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*The free members' newsletter of
Sheffield Teaching Hospitals NHS
Foundation Trust*

SUMMER 2013 ISSUE 29

Good HEALTH

Learning from the tragedy at Mid Staffordshire Hospital

Over the last year you will have read about the tragic events at Mid Staffordshire Hospital which led to the death of up to 1200 patients between 2005 and 2009.

Since then the Francis Report has examined what went wrong at that hospital and why the care patients received was not as we would all expect. This month we have also heard about the review by the NHS Medical Director Sir Bruce Keogh which showed that 14 other Hospital Trusts had higher than expected death rates and needed improvement action. I am pleased to say that here in Sheffield our clinical outcomes and patient satisfaction levels are very good thanks to the continued hard work and expertise of our staff who work in the City's adult hospitals and out in the community.

However, quite understandably what happened at Mid Staffordshire Hospital and other Hospitals should be a concern to us all and the information in this article I hope will give you reassurance about Sheffield Teaching Hospital NHS Foundation Trust's performance in the areas which matter most to our patients and their families.

• We have not waited until the publication of the Francis

report to review our systems and processes. For example after the National Quality Board published their draft guidance called 'Quality in the new health system', we carried out a 'True for us' review to ensure we had robust systems in place particularly to give us early warning of potential quality of care issues.

- **Death (mortality) rates** at Mid Staffordshire Hospital were found to be high. In contrast our Trust has had consistently lower than average mortality rates for a number of years. Mortality rates are regularly monitored and we have an alert system in place if there is an unexpected variance from the expected figures. This enables quick investigation and action to address any problems. Recently surgical outcomes for a number of operations were made public and all of our surgeons were within the expected mortality range, despite operating on some of the sickest patients.

- **Our clinical outcomes** for many procedures are amongst the best in the NHS and our infection rates are also

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Trust welcomes the publication of surgeon's mortality rates



Sheffield Teaching Hospitals has welcomed the national publication of surgeon's mortality rates and other clinical outcomes.

The information is being published on the NHS Choices website for the first time to show patients how well consultants across England perform. Patients can see the number of times a surgeon has carried out a procedure, their mortality rates and whether or not they are performing within the expected range.

The new national performance reports have identified many of Sheffield surgeons are among the very best in the country with mortality rates below the national average.

Vascular, hip and knee, thyroid, endocrine and cardiac surgery have been the first to be published this week. Details on other specialities

will emerge in the coming months.

All vascular, endocrine, thyroid, cardiac surgeons and orthopaedic surgeons (hip and knee) working in Sheffield Teaching Hospitals had death rates which fall within the expected range or are better than the national average.

Dr David Throssell, Medical Director, said that the publication of the data will be beneficial for both patients and healthcare staff.

"We very much welcome the opportunity to be open about our performance and provide patients with more information. Patients should be able to see how individual doctors are performing. That principle has been agreed for many years and has been successfully implemented in cardiac surgery. Indeed Sheffield was one of the first Trusts to publish outcomes for cardiac surgery as long ago as 2005.

The Summary Hospital-level Mortality Indicator (SHMI) is recognised as the best indicator of the overall quality of care an organisation provides. We have had consistently lower than average mortality rates for a number of years. The national average is calculated at 1 and Sheffield Teaching Hospitals Trust is below this at 0.9. Mortality rates are regularly monitored and we have an alert system in place if there is an unexpected variance from the expected figures. This enables quick investigation and action to address any problems. We are constantly looking at where we can further improve patient safety and outcomes and we monitor a range of indicators such as readmission rates, and length of stay in hospital to ensure we are aware of any issues as early as possible.

However, whilst welcoming the increased transparency of

clinical outcomes, Dr Throssell also believes the publication of any data must be reported very carefully and in a way which the public can easily understand.

"The data collected must of course be accurate, but reporting that data isn't so straightforward because the figures also need to reflect the level of risk involved, and that's different for each patient as well as each procedure. Mortality rates for an individual surgeon are affected by the particular mix of patients who they treat, and so the figures published must be risk adjusted. Data which has not been risk adjusted should not be used to compare individual surgeons as it could give a misleading picture.

For example, after careful consideration and assessment of the patient, some highly skilled surgeons may be prepared to undertake an operation, which

other less experienced surgeons may have felt unable to do. There may also be patients who are very sick and therefore the risk of an operation is greater than if the patient was healthy.

Sheffield Teaching Hospital NHS Foundation Trust is a centre of excellence for many operations and procedures and attracts patients from across the UK. As a consequence, a higher percentage of more complex surgery is performed, very often on some of the sickest patients. This can affect the raw performance data compared with other hospitals which perform more routine operations on patients who have less risk of complications. Risk adjusted data is important given this scenario because it allows patients to compare hospitals on a like for like basis."

Continued from page 1

considered very low for a Trust of our size. We are constantly looking at where we can further improve patient safety and outcomes and we monitor a range of indicators such as readmission to hospital rates, and the length of stay in hospital to ensure we are aware of any issues as early as possible.

- **Nurse staffing levels.** Nurse staffing levels are under continual scrutiny and are formally reviewed every 6 months by the Chief Nurse. The review is based on the level of care patients on each ward are likely to need which informs the staffing numbers and skill mix and on a daily basis; control is given to Matrons to ensure wards are optimally staffed. We always have a higher ratio of trained nurses to support workers on each ward. A report is provided to the Board of Directors annually which also considers care outcomes on each ward.

- **All of our support workers undertake** an established comprehensive training programme over a number of months called 'Prepared to care' which is a formal recognised qualification. The training covers all the essential care skills which support workers would be expected to need on a ward/department. It also covers professional behaviours, values and the importance of care and compassion.

- **We have been implementing 'Intentional rounding'** across our hospital wards. This is where, every few hours, nurses on each ward, carry out a ward round to check every patient is comfortable, has a drink offered to them, is not hungry or in pain and asked if they need to visit the toilet. This is part of the focus we have on ensuring fundamental care needs are met. Each month we also ask a random sample of patients on a number of wards if they feel they have had their essential care needs met. We then use this patient feedback to make any improvements necessary.

- **We proactively seek out patient feedback to inform where we need to make improvements** or indeed to recognise where services are good. We have a number of ways patients can give their views and have also introduced the Friends and Family test, where patients are asked if they would recommend a ward or department to their relatives or friends. This feedback along with complaints and survey results is fed back to wards/departments so that improvements can be considered and staff can be praised where high standards of care or service have been highlighted. The Board also receives a full analysis of patient feedback every quarter.

- **Clinical leadership is strong.** We are one of a handful of Trusts which has Clinical Directors



and Nurse Directors working alongside Managers and being actively involved in decision making at a strategic level as well as at the front line of service delivery. Every month the Board of Directors has a clinical update from a department to hear about the challenges as well as opportunities that particular services face. And finally if the Chief Nurse or Medical Director expresses a view that a decision or action would be unsafe, then their opinion overrides anything else.

- **Safety, the best possible clinical outcomes and a focus on patient experience is at the heart of our vision and aims** which are set out in the corporate strategy called 'Making a difference'. Our strategy was developed only after listening to feedback

from patients, carers and staff and the same feedback led to the development of our PROUD values:

- Patients first
- Respectful
- Ownership
- Unity
- Deliver
- **A new annual appraisal process is being implemented which includes values and behaviours as well as job performance.** Recruitment processes are also changing to include assessments of a candidates 'fit with our organisational values and behaviours' as well as their professional competencies.
- **As a Foundation Trust our Board of Directors is overseen by Governors who**

are independently elected and are patient, staff or public representatives.

The Board of Directors and Governors Council receive performance reports, clinical updates and undertake visits to front line services and wards every month to ensure they have a clear understanding of the issues facing staff and patients.

While this is a reflection of our on-going commitment to provide safe, good quality care for patients, we also know that we have areas where we can improve further and with the support of our patients, staff and local community we remain committed to providing the best care possible.

Andrew Cash

Andrew Cash

Results of Elections for Governors

This year's elections ran from 5 to 25 June. The votes have now been counted and we are pleased to announce the results:

Constituency	Number of candidates	Elected or re-elected candidates
Public North	2	Kaye Meegan re-elected
Public West	1	Anne Eckford unopposed and re-elected
Public South East	1	Hetta Phipps unopposed and re-elected
Public South West	1	Sue Taylor unopposed and elected
Patient	1	Caroline Irving unopposed and re-elected

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.

The Trust would like to congratulate the successful candidates and

thank all our Members who voted.

You can contact your Governors via the Membership Office on 0114 2714322 or you can email them at governor@sth.nhs.uk

Sue Taylor Public Governor for South West Sheffield

I am very pleased to be a new Public Governor representing Trust Members in South West Sheffield.

I worked in the NHS for 40 years before I retired last year from my post at Sheffield Children's Hospital where I was employed for nearly 20 years as Office Manager in the

Paediatric Surgical Unit. I served two terms of office (6 years) as a Staff Governor at the Children's Hospital and during that time I had the opportunity to be involved with patient surveys and care which I hope will continue in my new role at Sheffield Teaching Hospitals.

As a Governor I will be in a position to participate on committees concerned with the quality of patient care and also contribute to decisions on the Trust's plans for the future and I am looking forward to being able to express to the Board the

views of local Members who I represent, which hopefully will make a difference. I have a keen interest in helping patients and making sure that a high quality service of care and safety is available for all users of our local hospitals.



Kaye Meegan Public Governor for North Sheffield

I would like to say a huge thank you to Trust Members in the north of Sheffield who voted for me in this year's elections, I am delighted to have been re-elected as a Governor. It is a role I take very seriously and as such I will keep you up to date on the varied commitments the role requires.

Now I have been re-elected I am keen to be more involved

in future plans for outpatient services but I will also continue with my commitments to a number of other groups I am already involved with such as the Patient Environment Group and the Patient Experience Committee. Ensuring patients have a say in hospital services is really important to me and I will continue to pass on your views wherever and whenever I can.



Anne Eckford Public Governor for West Sheffield

I am pleased to be starting a third term of office as a Governor representing West Sheffield and I am looking forward to working with the Trust to continue improving patient care in our hospitals and in the community. My special interests are food, maternity services, care of our older patients and I ensuring our hospitals remain safe and healthy environments. I will continue to represent the views of patients and the public to the Board of Directors at monthly meetings.



Caroline Irving Patient Governor

I am pleased to continuing for a second term as a patient governor. I think I am beginning to understand the range and complexity of the workings of the Trust and have met many good and committed people who work for it. I have also met many patients – some with

good experiences and some not so good. I hope to use this next term to make sure the concerns and needs of the patients are paramount when decisions are made and that everyone, whether they work here or comes as a patient, feels that this Trust is the best it can be.



Hetta Phipps Public Governor for South East Sheffield

I am very pleased to have the opportunity to stand as Governor for the South East of Sheffield for a second term of office. The experience I have gained over the past 3 years has been good and enlightening. During my second term of office I will endeavour to ensure that the needs and views of the service users are communicated and that on behalf of the patients, their families and carers the board of directors are held

in account for the continued success of our hospitals.



WHAT IS A FOUNDATION TRUST

It is now over 10 years since Sheffield's five hospitals for adults (the Jessops, Northern General, Royal Hallamshire, Weston Park and Charles Clifford) joined together as Sheffield Teaching Hospitals NHS Trust. At that time the Secretary of State for Health had oversight of all NHS Trusts.

The Government then wanted to give the best hospitals more autonomy and to make them accountable (at least in part) to their local communities. These were to be Foundation Trusts (FTs)

with each one a 'going concern' and with local accountability complemented by oversight by national regulators, particularly of the quality of health care they provided and of their finances. NHS Trusts had to apply for Foundation Trust status and in 2004 Sheffield Teaching Hospitals (STH) became one of the first to pass the necessary tests.

Last year Sheffield Community Services joined the Trust. It is now one of the largest FTs in the country with 15,000 employees and a budget of £900m.

Foundation Trusts were set up

as 'public benefit corporations' intended to learn from and bring together good practice in the public, private and co-operative sectors. Instead of shareholders FTs have individual and partner members. These are members of the public, patients, members of staff and also partner organisations who have a common interest in the success of the FT. For example, the City Council and the University of Sheffield. The members and partner organisations elect or appoint governors to act on their behalf, representing the interests of members as a whole and the interests of the public. Being

a Governor is an unpaid voluntary role.

Governors appoint the Chairman and other non-executive directors and hold them to account for the performance of the Organisation. The non-executive directors, chosen for their professional experience gained elsewhere and their ability to think independently, are not employees but receive some remuneration in recognition for the time they give. One of the jobs that fall to non-executive directors is the appointment of executive directors (for example, the Chief Executive). Together the Non Executive and Executive Directors make up the

Board of Directors. The board's monthly meetings are open to the public and agendas can be found on the website www.sth.nhs.uk.

The Council of Governors meets quarterly, also in public (their papers also on the website). The Council must see the auditor's report on the annual accounts and be given opportunities to comment on the Trust's strategic direction. It receives regular reports on performance and commissions reports on how the strategy is progressing in different specialist areas. Any plans to merge the Trust with another one (or to acquire another Trust) have to go to the

The Board of Directors

The Chairman



Tony Pedder OBE

The Executive Directors



**Chief Executive
Sir Andrew Cash OBE**



**Chief Nurse/Chief Operating
Officer, Professor Hilary
Chapman CBE**



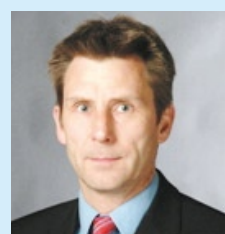
**Medical Director
David Throssell**



**Director of Strategy and
Planning, Kirsten Major**



**Director of Human
Resources, Mark
Gwilliam**



**Director of Finance
Neil Priestley**



**Trust Secretary
Neil Riley**

Non Executive Directors



Vic Powell



Vickie Ferres



Shirley Harrison



Professor Tony Weetman



John Donnelley



Annette Laban



Martin Temple



**Communications
Director, Julie Phelan**

Other Directors who attend the Board

More information about each member of the Board of Directors can be found on the website www.sth.nhs.uk. You can also read about the Trust's future plans in the document: Making a Difference 2012-17 in the About Us section of the website. See overleaf for details of the Trust Governors who represent the view of our members which includes patients, local communities and staff.

Getting to Know You

Professor Hilary Chapman CBE, Chief Nurse/ Chief Operating Officer



Hilary joined the Trust as Chief Nurse in March 2006 before taking up her current role of Chief Nurse/Chief Operating Officer in December

2009. Having previously held the post of Chief Nurse at the University Hospitals Coventry and Warwickshire NHS Trust, Hilary came back to her roots in Sheffield where her nursing career began 31 years ago. Hilary completed her training at the Northern General Hospital where

she progressed to staff nurse, then sister in both the cardiothoracic and critical care areas.

Hilary, who was recently recognised in the Health Service Journal as being one of the top 100 clinical leaders in the country, provides nursing and midwifery advice to the board, managers and clinicians. She ensures that the Trust provides clinical services that are effective and safe and develops strategies to ensure effective infection prevention and control measures are in place.

Hilary said: "I have gained a huge amount from working all over

the country but it was always my ambition to return to Sheffield, my home city. I really enjoyed having worked alongside so many of the staff at STH earlier in my career. So many of our staff stay in Sheffield and their families follow them to work here. It is becoming more frequent that I work alongside people who I remember being born(!) but that loyalty in our staff is one of the best things about our organisation and I am proud to be part of it."

Hilary has worked at regional and national level, making major

contribution to health policy, system reform and healthcare delivery. She has played an influential role in numerous national boards including the National Quality Board, the NIHR Advisory Board, the Centre of Excellence Advisory Board - Next Stage Review and the Advisory Panel to NHS Chief Executive and Minister for Health, High Quality for All.

As well as her executive roles, Hilary regularly undertakes at least one clinical shift every month which she describes as being 'one of the most important and valuable things' she does. She added: "I think its vitally

important to keep a clear view of how things are at the bedside, in the patients' home or in the clinic or operating theatre. When you are in a leadership position, it is important that all that you do connects with reality informed by those who deliver care. I always learn something when I'm working clinically and it's a great opportunity to meet staff in the care environment. I always enjoy my time in practice, I am fiercely proud to be a nurse and have always considered it to be a privilege to be able to touch people's lives in the way that nurses alongside many other healthcare workers do."

Quick Fire Questions

What are your main responsibilities?

Providing highly visible leadership to the Trust's nursing and midwifery workforce and to foster a culture that values continuing professional development,

empowering nurses and midwives to achieve excellence in the delivery of patient care, clinical outcomes and patient experience

What part of your job do you enjoy the most?

I really value the variety in my role. I have the privilege of being able to put my uniform on and work in any clinical area in our hospitals and community and the next day, I can be helping to shape policy nationally that

governs the way our health services are delivered. I enjoy working as part of many different teams and am lucky to work amongst some of the best people in the NHS.

What are the key issues that are

occupying you at the moment?

As always, doing our best for our patients and that can range from ensuring they can access our services to enabling staff to delivering excellent care

Governors Council for final decision, as do other 'significant' transactions.

The Council must also approve (or not) increases of more than 5% a year in the Trust's private income. Governors must be satisfied that the earning of private patient income will not interfere with the Trust's principal purpose – the provision of NHS services.

As well as attempting to represent the interest of Trust members and the public, governors must also relay information about the Trust, its vision and its performance to members of the public. So governors work alongside professional communications staff to see that 'Good Health' carries the information needed and to develop the Trust's website.

Governors do not pursue individual complaints but they can advise on the route to take and they do have a keen interest in patients' experience overall. At their Council they see regular reports of feedback from patients of their experience of health care at STH and governors sit on a number of Trust committees and working groups, focussing on topics like patient experience, clinical effectiveness and the hospitals' environment.

John Laxton

Public Governor, Sheffield SW

Kath Parker Patient governor

"As soon as I popped out of the womb I knew I wanted to be a nurse," says Kath who went



on to work for Sheffield's Hospitals for 39 years finishing her career as Clinical Nurse Specialist for Tissue Viability.

Over the years she had often thought she would be interested in becoming a governor but didn't think she would be capable. Then one day, after she had retired and her domestic caring responsibilities had ended, she met a friend who encouraged her to apply. She stood and was elected as a patient governor in 2012.

As a governor Kath contributes to various committees, as well as listening to patients' views. "These are vital," she says: "Without this information it is difficult to judge whether or not the Trust is on the right track".

The Governors

What do Governors do?

The role of the Governors of the Trust is to hold the board of directors to account and to ensure the voices of the patients, their carers and the public are heard and taken into consideration when decisions are made, and to ensure effective management, partnership working and maintenance of NHS values and principles. There are 12 public governors, 7 patient governors, 5 staff governors and 7 partner governors.

The Council of Governors

The Council of Governors provides an opportunity for patients and the public to influence the way their hospitals are run which is what being an NHS Foundation Trust is all about.

The Council meets formally four times a year but their work involves more than that. Governors are involved in Trust committees and working groups and also input into specific projects where their particular expertise or perspective is valuable.

Other statutory duties of the Council of Governors

include:

- Appointing Non-Executive Directors, including the Trust Chairman, via the Governors' Council Nominations Committee.
- Determining the remuneration of the Chair and Non-Executive Directors via the Governors' Council Nominations Committee.
- Approving the appointment or removal of the Trust's auditor following a recommendation from a nominated sub-group of the Board of Directors.

Individual governors seek the views of members to canvass opinions on significant issues and report back on decisions made.

If you would like to share your views email: governor@sth.nhs.uk



Richard Barrass, Patient governor Richard was an academic in higher education.



Georgina (Jo) Bishop, Public governor, North Sheffield, Before retiring Jo worked as a receptionist Weston Park Hospital.



George Clark, Public governor, North Sheffield, George worked in the NHS for over 35 years, the last 26 as a consultant anaesthetist at NGH.



Roz Davies, Patient governor, Roz is the Director of Community Engagement with Healthbeme – an online wellness community.



Anne Eckford, Public governor West Sheffield, Anne retired after 49 years in nursing, midwifery and health visiting.



Frank Edenbridge, Staff governor, Frank is a Consultant in Adult Cystic Fibrosis and Respiratory Medicine



Christina Herbert, Staff governor, Christina is Lead Nurse for Older People and Vulnerable Adults



Caroline Irving, Patient governor, Caroline is a freelance graphic designer and illustrator



Joyce Justice, Public governor, South East Sheffield, Joyce was a medical secretary in a large teaching hospital.



John Laxton, Public governor South West Sheffield John worked in local government as a secretariat manager



Cllr Mary Lea, Appointed governor, Mary is a Sheffield City Councillor and is the Cabinet Member for Health, Care and Independent Living



Heather MacDonald, Appointed governor, Heather is Chief Executive of the Sheffield College which provides both academic and vocational training



Andrew Manasse, Public governor, South West Sheffield, Andrew is a retired GP and currently the lead governor.



Kaye Meegan, Public governor, North Sheffield, Kaye worked as a nurse in the NHS for many years.



Dr Chris Monk, Staff governor, Chris is Head of Clinical Engineering



David Owens Patient governor, David is a semiretired university academic with engineering expertise.



Kath Parker, Patient governor, Kath retired from nursing after 39 years service in the NHS.



Hetta Phipps, Public governor, South East Sheffield, Hetta worked as a nurse throughout her career, latterly at STH.



Nicola Smith, Appointed governor, Nicola represents Voluntary Action Sheffield. She has a background in mental health and Alcohol Support



Shirley Smith, Public governor, South East Sheffield, Shirley was a social worker and also a JP for many years.



Dr Leigh Sorsbie, Appointed governor, Leigh is a GP represents the Clinical Commissioning Group



Craig Stevenson, Staff governor, Craig is a Domestic Supervisor



Sue Taylor, Public governor, South West Sheffield, Sue worked at the Children's Hospital as an office manager.



Graham Thompson, Patient governor, Graham is a retired regulatory affairs manager.



John Warner, Public governor, West Sheffield John managed the UK Debt Recovery Division for the the Inland Revenue.



Michael Warner, Patient governor Michael has worked in banking, NHS administration and charity work.



Paul Wainwright, Public governor, West Sheffield, Paul is an architect specialising in primary care health.



Claudia Westby, Staff governor, Claudia is the Trust Travel Plan Coordinator



Dr Jeremy Wight, Appointed governor, Jeremy is the Director of Public Health and represents Sheffield City Council

More than just doctors and nurses

Sheffield Teaching Hospitals NHS Foundation Trust has over 15,000 members of staff. Some see and care for patients everyday, whilst others work to help patients from behind the scenes.

Freda's Story illustrates just how many people's work can touch a patient in a single visit. Freda was recently diagnosed with Type 2 Diabetes.

On the way to my first outpatient appointment at the Diabetes Centre, I admired the flowers being planted next to the path outside the Royal Hallamshire Hospital. I asked **John, a Gardener from the Estates Department**, if he knew the best entrance to use to get to the Centre.

John led me to a large sign outside the entrance displaying a map of the hospital site which he said had been designed by the **Medical Illustration Team**. After seeing the centre was on 'A floor' I crossed the road to the main entrance.

I asked a passing **Domestic Assistant** called **Gary**, for the time and realising I was early for my appointment, asked him where I could buy a cup of tea and a hot dinner.

Gary directed me towards the lifts to the D floor canteen,

where I was served by **Maxine, a Catering Assistant**.

After my food, I went back down to the Diabetes Centre. A **Receptionist** called **Louise**, greeted me with a smile and asked me to take a seat.



After a short wait **Jade, a Health Care Assistant** took me to be weighed, test my urine sample



and record my blood pressure. I then sat back in the waiting room and Louise told me I would soon be called in to the consultation room



My **Consultant, Dr Vivian**, shortly came to greet me. We discussed how I had been feeling since my recent diagnosis. I explained that I was a little bit worried about how the condition might change



my life. Dr Vivian reassured me that I needn't be anxious and told me that a **Diabetes Nurse Specialist, Lorraine** be in touch with an appointment for a **Diabetes Education class**. Dr Vivian then explained that after this visit I would be able to receive my diabetes care and check ups in the community, as the hospital team held clinics in my local GP practice every Wednesday and Friday.

After my consultation, I had my bloods taken by **Simon, a Support Worker** and I was told my samples were going to be processed later that day by a **Microbiologist** in the laboratories at the Northern General Hospital.

I was so pleased with my visit: I contacted **Megan from the Patient Services** department to make sure the Diabetes Team received a compliment for putting my mind at ease.



Hub of the Community celebrates 75 years of supporting local health

The Trust's Firth Park Clinic recently held an event to celebrate the centre's achievements and to honour the people the clinic has touched over the years.

The community clinic was officially opened in 1938 by the Minister of Health Rt Hon. Walter E Elliott as a Maternity and Child Welfare centre. Today, the Firth Park centre homes a large Dental Suite, Footcare and Nail Surgery, Speech and Language Therapy and a variety of other community clinics including Continence, Leg Ulcer, Family Planning and Sexual Health, a Youth Clinic, Physio and many more. The Clinic also hosts local groups who use the facilities for activities from chairgym to the arts.

Mr David Blunkett MP officially commemorated this milestone anniversary by unveiling a plaque and sharing his own experiences in the Firth Park area. Local residents, many of whom remembered the Clinic's early days, visited displays at the event which showcased the 'heart of the community'.

Penny Brooks, Clinical Director of Community Services at the Trust, said: "Every day, something will be happening in the clinic to support the health and welfare of the population from the North of Sheffield. The clinic has been described as the 'hub of the Community' and has developed from a Maternity and Child Welfare Centre to the busy clinic of today."



Hetta Phipps Public Governor with Chairman Tony Pedder at a recent celebration for Firth Park Clinic's 75th anniversary



Governors Kath Parker and Anne Eckford with Rt. Hon. Mr David Blunkett at a recent Trust event in the community

Dates for Your Diary

Meeting	Date	Time	Venue
Council of Governors	6 August (note new date)	5:00 – 7:00 pm	Undergraduate Common Room, Medical Education Centre, Northern General Hospital
Annual Members' Meeting	10 September	1:30 pm	'See enclosed letter'
Board of Directors	18 September	9:15 – 11:00 am	Undergraduate Common Room, Medical Education Centre, Northern General Hospital
Board of Directors Meeting	16 October	9:15 – 11:00 am	Seminar Room 1, R Floor, Royal Hallamshire Hospital
Council of Governors	22 October	5:00 – 7:00 pm	Undergraduate Common Room, Medical Education Centre, Northern General Hospital
Board of Directors	20 November	9:15 – 11:00 am	Board Room, Fairlawns Health Centre, 621 Middlewood Road, Hillsborough
Board of Directors	18 December	9:15 – 11:00 am	Seminar Room 1, R Floor, Royal Hallamshire Hospital

Rising to the Challenge



National NHS performance data has shown that Trust's across the country have been struggling to cope with the highest level of demand in Accident and Emergency since 2004.

Over the past six months our Trust has experienced an immense level of pressure with records attendances at Accident and Emergency and in emergency admissions. To help the Trust cope with the rise in demand the Accident and Emergency Department at the Northern General Hospital is undergoing a £4 million expansion and the first phase of this, a refurbished and expanded Clinical Decisions Unit opened in May.

The second phase of the refurbishment will include four new resuscitation beds, doubling capacity for these critically ill patients. The new facilities will also improve privacy and dignity on the Unit with the fitting of individual cubicles to replace

curtains along with two new 'Pit stop' Triage bays to allow senior decision making to take place upon arrival in a private area and to streamline hand over from the ambulance service.

The Trust is also working with its partners across the city including the GPs, the walk-in centre, the ambulance service and others to continually assess how services are provided and how they can be improved. Richard Parker Deputy Chief Operating Officer, said:

"It's really important that when people in the city need to use health services urgently we are able to provide the best possible care for them. For this reason, we work very closely with all of our partners in the city, including the GPs, the walk-in centre, the ambulance service and others to continually assess how we are providing the services and how they can be improved."

This summer we're inviting you to Move More and help create a culture of physical activity in Sheffield. Visit movemoresheffield.com to find out what is going on and how you can get involved.

move more
do something...

you get the idea.

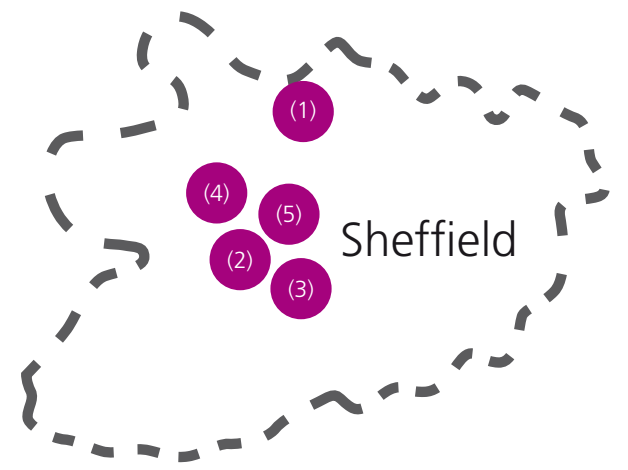
The world we live in doesn't make being physically active very easy, in fact, it's easier to Move Less than it is to Move More. Fancy changing that? We do, and so we're inviting everyone in Sheffield to join in by simply Moving More between 27th July to 10th August 2013. Move More and you'll feel better, look better, work better and play better and potentially save money. You decide the What, Where, When and How and You determine Why - it's your choice. Do Something fun, Do something new, Do something on the way to work, Do something with the family, Do something with friends, Do something for you...

There are a million and one ways to Move More but if you fancy doing something with other people, at an organised event or local venue then why not try one of the all-inclusive Parkrun events on 3rd August or one of the hundreds of other events taking place across the city (visitmovemoresheffield.com for info). Whatever you decide to do make sure you're part of this unique event.

Tell us what you're planning on doing to Move More: twitter: @movemoresheff facebook: movemoresheffield

The History Of Sheffield Teaching Hospitals

Sheffield Teaching Hospitals NHS Foundation Trust manages the five NHS adult hospitals in Sheffield: **the Northern General** (1), **Royal Hallamshire** (2), **Jessop Wing** (3), **Weston Park** (4) and **Charles Clifford hospitals**. (5) All have close links with the University of Sheffield. The Trust, which cares for over 1.2 million patients every year, also provides community health services to the city's residents.



1797

General Infirmary opens on Albert Terrace Road (becomes Royal Infirmary in 1897, closes 1978)



General Infirmary (Photo: www.picturesheffield.com)

1864

Sheffield Hospital for Women opens on Figtree Lane (replaced by Jessop Hospital for Women 1878)



Sheffield Hospital for Women (Photo: www.picturesheffield.com)

1878

Jessop Hospital for Women opens on Leavygreave Road (closes 2001, now houses the University's Department of Music)



Jessop Hospital for Women

1887

Lodge Moor Hospital opens on Redmires Road (closes 1994)



Lodge Moor Hospital (Photo: www.picturesheffield.com)

1950

Weston Park Hospital opens on Brook Hill (one of only three dedicated cancer hospitals in the country)



Weston Park Hospital (Photo: www.picturesheffield.com)

1832

Public Dispensary opens on West Street (becomes Sheffield Public Hospital and Dispensary 1858, Royal Hospital 1895, closes 1978, later demolished)



Sheffield Public Hospital and Dispensary (Photo: www.picturesheffield.com)

1872

South Yorkshire Asylum opens on Middlewood Road (becomes Middlewood Hospital 1948, closes 1996)



South Yorkshire Asylum (Photo: www.picturesheffield.com)

1878

Fir Vale Workhouse opens on Herries Road (becomes Northern General Hospital 1967)



Fir Vale Workhouse (Photo: www.picturesheffield.com)

1916

Hallwood Isolation Hospital opens off Penistone Road (closes 1982)



Hallwood Isolation Hospital (Photo: Sheffield Newspapers Ltd)

1953

Charles Clifford Dental Hospital opens on Wellesley Road



Charles Clifford Dental Hospital

1837

Ecclesall Bierlow Workhouse opens on Union Road (becomes Nether Edge Hospital 1929, closes 1990)



Ecclesall Bierlow Workhouse (Photo: www.picturesheffield.com)

1876

Sheffield Free Hospital for Sick Children opens on Western Bank (becomes the Children's Hospital 1880)



The Children's Hospital in 1881 (top) and 1937.

1881

Borough Hospital for Infectious Diseases opens on Winter Street (known as Winter Street Hospital, closes 1974, reopens as St George's Hospital [for geriatric patients] 1975, finally closes 1987, now houses the University's School of Law)



The School of Law, formerly the Borough Hospital for Infectious Diseases.

1916

King Edward VII Memorial Hospital for Crippled Children opens on Rivelin Valley Road (renamed King Edward VII Orthopaedic Hospital 1948, closes 1992)



King Edward VII Orthopaedic Hospital (Photo: Sheffield Newspapers Ltd)

1978

Royal Hallamshire Hospital opens on Glossop Road (includes the Jessop Wing for maternity care, 2001)



Charles Clifford Dental Hospital

2001

The Sheffield Teaching Hospitals NHS Trust is formed; it achieves Foundation Trust status on 1 July 2004. In April 2011, Sheffield Teaching Hospitals begins to provide adult community health services as well as hospital care.



Your chance to be involved

Over 30 Sheffield residents attended the first meeting of the new Right First Time Reference Group to hear how they could get involved in shaping the future of health and social care services.

Some attended as individuals and some from organisations supporting under represented groups e.g. young carers, people with Alzheimers, and people receiving end of life care.

Kevan Taylor, Chief Executive of the Right First Time programme said:

"We want to ensure that the people using services are consulted and involved in any changes that take place. The Reference group will work alongside NHS and social care organisations in the City to; advise on how we consult and involve people in the work of Right First Time, make recommendations on ideas to improve services, and review feedback from new developments.

In the first meeting the group discussed; some initial ideas on areas where involvement could take place, what they hope Right First Time will achieve, and how they'd like to measure success.

Smaller numbers of people from the group will now volunteer to work with us to develop and carry out specific pieces of involvement work depending on their areas of interest."

If you would like to find out how you can be involved in Right First Time visit www.rightfirsttimesheffield.co.uk or call 0114 27 16178 or email: rightcare@sth.nhs.uk



Making a Difference

Next phase of health and social care improvements get underway

Over the last 18 months, the Right First Time partnership between local hospitals, GPs, community health services and the City Council has resulted in thousands of patients getting more health care provided locally rather than having to go to hospital.

It has also improved the social and community healthcare support available to enable people to live independently at home for longer.

Building on this initial success, the second phase of its Right First Time transformation programme is being launched.

The second phase will focus on:

- Enhanced community and primary care services
- Urgent care services
- Children's health services
- Improving the physical health of people living with mental health needs

The first phase of the Right First Time programme focused particularly on older people and those suffering from long term condition such as diabetes and heart failure.

As a consequence almost 3,000 additional older people have been prevented from having a fall and needing to be admitted to hospital because a community based falls prevention service has been developed and piloted. More than £400,000 has been invested in the new service.

A new Frailty Unit has also been developed at the Northern General Hospital where frail patients are able to receive urgent care often without the need to be admitted to a hospital ward, this is because additional community and social care support is put in place to enable them to return home instead.

More outpatient services have also been developed in local GP surgeries so that patients do not always have to travel to hospital.

New GP Associations are also being developed where GP practices are starting to align themselves into groups of between 30,000 – 40,000 patients with a view to creating more joined up working with Community Nurse teams and other health and social care professionals.

Andrew Cash, Chief Executive of Sheffield Teaching Hospitals NHS Foundation Trust explains:

"Our health services have served us well in the past and we need to ensure that they can do so in the future especially given the rising demand and reduction in funding due to the economic climate. If there are changes which can be made which provide benefits to patients while at the same time making the most of hospital, community and social care resources, then it is the right thing to do."

To find out more about the Right First Time programme you can also visit www.rightfirsttimesheffield.co.uk.

On page 2 and 3 of this newsletter there is more information about the vision and aim of the Right First Time partnership and an example of how it is hoped services can be further improved in the future.

Right First Time Programme

The City's hospitals, mental health services, NHS commissioners of services, GPs, community healthcare professionals and the City Council have come together to create a new partnership called Right First Time.

The aim is to work together to transform how health and social care is provided so that we can continue to deliver high quality care, a positive experience and value for money despite the challenges of rising demand, an ageing community and the financial climate. Right First Time will focus on physical and mental health and social care needs of the population of Sheffield. We will achieve this by adopting a strategy based on delivering:

"The right care, at the right time and in the right place."

What are we doing?

- GP Practices, Health and Social Care staff will work together in a more co-ordinated way to provide earlier and targeted support to help people stay as healthy and independent as possible.
- In addition we are developing ways to identify people most at risk of higher health and social care needs in the future so we can support them earlier, this includes developing patient and carer self confidence to manage their own conditions.
- We will also ensure that should an individual's care needs change, health and social care services will work together to help return them to home and independence as soon as possible.

In parts of the country where health and social care staff are already working in integrated multi-disciplinary teams it has made a real difference leading to improved services and fewer people ending up in hospital or in long-term residential care.

Finding even more effective ways of working will enable us to direct resources to supporting more people in the future as the number of older people and people with long-term conditions increases.

How are we doing it?

To achieve the vision we will

- Enhance the integration of Health and Social Care Teams.
- Develop care planning with more vulnerable people and align services to help those individuals remain as independent as possible
- Develop the capacity of intermediate care services in the community to help people stay at home rather than being admitted to hospital unnecessarily.
- Ensure there is sufficient capacity in community health and social care services to enable people to be discharged from hospital as soon as they no longer need acute medical care with the appropriate care and support.
- Review how urgent care services operate across the city to make accessing them simpler. This will provide a more appropriate option for those people who are not an emergency but who need some form of urgent care/advice. It will also ensure Accident and Emergency departments are kept free to treat the sickest people.

What are the benefits?

- A better experience for people who use health and social care services, their families and carers
- Closer working relationships between Primary Care, Acute services, Community and Mental Health and Social Care teams and a better understanding of each others roles
- Sharing information and reducing duplication of systems and processes will allow staff to target their time where it is needed most
- Better value for money

The vision of the Programme is to:

"Ensure all Sheffield's residents live longer and healthier lives, and are supported in their local community wherever possible by joined up, high quality, responsive, health and social care services which offer continuity of care, shared decision making, and a lifelong, personalised, preventative approach to health and wellbeing"

What will the new system look like?

What would happen now



George, 85 years old, early dementia, lives at home with his wife Florence. He develops a low grade urine infection and as a result is increasingly confused and has reduced mobility

His wife contacts the Out of Hours service who prescribe antibiotics and asks the District Nurse to visit

The District Nurse visits the next day and asks Florence to contact the council for additional help. The council say they need more time to find out about George's needs.

Meanwhile, George falls on the way to the toilet and as a result is admitted to hospital. George stays in hospital for several weeks his memory deteriorates.

Florence is unable to look after him at home any more, so George is discharged to a nursing home after a lengthy stay in hospital.

How it will work in future



A risk stratification system would identify George as being at a higher risk. An integrated care plan would be put in place led by George's GP and developed with a range of relevant health and social care professionals involved in his care. George is involved in developing the care plan

Florence would call the Out of Hours service that would have access to George's care plan. Following triage, a nurse from the community at night service will visit to administer the antibiotics.

The nurse identifies that George is at risk of falling in his own home and as part of the team that developed his care plan arranges for a range of adaptations to be provided. Additional intermediate care and rehabilitation is also provided to help George regain his independence

The GP reviews George's care plan with the relevant professionals over the next few weeks until he is more stable. George is referred to a memory clinic and the social worker arranges for additional social care support to be provided to help Florence

George and Florence stay in their home with the appropriate care provided through a local multi disciplinary group who can share information to prevent further crisis occurring



New team helps patients return home quicker

Often elderly patients who need emergency care, do not need to be admitted to a hospital ward once they had an initial assessment and treatment. With the appropriate community support they can return home and continue with their treatment.

Last year a new Rapid Response Pathway Team was developed to help provide this support and already many patients have been able to return to their own homes rather than being admitted to hospital.

Stephanie Shore, Clinical Lead Nurse for the Rapid Response Pathway, explained why the service is so important: "After just 6 months since the service began, the Rapid Response team have enabled more than 300 people to remain in their own home, which is where they want to be, rather than in hospital or residential care."

Annie's story

87 year old Annie called 999 after a fall in her home and was taken to A&E. On initial



The Rapid Response Pathway Team - (From left to right) Stephanie Shore – Nurse Lead, Mark Swann – Specialist Nurse, Edel McCardle – Occupational Therapist, Sarah McNeill – Specialist Nurse, Kerry Cartledge – Rehab Assistant Coordinator

assessment and treatment at the hospital, the Rapid Response team was able to take her home within an hour and Annie was met by a nurse when she arrived home. The nurse assessed her in her own home where she was more comfortable and found that the fall was actually caused by a urinary tract infection and immediately ordered medication to be delivered from the GP. Annie was still feeling

unsteady on her feet and the nurse arranged for equipment to be brought to her home from the Sheffield Equipment Loan Service including a bed for the ground floor in her home and a commode so she didn't have to use the stairs.

Over the next couple of days Annie received 4 care visits and night sitting until the antibiotics started to work and she was feeling better. On the third day the Short Term Intervention Team took over her care and Annie also began to have physiotherapy sessions to work on her balance, muscle strength and fear of falls.



Pilot partnership supports cancer patients at home

Sheffield Teaching Hospitals is working with Macmillan Cancer Support to run a two year pilot project to help patients who are living with cancer to receive treatment and care in their own home.

The project aims to help patients and their carers spot signs of deterioration or recurrence of their illness along with any long-term side effects of treatment.

The service is managed by three case managers. They will be responsible for looking after patients from Weston Park Hospital and the Haematology Department at the Royal Hallamshire Hospital who have been identified for referral by the Specialist Palliative Care Hospital Support Teams to be cared for in the community.

It is expected that between 6-10 patients will be referred per week.

Upon referral the Case Managers will care for the patients in their own home and will proactively manage and be responsible for development of their care/management plans together with patients and their carers. In doing this, the case manager will:

- Provide patients with a choice about their preferred place of care
- Minimise the risk of crises and inappropriate admissions to hospital
- Reduce length of stay in hospital
- Enable access to specialist services without delay should they need to do so



This is an exciting opportunity to test out a new and innovative way of working between hospital and community based health professionals to deliver seamless care to patients in their own home.

Childrens Hospital launches new GP hotline

A CONSULTANT advice hotline for GPs calling to refer children who may need emergency care to The Children's Hospital, has been set up to reduce unnecessary waits for parents and children.

As part of the Right First Time project GPs calling the hospital at the busiest time, between 1pm and 6pm four days of the week, will now speak with an assigned consultant in the Acute Assessment Unit at the Childrens Hospital.

The AAU at The Children's Hospital, is a 12 bedded area where children are monitored after being referred by their GP for a specialist opinion. They may be discharged home or may be admitted onto a ward if they need further care.

The scheme was started in a bid to prevent unnecessary visits to AAU where advice or a clinic visit would be better for the child and their families. It also gives GPs a phone discussion with the consultant before admitting the child.

Consultant Noreen West, who has been key to setting up the pilot scheme, said: "We wanted to prevent families having to come



into AAU and waiting a long time when really the care they needed could be given by a GP with some specialist support.

"Now, as well as our other doctors seeing patients and taking calls from GPs, we will have a specially assigned consultant who can speak with the GPs and give an appropriate and safe consultation over the phone.

"This will reduce the number of patients needing to come to hospital and save both families and clinicians time."

The scheme was piloted last year and has now been extended after preventing a significant number of unnecessary admission to hospital.

Any child who needs emergency care will still be sent to the Hospital's Emergency Department immediately.

Community IV Project keeps me out of hospital

The community IV project delivers intravenous therapies to patients within their homes. IV therapy, is when a



substance is delivered intravenously (through a vein) commonly known as a drip. IV Therapy can be used for many things such as delivery of medication, fluid replacement or to correct imbalances in the blood. The aim of the project is to bring high quality, skilled and safe care to patients within their homes, preventing admissions to hospital.

Roy's story...

How were things for you before this service?

I couldn't eat or drink. I'd no appetite whatsoever. I was really ill. I fell four times. Then I went to the Hallamshire Hospital for a month because I was still losing weight, I lost 3 stone. I'd had enough! It was very hard on my wife and family because it's a long way from my home to the hospital and has cost a lot in taxis as my wife struggles with getting buses on her own.

What was the service like you received at home?

A doctor came in and told me about the community IV service. I didn't want to go every day to the clinic so it was arranged for the District Nurse to come to my home. It's ideal, there have been no problems. They gave us lots of information about the cannula and tips. Even when we had a bit of a hiccup they helped so fast. It's a very efficient and very friendly service.

What difference has the Community IV Project made to you?

It's made me feel a lot better, I feel marvellous! Its great not having to stay in hospital especially when you're feeling better and you want to get home. At home you can relax more and it's certainly impacted on my wife because she hasn't got to go to hospital 2 or 3 times a day.

Joining up physical and mental health care in the community

Being physically ill can be very stressful and worrying for people, and about a third of all people with a long term condition also suffer with anxiety and depression. IAPT (Improving Access to Psychological Therapies) is an NHS programme, which provides talking treatments to help people who are stressed, feeling low in mood, or very nervous. www.sheffielddiapt.shsc.nhs.uk

Funded by NHS Yorkshire and the Humber IAPT, one of our Right First Time projects is testing a new way of helping people with physical health problems to have better mental health. The project aims to achieve this through the work of Psychological Wellbeing Practitioners (PWP's).

Currently eight Sheffield Teaching Hospital staff, working with people with physical health problems, are training within the Sheffield University IAPT Programme to qualify as PWP's. Catherine West, a community staff nurse, said 'the course is equipping me to manage patients truly holistically. It allows me to incorporate my physical nursing skills alongside evidence

based psychological therapy interventions, providing housebound patients with access to psychological help."

At a recent Right First Time workshop, trainees shared case studies illustrating how these new skills are also helping them to empower people to manage their own health. Gill Randall, a community nurse case manager, says that "I have learnt a more collaborative patient centred approach, which I am able to implement in my community role with great effect. I am also better at helping people untangle physical and mental health symptoms. One person with chronic obstructive pulmonary disease was so worried about her worsening shortness of breath, that her family were unable to leave her on her own. I was able to help her recognise that these were episodes of panic. Helping her understand and manage this made a real difference to her own wellbeing, and that of her family."

For further information contact: Moira Leahy, Consultant Clinical Psychologist, moira.leahy@shsc.nhs.uk; Steven Kellett, IAPT Programme Director, S.Kellett@sheffield.ac.uk or Simon Bennett, IAPT Head of Service Simon.Bennett2@shsc.nhs.uk



Frank's story

by Community Matron Bev Fay



Making a difference in Lowedges, Batemoor and Jordanthorpe

What are we doing?

GP practices, health and social care staff are working together to explore how to work in a more co-ordinated way to provide earlier and targeted support to help people stay as healthy and independent as possible. One of the ways we are looking to achieve this is through the development of Health and Social Care Integrated Care Teams. In addition we are developing processes to identify people most at risk of higher health and social care needs in the future so we can support them at an earlier stage including developing patient and carer self-confidence to manage their own conditions.

Why are we doing it?

Working in integrated teams can help us:

- To deliver proactive and better coordinated care and support. Minimising delays and reducing duplication or fragmentation of services;
- Ensure that information is shared more effectively
- Get a broader more holistic understanding of the people we support. This will make it easier to link them in with appropriate local services and ensure that they have access to activities and support that matches their interests and needs.
- In parts of the country where health and social care staff are already working in integrated multi-disciplinary teams it has made a real difference leading to improved services and fewer people ending up in hospital or in long-term residential care.

Finding even more effective ways of working will enable us to direct resources to supporting more people in the future as the number of older people and people with long-term conditions increases

How are we doing it?

Over the last few months professionals from across health and social care have come together to start to develop what an integrated care team might need to look like to support the people identified at higher risk of hospital admissions or longer term residential care.

We are working closely with a number of pilot projects across the city (including Low Edges, Batemoor and Jordanthorpe) and supporting the development of other prototypes within GP Associations, for example the recruitment of Community Support Workers to provide a link between Health and Social Care.

What are the benefits?

- A better experience for people who use health and social care services, their families and carers
- A better experience for communities because Integrated Care Teams will be designed to meet the specific needs of local populations
- Closer working relationships between Primary Care, Community and Mental Health and Social Care teams
- Sharing information and reducing duplication of systems and processes will allow staff to target their time where it is needed most
- Better value for money

Karen is a Community Support worker who met Frank and after an initial chat, agreed that he would benefit from some further support. Karen contacted me as the local Community Matron and off I went to meet Frank. After an initial assessment I found out that he had a number of health issues and he lived alone with no friends or family in this country. A naturally friendly but private man he admitted to feeling lonely and isolated at times particularly now that he was less able to get out and about due to deterioration in his mobility and health. Loneliness can be a great fear for many older people but for Frank it was a daily reality.

I was able to discuss several options with Frank that enabled him to make personal choices. He accepted referral to those services that would visit and support him at home as he felt uncomfortable in group situations such as lunch clubs. Following a comprehensive assessment of his needs I was able to address the highlighted health issues which included concerns regarding his diabetes and insulin regime. His mobility had become a more recent problem and following discussion he accepted referral to a specialist team that could help with this. A health trainer continued to visit for on-going support. Frank improved to the point where he could manage to get to the local supermarket once weekly and attend his GP surgery for regular monitoring.

As Karen was able to speak to me directly about her concerns regarding Frank I was able to visit and assess him quickly ensuring Frank received the help he needed to maintain his health and independence at home. This is just one example of the way patients are being helped in Lowedges, Batemoor and Jordanthorpe areas.

Physiotherapy service helped me get back on my feet

The Integrated Care Team Therapy Service (Formerly known as Domiciliary Physiotherapy) is a community based service which provides physiotherapy and occupational therapy assessments and treatments to people in their own home.

Audrey's story...

What was life like for you before you received care from the physiotherapy service?

I couldn't put my foot to the floor for about two months. I couldn't move or stand. I couldn't sit very well, I couldn't get comfortable at all. I had my daughter living with me but she works full time. She used to come home during her lunch hour and do my meals for teatime because I couldn't

stand up to do it. I couldn't drive, I couldn't go out shopping. I couldn't walk, not without aid.

How did the service help you?

Within two weeks the physiotherapist, Kate, came out and since then I've had physio treatments every week, she was so helpful. She showed me exercises and did them with me. Then she came monthly and after a couple of months I was ready for discharge from the physio and was given exercises to do by myself.



What made the service work for you?

When Kate came it changed everything for me. In fact I quite looked forward to her coming. I can't give enough praise to the service.

Community Lymphoedema Service gave me back my confidence

The city wide Lymphoedema Team cares for over 800 patients across Sheffield. The aim of the service is to provide patients with the confidence, knowledge and skills to self manage their lymphoedema, which is a chronic condition characterised by swelling of limbs and a predisposition to developing infection.

Sharon's story...

What was life like for you before this service?

I found I was tripping upstairs, I was getting very tired, it affected my housework and I thought I would have to give up my job. I couldn't have a bath, because I couldn't pull myself up so I had to have a shower. I'm very conscious of my leg, I never ever wear a skirt or a dress. It's affected me a lot. I definitely lost confidence.

And now?

Jane and Margaret (from the lymphoedema service) were like a breath of fresh air, they said they could help me and that was the first time I'd heard that. They have told me about special stockings I can wear and give me tips and advice on my condition. They've been fantastic. They're like friends. When I've had my leg wrapped I can feel the difference and tolerate more. It doesn't matter how busy they are, they never make you feel that they're in a hurry, they've always got time to listen.



Jane Harding, Specialist Physiotherapist, with patient Andrew Ellender and Margaret Harrison, Specialist Nurse

What was the key difference the service made for you?

To be able to talk to somebody who knows about my condition. I felt like I was the only person with it because I'd never heard of Lymphoedema. All the advice they gave me made such a difference, you feel that they understand. It really does help and I am able to stay in my job.

Would you like to get involved?

If you would like to hear more about the Right First Time projects or more importantly give your views or get involved in shaping how the City's health and social care services are developed over the next 5 to 10 years we would like to hear from you either by email: rightcare@sth.nhs.uk or telephone: 0114 27 16178. You can also find out more from the website:

www.rightfirsttimesheffield.co.uk

Join the Star Donor Run and support transplant patients

Local people are being given the chance to run alongside transplant athletes and show their support for organ donation by signing up for the Star Donor Run at this year's Westfield Health British Transplant Games.

The event, backed by the

Sheffield Star, will take place at Don Valley Stadium on Saturday 17 August at 6:30pm and is expected to be one of the last public participation sporting events to happen at the stadium before its closure.

Runners and walkers of all ages and abilities are encouraged to sign up for the event, which has a 5k a 3k run to choose from.



Sheffield Hospitals Charity is the official charity of the run. If you are interesting in taking part in the run, you can register by visiting www.donorrun.co.uk.

Small change, big difference

You could make help to support local patients, by simply collecting your small change in home money box. The box can be stored in your hall or on your kitchen window sill and each time you go by you can drop a few spare coins in it. You'll be amazed how quickly you'll soon have collected £5 or even £10. When your box is full you can empty it and then donate the contents to Sheffield Hospitals Charity. No matter how big or small the amount is, it will help to make a difference. Please get in touch with Sheffield Hospitals Charity if you would like a home money box sending to you, email charity@shct.nhs.uk or call 0114 2711351.



Hey DJ!



Sheffield Hospital Radio has been in operation since 1976 and is always looking to make improvements to the existing service.

Staffed entirely by volunteers, the service broadcasts a wide variety of material every day to patients staying in the Royal Hallamshire, Jessop Wing, Northern General, Charles Clifford and Weston Park hospitals.

Patients are able to tune in to the free service directly from their bedside and can also request their favourite song.

Steven Julious, Treasurer for the station said: "Some patients may not have any family or friends that can come and see them. People from the hospital radio will visit the wards and take time to sit and chat to them and ask them what music they would like to

hear. This really helps to bring a smile to their face. You can imagine how pleased patients are when they hear the song they have asked for being played. Music can invoke such strong memories and really help to cheer people up. It's such a great way to make a difference."

Supporters of Sheffield Hospitals Charity have helped to fund Sheffield Hospital Radio so it can continue to deliver a good quality service and be enjoyed by thousands of patients every year.

The station is always interested in hearing from anyone who would like to get involved and help out. It is particularly interested in people wishing to go onto wards to visit patients and collect song requests. For more details email the Vice Chair, Kurt Sullivan (ViceChair@hbsradio.co.uk).

Invite a friend or relative to support their local hospital

We want to increase our membership so that more people can hear about the hospitals and what's going on in their NHS. Please pass this form on to a friend or relative and encourage them to join us. These are your hospitals and we want everyone to be involved.

As a members you will play a key role in the NHS in the future and will be able to get more involved in your hospital. You will be able to vote for, or even stand for election as a Governor on the Governor's Council that will help set priorities and aims for the hospitals.

Eligibility To become a public member, you must live in Sheffield. To become a patient member you must have been a patient in the last 5 years.

Under the new constitution of the Trust members will be able to:

- participate in the election of representatives to the Governors council of the NHS Foundation Trust
- have the opportunity to stand for election to the Governors Council themselves
- provide regular feedback and opinion about services and possible developments
- receive information about the Trust on a regular basis
- attend special functions which may include open days, tours and healthcare seminars
- have access to a Members Only section of the Trust's website for discussion and further involvement.

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

To be eligible to become a Governor, individuals must:

- register as a member
- be 18 years or over Other restrictions may apply which will be outlined at the start of the election process

SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST

MEMBER REGISTRATION

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

My details are:

Title ☐ Mr ☐ Mrs ☐ Ms ☐ Dr ☐ Prof ☐ 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 would like to register my potential interest in standing for election as a Governor: ☐ Yes ☐ No

I declare that I am eligible and would like to become a member: ☐ Public member ☐ Patient member

Signed

Please post this form to: NHS Foundation Trust Project Office, STHT, FREEPOST NAT9274, Sheffield S5 7ZZ