed, but whose quality of life continues to be affected by consequential impairments.

### Steve Barks

#### Public Governor South East Sheffield

I was brought up in Sheffield, and for the past 12 years I have divided my week between being a carer in Sheffield and teaching in an east London comprehensive (science and business). Now, after 35 years at the same school, I have left the profession to be a full time carer in Sheffield.

During my career I have been an assistant headteacher, school governor and worked across institutions on developing careers and vocational education. He have led on and written several successful project bids and was the director of the North East London Engineering Diploma Consortium.

I have much experience of the hospitals and community services in Sheffield, through my father who suffered and survived a severe paralysing stroke, my mother and my own treatment in ENT.



I have much to be grateful for and so volunteered as a governor to give something back. I hope to employ my skills and experience in listening, asking critical questions, analysing data and making well-judged decisions in order to help make Sheffield Teaching Hospitals the best they can be.

### Chris Sterry

#### Public Governor West Sheffield

As a family carer for my adult daughter who has learning disabilities and autism, I have an ongoing interest in quality care both in its management and delivery by public bodies, care providers and care workers.



I would like to bring my family and working life experiences to the Trust and work together with the Trust management, the health care professionals and other governors to continue to improve what is already available within the Trust and also contribute to enhancing the patient experience. At the same time I also hope to strengthen my own knowledge to put to use in my endeavours in other areas.





## Re-elected Governors

### Sue Taylor

**Public Governor**  
**South West Sheffield**

I would like to thank Trust members of South West Sheffield for re-electing me as Governor for my final three years.

I consider it a privilege to continue to represent the members by attending Trust Board meetings, Council of Governors' meetings and other presentations to ensure that the Trust's future decisions are for the mutual benefit to both patients and staff.

I will continue to be the Governor representative on various committees including the Patient Experience Committee and the Pharmacy Management Board. I am in a unique position as a Governor to ensure that the Trust performs well for patients who use their services.



### Harold Sharpe

**Patient Governor**

Thank you for re-electing me as a Patient Governor. I am pleased about this and will continue to bring my experience of being a patient and of having a disability to bear on the broad range of issues I've been involved with.

I'll continue to represent the needs of patients and work with my fellow governors to encourage the Trust to keep improving the patient experience and also support the board in taking the Trust forward in these very challenging times.



### Mick Ashman

**Public Governor**  
**North Sheffield**

I am very pleased to be re-elected as Governor for Sheffield North for a second term. I have been impressed with the governance arrangements at Sheffield Teaching Hospitals which are open and transparent and reflect an organisation that regards the delivery of high quality care as core value.

I will continue to represent the community of north Sheffield by attending Trust board meetings, Council of Governors' meetings and Trust committees that reflect my areas of expertise.



### Martin Hodgson

**Patient Governor**

I am delighted and honoured to be able to carry on my work as a governor. And I thank everyone who has helped that to happen.

STH is a vibrant and forward looking hospital trust leading the way on a number of important issues. But there are always things which need vigilance. My particular focus is on equality and inclusion issues.

Please contact me via the Membership Office on 0114 271 4322 if you wish to discuss any issues with me.



## New walkway takes shape

**Work is well underway on the new walkway which will link Weston Park Hospital to Jessop Wing.**

The metal frame which will support the walkway is now in place, with construction expected to be completed by the end of 2019.

The £2.4m project will mean that all three hospitals at the central campus (Weston Park, Jessop Wing and the Royal Hallamshire) will be connected via walkways, enabling patients to be transferred without the need for ambulance transport.

Currently there is no direct link between Weston Park Hospital and the other hospital buildings.

Chief Executive Kirsten Major said: "The new link completes the connections across all three sites and means we can transfer patients in a timely, convenient, dignified and safe way without patients having to go outside."







## History Group at Festival Day

**Three volunteers from Sheffield Hospitals History Group attended the Sharing Good Practice Festival Day.**

Staff were able to pop in to the exhibition throughout the day to find out more about the history of Sheffield's hospitals. On display were a variety of artefacts including nurses' uniforms and badges, medical and nursing equipment, photographs and documents.

Staff were able to see how the hospitals have changed and developed over the years, and learn and reminisce about old medical and nursing practice. Old photographs displayed in albums or projected onto the TV proved to be of particular interest.

## Heritage Open Days

**The STH History Group will be opening its doors to the public as part of the national Heritage Open Days.**

This is a rare opportunity for visitors to see old hospital equipment, as well as portraits, sculptures, photographs and other material relating to the history of Sheffield hospitals.

The History Group is based in a former cytology training room on Central Lane at the Northern General Hospital

Open days will be held on Saturdays 14th and 21st September, and Tuesday 17th September.

Booking is required - for full details please visit:

[www.heritageopendays.org.uk/visiting/event/sheffield-hospitals-history-archive](http://www.heritageopendays.org.uk/visiting/event/sheffield-hospitals-history-archive)

# Dates for your diary 2019

### 17 September 10:15 am

Annual Members' Meeting  
Medical Education Centre,  
Northern General Hospital

### 24 September 12:30 pm

Board of Directors Meeting in public  
Undergraduate Common Room  
Medical Education Centre  
Northern General Hospital

### 24 September 3:00 pm

Council of Governors Meeting  
Undergraduate Common Room  
Medical Education Centre  
Northern General Hospital

### 29 October 10:00 am

Board of Directors Meeting in public  
Undergraduate Common Room  
Medical Education Centre  
Northern General Hospital

### 26 November 10:00 am

Board of Directors Meeting in public  
Undergraduate Common Room  
Medical Education Centre  
Northern General Hospital

### 17 December 12:30 pm

Board of Directors Meeting in public  
Undergraduate Common Room  
Medical Education Centre  
Northern General Hospital

### 17 December 3:00 pm

Council of Governors  
Undergraduate Common Room  
Medical Education Centre  
Northern General Hospital

Agendas and associated papers can be accessed on the Trust website seven days prior to each meeting.

### Council of Governors meetings

[www.sth.nhs.uk/members/governors-council/governors-council-meetings](http://www.sth.nhs.uk/members/governors-council/governors-council-meetings)

### Board of Directors meetings

[www.sth.nhs.uk/about-us/board-of-directors-meetings](http://www.sth.nhs.uk/about-us/board-of-directors-meetings)

IT'S FREE!

Please register me as a member of the  
Sheffield Teaching Hospitals NHS Foundation Trust

Title ☐ Mr ☐ Mrs ☐ Ms ☐ Dr ☐ Other...

Family Name

First Name

Address

Postcode  Telephone

Email

Date of Birth  /  /

### I would describe my ethnic background as:

☐ White British ☐ White Other (non British) ☐ Asian or Asian British  
☐ Black or Black British ☐ Mixed / Multi heritage ☐ Other Not stated

### I declare that I am eligible and would like to become a Member:

☐ Public member ☐ Patient member

Signed

Members will not receive any preferential access to health services as this would be contrary to NHS principles.

**Post to: Sheffield Teaching Hospitals NHS FT, FT Office,  
Clock Tower Building, Northern General Hospital, Sheffield S5 7AU**