


# goodhealth

The members' newsletter of Sheffield Teaching Hospitals NHS Foundation Trust Summer 2008 Issue 16


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## New state of the art unit providing first class care

**A** new state of the art Critical Care Department has opened its doors to patients at the Sheffield Teaching hospitals. Costing £21.3m, the building houses both Intensive Care Unit (ITU) and High Dependency Unit (HDU) beds within the 36 bedded area and cutting edge design creates an environment which will optimise patients'

recovery. The building is a P21 venture and has been funded using the Foundation Trust Financing Facility (FTFF) (Gordon Brown was personally involved as chancellor before he became Prime Minister) and the only unit of its kind in Europe to meet the highest HBN building standards. The unit is spread over two floors. The first floor houses ITU and the second floor is



home to the HDU and Post Operative Surgical Unit. Beds are organised into 1, 2 and 4 bedded bays and designed so that staff have all the necessary equipment to hand to ensure patients receive the best care. The rooms can accommodate some procedures therefore the need to move patients to different departments is reduced. Scrub sinks are available in all rooms and each bed space has a pendant linked with all necessary electrics, medical gases, ventilators and suction equipment. The pendants also support a range of IT equipment including monitors and patient information systems.

Catherine Bailey, Clinical Services Manager is impressed with the new environment;

"Patient feedback suggests that we have achieved the main priorities of the build which were to create space, light, calm and flexibility. ITU's are traditionally noisy places so all the plant infrastructure including air conditioning is hidden in panels located externally which allows easy maintenance and means that ambient noise levels are virtually eliminated. Walking around the unit, the calm atmosphere and lack of noise is really noticeable.

"A good example of how innovation has helped to provide a flexible working space is the use of 'blink glass' which works at the touch of a button turning clear glass into opaque – ideal when a patient needs more privacy but allowing light and

communication between staff when necessary."

In addition to the ward areas, both levels provide offices, laboratories and seminar/meeting rooms each fitted with IT equipment to meet training needs and each floor has its own pharmacy and dedicated pharmacy team.

"We are already seeing the benefits of the new unit, it's a lot quieter with more space to move around although it is taking a little bit of getting used to! The patient experience is enhanced by the added space where privacy and dignity needs are paramount".

The Critical Care Department will be officially opened in the autumn.

## Results of Elections to Governors' Council

This year's elections to the Governors' Council have taken place and the results have just been announced. Once again there was a very strong field of candidates from many walks of life. Turnout was high, with a good number of our foundation trust members returning their ballot papers. This is really encouraging and we would like to thank everyone who took the time to vote.

### 2008 Election Results

#### Sheffield North

Georgina Bishop  
George Clark

#### Sheffield South West

Philip Seager

#### Sheffield West

John Warner

#### Patient

John Laxton  
Graham Thompson  
Tina Wakefield

John Warner  
Beryl Wilson

#### Sheffield South East

Richard Chapman  
Elaine Hill  
John Hulse

#### Patient Governors

Joe Abson  
Susan Coldwell  
John Holden  
John Laxton  
Clare Rawding  
Graham Thompson  
Tina Wakefield

#### Staff Governors

Rose Bollands – Nursing & Midwifery  
Mike Collins – Medical & Dental  
Mark Hattersley – Managerial, Administrative & Clerical  
Stephen Westby – Allied Health Professionals, Scientists & Technicians  
Dave Weston - Ancillary, Works & Maintenance

You have elected governors to represent your views and to provide a link between members and the Trust. You can contact any of your governors by telephoning the Foundation Trust Office Membership Manager, Jane Pellegrina on 0114 271 4322 or via email at jane.pellegrina@sth.nhs.uk or by post to the Foundation Trust Office, Clock Tower Building, Northern General Hospital, Herries Road, Sheffield S5 7AU.

If you are interested in becoming a member, we would really like to hear from you. Membership is free and it's a really good way to find out more about your local hospitals and what they have to offer you, now and in the future. If you would like to join us, please contact Jane as above and we'll send you an application form.



## Food for Thought

Have you ever wondered what happens behind the scenes in the food production unit at a busy hospital? Providing almost 4000 meals a day for patients, staff and visitors at the Northern General hospital, many with individual dietary requirements, is no mean feat so our Governors went along to take a look behind the scenes at just what a complex operation it really is. Here is what they discovered.

Beryl Wilson is a Public Governor;

"As we arrived, I was amazed to find we couldn't just walk in. We were met by Head of Catering, Emma Wilson who kindly, but firmly asked us to wash our hands thoroughly. We were also asked to remove watches and jewellery and to deposit our handbags and briefcases in a secure area before donning some very fetching overalls, mop caps and elasticated shoe covers before we were allowed to enter. I was surprised how stringent these regulations were but at the same time, pleased to know that the highest priority is given to standards of hygiene. "One of the most striking things was how cold it was. Emma told us that the temperature is continually monitored, twenty four hours per day, to ensure that all food right through the preparation and storage phase is kept at the correct temperature".

Governors were most impressed with the mod-

ern, hi-tech facilities, spotlessly clean, stainless steel preparation tables forming an efficient production line, with industrious staff moving nimbly between the various work stations preparing a selection of sandwiches and creating the dishes of the day.

Over 120 staff are employed providing 1100 patients with main meals, snacks and beverages every day and approximately 1500 staff meals daily. Menus are reviewed regularly, with special dietary requirements catered for including vegetarian and diabetic choices. Emma reassured Public Governor, Charlie Khan, that a selection of Halal food is always available for our Muslim customers.

Joe Abson, Patient Governor, has a particular interest in food and nutrition for patients and was pleased to see the very high standards of hygiene and the care taken to ensure nutritiously balanced meals are provided.

"It was really good to see that the hospital uses good quality ingredients, sourced locally wherever possible and they do a remarkable job given the limited funding they receive".

Patients' most popular menu choices are roast beef and Yorkshire pudding and meat and potato pie with chocolate sponge and chocolate sauce and apple pie the favourite desserts. The shopping list at the Northern General alone is vast. Nearly half a million pints of milk and 124,000 loaves are purchased annually and every month, 384 6lb tins of baked beans and 12,800 sausages are consumed!

The hospital uses the 'cook chill' system in a purpose-built Central Production Unit. Food is prepared and cooked and then quickly cooled down to 3 degrees centigrade. The food is then loaded into special trolleys and then into specially refrigerated wagons to be transported around the 112 acre site. Each food trolley is taken to a dedicated regeneration room close to the ward where it is to be served. Here, food is reheated and then transferred to the wards where it will be served piping hot or chilled depending on the dish.

The catering staff are highly trained professionals with one member of staff even having a royal pedigree serving on the Royal Yacht Britannia. Beryl commented, "It's nice to know that only the best will do for our patients!"

### Patient and Public Governors

#### Sheffield North

Georgina Bishop  
George Clark  
Kaye Meegan

#### Public South West

Charlie Khan  
Philip Seager  
Susan Wilson

#### Sheffield West

Anne Eckford

## Infection Control T-shirt Campaign



During May, the Neonatal Intensive Care Unit at Jessop Wing launched a T-shirt campaign to highlight the awareness of hand hygiene.

The project, led by Senior Sister, Sandra Brown and Infection Control Link Nurse, Heather Mitchell who after being successful in getting funds from the Neo-Ted Fund, were given the opportunity to visit other Neonatal Intensive Care Unit's to look at their infection control programmes. They were inspired by Southmead Hospital in Bristol who thought that posters were ineffective so instead decided to wear the information on T-shirts. They believe it has been a success; the incidence of hand washing/cleaning has increased and along with other measures their infection control rates have gone down.

"We are using every possible method to encourage better hand hygiene and we hope that it will have the desired effect of bringing infection rates down even further", said Sandra.

# Sheffield Teaching Hospitals 'Best in Class' for infection control

**T**he latest figures around hospital infections show that prevention and control work undertaken by Sheffield hospitals is making a massive impact.

At the end of this financial year figures show a 65.4% reduction in MRSA which equates to 0.5 cases per 10,000 bed days. This makes Sheffield Teaching Hospitals NHS Foundation Trust one of the best teaching trusts nationally.

Hilary Scholefield, Chief Nurse said: "We are delighted to see that the hard work undertaken by staff at the Trust is making a positive impact on infection control figures.

"This is a clear reflection of the fact that infection prevention and control (IPC) is at the top of the Trust's list of priorities. We have committed over £4m of extra financial resources to secure improved ward and department areas and support enhanced cleanliness. This has included major capital refurbishments, small upgrade



*Thorough cleaning is an essential part of ward routine*

schemes, equipment purchases,

equipment replacement programmes and investment in additional staff."

Improved facilities are not the only developments in IPC and cleanliness. The Trust has rolled out a locally developed system; the ward accreditation scheme, which sets standards of expected practice and monitors that these standards of practice are being met.

"Raising the profile of infection prevention and control through the accreditation scheme is one of the reasons why the Trust has achieved outstanding results in reducing MRSA bacteraemias. The number of patients who have developed an MRSA bacteraemia continues to fall and the Trust has exceeded the 60% reduction target set by Department of Health.

"Hospital acquired colonisation (where the bug lives on your skin but causes no harm) also continues to fall. This is related to the Trust's early adoption of screening. The Trust currently screens over 60% of all patient admissions and is well placed to achieve 100% screening ahead of the Department of Health's deadline of 2011," added Hilary. The Trust's infection control team were awarded third place

in the national Oxoid competition for their work on the accreditation programme and it was highly commended by the Department of Health's MRSA/ Cleaner Hospitals Team when they assessed the Trust in August last year.

"In relation to Clostridium difficile (C diff), although this is more of a health community issue, the Trust is beginning to get good results and is seeing a reduction in the number of patients affected by C diff. This winter has seen the lowest level of infection for three years and we have achieved the local target agreed with Sheffield PCT. As a health community we have implemented measures, including Sheffield Health and Social Care NHS Foundation Trust and NHS Sheffield (Sheffield PCT) agreeing to jointly fund an additional consultant microbiologist to ensure that GPs and Sheffield Health and Social Care Trust staff have access to expert advice," said Hilary.

The prolonged use of antibiotics and in particular broad spectrum antibiotics (antibiotics that are used to treat a number of different infections) is a major cause of C diff. The Trust has appointed antibiotic prescrib-

ing pharmacists to ensure that patients are on the right antibiotic and that they only receive the antibiotic for as short a time as possible.

"We have invested heavily in new technologies, steam cleaners and hydrogen peroxide vapour machines. HPV machines are used to disinfect an area through the use of a safe 'bleach' based mist which settles on all surfaces killing the micro-organisms which can lead to infections. A specialist team of staff have been appointed to ensure that this is available as soon as a ward or bed area needs to be deep cleaned.

"Over the course of the next year we have plans to continue with our ward refurbishment programme and our deep clean programme, revise and update the accreditation programme and introduce an e-learning package across the health community. These measures will all help to reduce the number of patients affected by MRSA and C diff, but for those patients who are affected, we will be introducing an enhanced care facility by providing isolation facilities and enhanced nursing and medical care and treatment," concluded Hilary.

*Infection control assistants Dawn and Eric*



## Heart to Heart - Members Event 5.30pm - 26 August 2008 at the Northern General Hospital

As recently as a few months ago, many patients who suffered a heart attack would have been treated with a clot-busting drug. This dissolved the clot but left the artery narrowings as before. Similarly, angina sufferers used to be treated with bypass surgery which involves bypassing the diseased vessels in the heart with new ones. However this involves major cardiac surgery, which many patients, understandably would prefer to avoid if at all possible! Both these treatments are now being complemented, thanks to developments in technology and research, with catheter-based therapies (balloon angi-

oplasty and stenting) at great convenience to the patient.

We are pleased to announce that Consultant Cardiologist, Dr Julian Gunn, will be speaking about these new advances in cardiology and, in particular, a new service of primary angioplasty for heart attack victims in Sheffield. He will also take a glimpse into future treatments!

The talk will take place at 5.30 pm on 26 August 2008 at the Northern General Hospital. For further information or to register your interest, please contact Jane Pellegrina on 0114 271 4322, who will reserve your place and give you details of the lecture venue.

## Knit one, Feed One

Community Midwives in Sheffield have teamed up with a Sheffield Department Store to ensure that National Breast Feeding Awareness week doesn't go unnoticed in the city.

The team, from the Jessop Wing at Sheffield Teaching Hospitals, has joined up with John Lewis to ask the people of Sheffield to knit a 'boob' which will be used as a training aid for new Sheffield mothers.

The knitted boobs will be donated to the Jessop Wing for the Community Midwives, who use them as training aides when showing new mums how to breast feed.

Rachel Taylor, Community Midwife at the Jessop Wing said: "Although knitted breasts are simple, effective teaching tools, that help midwives to demonstrate

many aspects of breastfeeding, they are always in short supply. So thank you to John Lewis for an opportunity for Sheffield knitters to help Sheffield midwives and mothers and to raise awareness of the benefits of breastfeeding."



## Dates for your diary in 2008

Date	Time	Meeting and Venue
Monday - Friday	9.00am -	Summer Open Art
Tuesday 1 July -	5.00pm	Exhibition
Wednesday 20 August		Clock Tower Northern General Hospital
Tuesday 26 August	5.30 pm	Heart to Heart Members Event Northern General Hospital (see above for details)
Tuesday 23 September	3.00 pm	Annual General Meeting Lecture Theatre One Medical Education Centre Northern General Hospital
Tuesday 23 September	4.30 pm	Governors' Council Meeting Chatsworth Suite, Rivermead Training Centre Northern General Hospital
Tuesday 25 November	5.00 pm	Governors' Council Meeting Board Room Royal Hallamshire Hospital

All Members are welcome to attend these meetings, please call 0114 271 4322 for more information

# Pioneering service launched to save Sheffield hearts

**A** pioneering new service, which aims to fast track treatment for patients who have had suffered a heart attack, has been launched in Sheffield.

The Primary Angioplasty Service, based at the Northern General hospital will provide a faster and more effective way for patients to receive the treatment they need when they have suffered a heart attack. Previously a patient would have been given thrombolytic drugs to disperse the clogged artery, they will now undergo the latest angioplasty treatment.

Dr Julian Gunn, Consultant Cardiologist at the Northern General hospital, explained how the new service will work. He said: "As soon as anyone experiences severe chest pains they should call 999. As part of the new service the paramedics attending the emergency call will perform an electrocardiogram (ECG) and will be able to analyse the results straight away to establish if the patient has suffered a heart attack.

"If the paramedic believes that the patient has suffered a heart attack they will now be taken directly to the Cardiac Catheter Laboratory at the Northern General for coronary angioplasty.

"The coronary angioplasty procedure is a more reliable way of unclogging arteries than the previously used drug based service. This procedure helps patients recover more quickly and often they will be up and about by the next day. They will then be discharged from hospital within three days whereas they would have previously spent seven days in hospital."

The Primary Angioplasty Service has been commissioned by NHS Sheffield, the city's guardian of NHS spending which is responsible for ensuring local services reflect needs. John Soady, public health lead for long term conditions at NHS Sheffield, said: "There is now good evidence of the benefits of primary angioplasty and therefore we were keen to introduce this in Sheffield at the earliest opportunity. So we are very pleased to have been



able to launch this important new service for the city, as the first stage of making this available more widely for areas around Sheffield in due course.

"The new service will be cost neutral in its first year, but is expected to save around £300,000 ever year after that."

The service involves a procedure and not an operation. Local anaesthetic is administered at the top of the leg with a catheter inserted to inject dye to outline the coronary arteries under X-ray conditions. The blocked artery is then identified and opened up by passing a small balloon inside the catheter and opening the blockage so blood flow can be restored. A stent is often inserted into the artery to support it and the balloon is then removed.

The implementation of the new service means that many patients who suffer a heart attack in Sheffield will now be taken directly to the Catheter Lab at the Northern General for Primary Angioplasty treatment. The service will operate 365 days a year.

Patients with unstable angina will continue to receive a first class service from Sheffield Teaching Hospitals, with the new treatment only being administered to patients suffer-

ing a heart attack.

The service has been devised in partnership with the Yorkshire Ambulance Service which has been involved every step of the way in the introduction and implementation. The team facilitating the service includes nurses, radiographers, cardiac technicians and doctors who specialise in angioplasty all of whom are on call 24 hours a day.

Every year around 220 people in Sheffield have a major heart attack, with many more experiencing unstable angina or pains in their chest. Each year 7,000 people in the city attend hospital with pains in their chest which are not heart attack related.

Julian added: "We are delighted to be able to offer this service in Sheffield and hope that it will be extended over the coming year to the surrounding districts. It is a fantastic benefit to the people of the city that we have launched the service and I am sure that it will be invaluable to a number of patients.

"Never be afraid of calling for an ambulance if you are suffering from severe chest pains. A false alarm is a best case scenario for all involved. Do not try and drive yourself to hospital. Call 999 and let the professionals do their job."

# Apprentices told 'you're hired'

A 26-year-old from Burngreave who was unemployed and claiming benefits has turned her life around after signing up to a scheme to help people find work.

Romanah Khan joined 'Apprenticeships for All', a programme designed to give people from Burngreave access to city-wide training and job opportunities, and now has a full time job.

Following the projects' innovative link with Sheffield Teaching Hospitals NHS Foundation Trust, Romanah began a 20-week apprenticeship at the Royal Hallamshire hospital and now has a permanent position as an administration assistant in the Eye Department.

Romanah said: 'Apprenticeships for All' has made such a big impact on my life. Being on benefits can be a hard-struggle. I was unemployed for a while and claiming Job Seeker's Allowance. It is hard trying to support yourself and finding job opportunities can be just as hard especially when you don't have any formal qualifications.

"Despite not having any experience of administration, 'Apprenticeships for All' made me feel very comfortable and confident and I was really pleased to be offered an apprenticeship with the Sheffield hospitals.



"There is a lot of training that you have to go through. You spend two days in the workplace, gaining experience and three days training away from work. I now have NVQ qualifications as well as practical experience which have set me up well to develop my career."

'Apprenticeships for All', managed by Sheffield City Council with funding from Burngreave New Deal for Communities (BNDfC), offers a wide range of apprenticeship employment opportunities

in a variety of occupations and sectors including regeneration, retail, mechanics and administration.

The projects initiative with Sheffield Teaching Hospitals has seen over 40 people gain full-time employment within the Trust and Romanah is one of eight new starters who began the course last November. They recently attended a special event to celebrate the success of the project.

Romanah added: "The scheme has

certainly helped turn my life around, as I now have a full time job and am really positive about the future. I would definitely encourage other people from Burngreave who may be in similar situations to me to get involved."

Cliff Smith, Lead for Vocational Education at Sheffield Teaching Hospitals said; "We hosted the celebratory event to hail the success of Romanah and her fellow apprentices who have excelled in this scheme.

"As a major employer in Sheffield, it is important that we have a sense of social responsibility and part of that is helping people gain employment. That is why we have linked up with 'Apprenticeships for All' and Forum House.

"The project provides jobs to those people in Burngreave who may not have thought about applying to work within Sheffield Teaching Hospitals. Not only does it lead to a job but also a career; there is no reason why anyone who enters employment through 'Apprenticeships for All' cannot go onto a wide range of different professional avenues after entry level."

Anyone wishing to find out more can contact 'Apprenticeships for All' on 0114 272 2743.

## To bee or not to bee for allergic keeper

A Matlock bee keeper allergic to bees has been able to fight the condition thanks to specialist treatment at the Northern General hospital. Michael Lynch from Bonsall in Derbyshire has been a bee keeper for more than 30 years, but he faced having to give up his hobby after suffering a life threatening anaphylactic shock following a sting to the chin.

Michael was referred to the Clinical Immunology and Allergy Unit one of only a handful of specialist centres in the country, to help treat the reaction. The unit, led by Dr William Egner and Dr Anna Shrimpton, started Michael on a three-year desensitisation programme using bee venom to desensitise his immune system against the allergy.

Fran Ashworth, Senior Clinical Immunology and Allergy Nurse Specialist at the Northern General, said: "Michael has been given incremental doses of bee venom over a period of twelve weeks until he reached a maintenance dose.

"He will continue to attend the unit every six weeks to receive a maintenance dose for the next three years. The aim of this treatment is to re-educate the immune system.

Michael is still in the early stages of the treatment, but the signs are good for him to succeed in fighting against the allergy.

"Desensitising the body against allergies has become a successful way to treat patients with life threatening wasp and bee venom allergies. It can also be used to treat grass pollen allergy in people who have not responded to maximal conventional therapy."

Michael explained how he had to seek expert treatment after gradually become

allergic to bee stings. He added: "A few years ago there were a couple of occasions when I received a few stings around the head, I felt faint, hot and itchy. The symptoms slowly eased and apart from improving my bee suit carried on as before.

"But on one occasion last year I was stung on the chin and within seconds I had pins and needles in my hands, felt hot, began to lose vision and eventually I collapsed. I managed to get myself up and to my doctor's, who recommended I see the Clinical Immunology and Allergy team at the Northern General Hospital "They prescribed the desensitising treatment and in the past few weeks I've started to see a real difference. The injections have been built-up to the equivalent level of two bee stings and I experienced no reaction from the last one given to me.

"The doctors at the unit explained how by exposing my immune system to small doses of the sting will act in the same way as a vaccination. The staff are extremely professional and careful in everything they did and have allowed me to continue bee keeping, so I'm extremely grateful to them."

The Clinical Immunology and Allergy Unit at the Northern General Hospital provides a full range of education, support and training in the management of allergic disease and intolerances, including written treatment plans, desensitisation, challenge tests for diagnosis and a specialist allergy dietician service.

To find out more contact the Clinical Immunology and Allergy Unit at the Northern General Hospital on 0114 226 6964.



# One Vision

Visual impairment either temporary or permanent can prevent a person carrying out day to day activities that many of us take for granted.

Karen Dolling Support Nurse for the Visually Impaired and Ward Manager Carol Bedford and the team from Ward Q4 at the Royal Hallamshire Hospital, have been looking at better ways to help meet the needs of patients who are visually impaired.

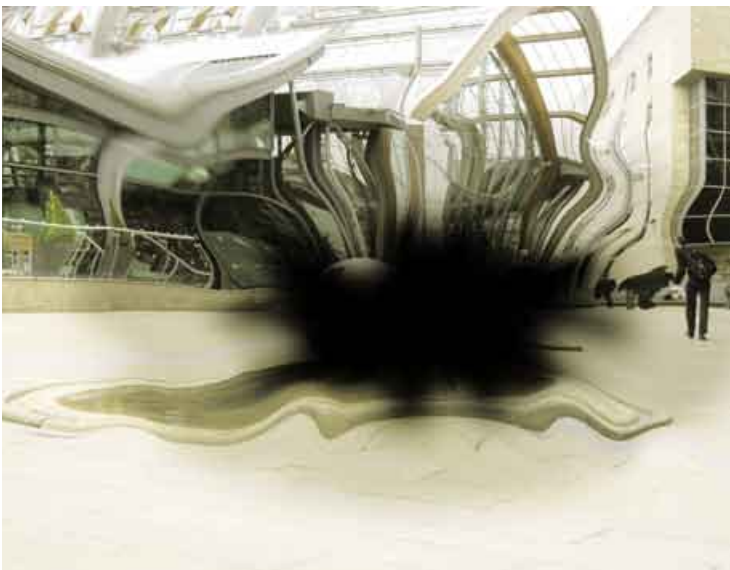
Ward Q4 cares for elderly patients over 65 years old with the majority being over 80. Many unknowingly have sight problems and some may remain quiet about their needs and the support they require, especially when it comes to needing help with eating or other activities of daily living. These patients can encounter many difficulties; for example, imagine a white sandwich, with white filling, on a white plate, covered in clear cling film, on a white tray. This may not cause problems for most of us, but for

assistance with feeding or requires a special diet and the cup signifies that the patient is visually impaired.

“The staff are really committed to improving the patient experience for the visually impaired and this system has proved very successful in helping the patient to maintain their independence but receive the help they need. Staff have also campaigned to have better ward signage and have secured funds to install bold and tactile signs interpreted in Braille”, said Karen.

Karen has trained staff in the Low Vision Clinic and gets them to try on simulation glasses to show how different conditions affect the eye.

Below is an image of the Peace Gardens in Sheffield showing an example of the vision of someone with Age Related Macular Degeneration (ARMD). This is the most common cause of blindness in the western world.



some patients, it could mean that they are not able to see the food.

Ward Q4 uses a traffic light colour coded alert system to ensure staff are aware of the feeding needs of their patients. Coloured cards are displayed at the patient's bedside so that staff serving the food can quickly determine the patient's needs. In addition cards displaying a graphic of a cup, signify that the patient is visually impaired so that staff are aware at a glance, what assistance a patient may require. A red card symbolises nil by mouth, an amber card; is an alert informing staff that there is something to be aware of and green for patients who are able to feed themselves and are on a normal diet.

For example an amber card picturing a cup means that the patient has a dietary requirement either by needing

Below is an image that shows an example of the vision of someone with Glaucoma.



The Ophthalmology Department is based on A Floor at the Royal Hallamshire hospital and offers a range of services for patients with eye problems. Sheffield Royal Society for the Blind work closely with the department, and every Wednesday morning in the eye clinic, they run a 'help desk' to further assist patients with visual impairments.



## Waste Management at STH

Did you know that in 2007/8 Sheffield Teaching Hospitals produced over 4100 tonnes of waste; that's equivalent to about 1000 elephants or 4100 double-decker buses! The total cost for the disposal of the waste was over £1 million last year;

- 1800 tonnes in clinical/hazardous waste
- 2500 tonnes of household waste (over 800 tonnes or over 30% of which was recycled/recovered)

The most expensive waste disposal is incinerated clinical waste costing £1000 plus per tonne in comparison to household waste which is around £100 a tonne, but the cost for both is increasing by over 10% every year. As a waste producer, Sheffield Teaching Hospitals has a legal duty to ensure waste is disposed of correctly and safely. Needless to say, this is not just the responsibility of one department; eve-

ryone has a responsibility to play their part.

Work undertaken by the Waste Management Department along with the huge effort made by staff has meant that we are all much more aware of the reasons for segregating different wastes. Recycling rates are increasing across all sites and we are getting better at understanding that disposal should only be an option when all other possibilities have been exhausted. Even some clinical wastes can be recycled and a number of clinical areas are contributing to metal recycling of surgical instruments with over two tonnes going to recycling last year. We also make a distinction between clinical waste that can go for treatment (over 90% of volume) and waste that needs to go for incineration (less than 10%) making sense both environmentally and financially.

Maria Mahon is the Trust's waste manager;

“We need to recognise that waste of any kind needs to be prevented in the first place. We all need to become much more aware of the end-of-life impact of goods when we buy them and look out for unnecessary packaging. On average 16% of the money spent on a product pays for the packaging, which ultimately ends up as rubbish!”

“We currently have recycling facilities available for printer cartridges, office paper, cardboard, textiles, plastics, glass and most of our hazardous wastes which are banned from landfill. The Waste Management team are working towards introducing more recycling across our sites and this will include things like plastic, drinks cans and expanding the glass recycling scheme. Every tonne of waste removed from the household stream means less going to landfill and therefore less environmental damage and less landfill tax for the Trust to pay.”

## Don't suffer in silence

As the launch of the Government's alcohol campaign 'Know your Limits' hits the headlines, spare a thought for those men who have a little more than a hangover to contend with. Many men may be familiar with the inability to perform sexually after 'one drink too many' but unfortunately the problem may become more persistent with regular alcohol intake that exceeds the recommended units. The short-term effects of too much alcohol may result in sexual problems and in particular, impotence otherwise known as erectile dysfunction. Debbie Davies-South is the Erectile Dysfunction Specialist Nurse at the Royal

Hallamshire hospital.

“Many of our patients do not realise that excessive alcohol on a regular basis may result in longer term sexual problems such as impotence, difficulty in ejaculating, a reduction in sexual desire or fertility problems.

“Drinking alcohol is often related to stress, anxiety and depression, factors which are creeping into many of our lives due to ever increasing pressures at home and at work or within our relationships. These conditions and their relevant treatments are also contributory factors in causing erectile dysfunction which in itself then causes further stress, anxiety and depression and so the cycle continues.

“Erectile dysfunction is more common than most men think. It is thought to affect at least one in ten of the male population, though the incidence is much higher in men who have other health problems such as cardiovascular disease or diabetes. Erectile dysfunction can also be a symptom of other disorders so it always worth getting it checked out.

“The most difficult part of addressing the problem is admitting that a problem exists in the first place – once you've done that, accessing help is easy.”

For further information about the 'know your limits' campaign visit <http://www.units.nhs.uk>

## Government's unit's campaign

Did you know that a large glass (250ml) of 12% wine contains 3 units of alcohol and a pint of 3.6% bitter contains 2 units? The first phase of the Government's 'Know your limits' campaign was launched in May 2008 with a major national TV, press and billboard advertising drive to raise awareness of the number of units in alcohol.

Whether you go out socially or stay in the comfort of your own home, it is really easy to drink more than you should safely. The recommendations are that men should not 'regularly' drink more than 3-4 units of alcohol a day and that women should not 'regularly' drink more than 2-3 units a day (regularly meaning everyday or most days). Every drink can vary in size and strength, so it can be difficult to know exactly how much you have consumed. The campaign website includes a really easy unit calculator <http://units.nhs.uk/> to help you make an informed choice about exactly how much you drink.

The second phase of the campaign, due to be launched in November 2008, will look at

the health consequences associated with excessive drinking to motivate drinkers to change their behaviour. Regularly drinking more than the recommended limits can increase the risk of alcoholic liver disease, stroke, high blood pressure, coronary heart disease and many types of cancer. If you drink more than double the recommended amount you are five times more likely to suffer from cancer of the mouth. Drinking too much can also take years off your life, men in England who die from alcohol-related causes will on average lose 20 years, and women lose an average of 15 years.

If you would like to find out more about this campaign please visit <http://units.nhs.uk/>. In the meantime why not have a go at our 'Know your limits' quiz (answers on back page)

**1. How many units are in a large glass (250ml) of 12% wine?**

- (a) 3
- (b) 1
- (c) 2

**2. How many units are in a pint of 3.6% bitter?**

- (a) 1
- (b) 2
- (c) 5

**3. What are the maximum recommended units per day for a man?**

- (a) 5-6
- (b) 1-2
- (c) 3-4

**4. What are the maximum recommended units per day for a woman?**

- (a) 2-3
- (b) 1
- (c) 5-6

**5. If you regularly drink over double the Government's recommended limit, how many times more likely are you to suffer from mouth cancer?**

- (a) 2
- (b) 3
- (c) 5

**6. True or false, if you regularly exceed your recommended daily alcohol limit, you increase the risk of having a stroke?**

- a) false
- b) true



## Sheffield Hospitals tune into improved radio service

Patients, visitors, staff and supporters at the Northern General hospital will be tuning into 1431 AM after Hospital Broadcasting Sheffield launched a new transmitter. This means that the station, which has been operating a free but limited service for 30 years, will now be going live 24 hours a day to all wards and departments at the Northern General. The Lord Mayor Councillor Arthur Dunworth was invited to officially launch the station and spent time chatting with patients, volunteers and visitors. Contacting the studio for requests and dedications is easy \*800 on Patientline or by calling 0114 271 2719. The station already has a service at the Royal Hallamshire hospital.

## Dr Rob's Bug Column



### Quick question, how do you spot a microbiologist on holiday?

No, not by the knotted hanky on their head but by the simple fact that they are usually the ones running a hot shower in an empty bathroom for a few minutes!

### So what is the reason for this odd behaviour I guess you're wondering?

The answer (for most of us at least) is Legionella. Legionella is a bacterium which likes to live in moist environments, particularly where there is warm water and metal piping (e.g. shower heads, water pipes, water cooled air conditioning units etc) and is the cause of a disease known as Legionnaires disease. So with the holiday season approaching we thought it might be a good time to have a closer look at this bug.

### What is Legionnaire's disease?

Legionnaires is an uncommon type of pneumonia caused by the bacterium Legionella pneumophila, which is a bug (actually a gram negative bacillus) which likes water and pipe work.

### So why is it called Legionnaires disease?

An outbreak of this disease occurred in Philadelphia in 1976, among people attending a state convention of the American Legion and led to naming the disease after this group. Subsequently, the bug was identified and named Legionella pneumophila.

### Is this a new type of infection?

No, whilst it was only discovered in 1976 it has undoubtedly been around for as long as humans have been messing around with water!

### How common is Legionnaires disease?

In 2006 there were just over 500 cases in England and Wales of confirmed Legionella pneumonia (Health Protection Agency data) of which less than half were actually related to travel/holidays and there were about 50 deaths. Interestingly the majority of the cases were in men (being male, aged over 50 and a smoker seem to be risk factors).

### I know it lives in water but how do you catch it?

The infection is not contagious and cannot be caught from another person. The disease is spread via a contaminated water source i.e. breathing in the bacteria that have been dispersed into the air inside aerosols (small water droplets that evaporate very quickly). Aspiration, where contaminated water gets into the lungs accidentally can be the source of infection in some rare cases.

### What about symptoms?

In common with many other conditions, the symptoms usually include a 'flu-like' illness such as muscle aches, tiredness, headache, loss of appetite, dry cough and fever which can develop into pneumonia. Diarrhea sometimes occurs and confusion may also develop. The incubation period following exposure is usually in the order of five

to six days but can sometimes be up to three weeks.

There is also a milder version of the disease called Pontiac fever which is essentially legionnaires but without the pneumonia (i.e. the flu-like illness with aches and pains)

### How do we diagnose it?

Once a person is recognised as having pneumonia then the majority of Legionella cases can be diagnosed in this acute stage with a simple urine antigen test (in principle similar to the urine pregnancy test but designed to look for Legionella antigen instead). If a diagnosis isn't made in the early stages of infection (i.e. beyond two weeks of illness) then a blood sample can be taken to look for Legionella antibodies which the body usually starts to make beyond the two week period.

### Is it treatable?

Yes it is. The commonest antibiotics used to treat this infection are the so called macrolide group, like erythromycin and clarythromycin and good supportive hospital care.

### What about prevention?

The UK has strict regulations to ensure that water systems used for air cooling or for use in commercial, tourist and other buildings (including hospitals) are maintained to standards that minimise the risks of transmitting the disease and do not harbor the bacteria that cause Legionnaires' disease.

In general this can mean things like ensuring the cold water is cold (below 20°C) and the hot water is hot (above 55°C) to prevent the bug from growing quickly.

So enjoy your holidays and remember if you do see someone running a hot shower but leaving the room then it's either a microbiologist or a reader of the Good Health magazine!

**Answers**

1. a                      3. c                      5. c  
 2. b                      4. a                      6. b

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## Biomedical Research Units put Sheffield at the forefront of medical advances

Sheffield has been successful in its bid to develop two National Institute for Health Research (NIHR) Biomedical Research Units in musculoskeletal and cardiovascular disease. The NIHR is establishing these units in priority areas of disease, ill health and clinical need.

Sheffield Teaching Hospital NHS Foundation Trust who are leading the work in partnership with the University of Sheffield, has been successful in securing these prestigious awards.

Andrew Cash, Chief Executive of Sheffield Teaching Hospitals NHS Foundation Trust said; "This is a fantastic coup for the Trust and the University of Sheffield which will put the city firmly on the research map. We have an excellent ongoing relationship with the University and this is a further opportunity to extend that work for the benefit of patients in Sheffield and beyond.

Each unit will receive funding for four years with the first year drawing in £750k and £1m per year for the remaining three years.

Professor Richard Eastell, Honorary Consultant in the Metabolic Bone Centre at the Northern General Hospital, part of Sheffield Teaching Hospital's NHS Trust and Head of the Academic Unit of Bone Metabolism at the University said: "We are delighted to have been successful in our application for this funding. This is a great boost to the Trust and the University. "Having these two biomedical research units based in Sheffield is a major coup for the city and will firmly place us at the forefront of research.

"So many people will benefit from these units as they will enable us to be even stronger in these areas. This announcement is just the beginning; this is a wonderful opportunity for the city to shine.

"I was drawn to Sheffield 19 years ago because of its long history of excellent research and am proud that our bids recognised this expertise and the quality and volume of internationally excellent biomedical and translational research that has gone before.

Professor David Crossman led the Cardiovascular bid. "The Biomedical Research Units will drive innovation in the prevention, diagnosis and treatment of ill-health and translate advances in medical research into benefits for patients. They will also provide a key component of the NHS contribution to our nation's international competitiveness by building on the best research leaders and their teams and enabling their host institutions to achieve or further develop critical mass in a priority research area."

Professor Tony Weetman, Dean of the School of Medicine and Biomedical Sciences at the University of Sheffield, said: "This is welcome news, which allows the University's School of Medicine and Biomedical Sciences and the Trust to build on our successful partnership in translating research into medical practice for the benefit of patients.

"Our success in bidding for these prestigious NIHR Biomedical Research Units has been underpinned by our joint clinical research facilities, and I look forward to even closer working with the Trust as we develop the profile of academic medicine in Sheffield."



## Condition Management Programme

*Are you receiving Incapacity Benefit?*

*Do you want help to return to work?*



**What is CMP?**

The Condition Management Programme (CMP) is a voluntary programme, developed to help people better understand and manage their health condition and develop self confidence and practical skills to help them back towards returning to work. The scheme is delivered by NHS health practitioners and is a significant part of the Pathways To Work initiative provided by Jobcentre Plus which offers support to people who are out of work and are on incapacity benefits, to help them look at returning to some form of employment now, or in the future. Attending the programme does not affect your benefits in any way whatsoever.

**Why should I join?**

From a health point of view, we know that being in work is good for your physical and mental health, boosting self esteem and quality of life for you and your family. CMP is an innovative project demonstrating a successful partnership between the NHS and Jobcentre Plus. Through CMP we are helping local people understand and manage their health in relation to their own individual capabilities and abilities to work. CMP has already had many successes, with more than 3500 people across South Yorkshire having volunteered since the programme started and more than 1200 in Sheffield. Many of those people are now either back in work or well on the way to improving their lives by better understanding their health condition.

**I'm interested... What do I need to do now?**

All CMP volunteers attend an initial assessment at the Jobcentre, and then you'll join a seven week core programme at a community venue very close to where you live. All travel expenses are paid for, all childcare provision / carer responsibilities will be paid for and each participant receives a three-month leisure pass to their local leisure facilities to encourage participation in a range of healthy activities as part of the programme.

**Free three month leisure pass for all volunteers!**

**For further information please call to make an appointment to see a Personal Adviser at:**  
**Bailey Court: 0114 2033189, Cavendish Court: 0114 2590710,**  
**Eastern Ave: 0114 2608087 or Hillsborough: 0114 2033241**  
**Or visit: [www.elphin-barnsley.org.uk](http://www.elphin-barnsley.org.uk)**

Helping People to Overcome Barriers to Work