



foundations for health

April 2016

**New car
parking
charges**

**UK first
for hernia
repair surgery**

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*Working to
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If you have comments or want further information about any of the articles in *Foundations for Health* please get in touch with the Communications & Engagement team on 01302 647085 or email communicationsandengagement@dbh.nhs.uk

For further information about membership or to get in touch with any of your governors please contact the Foundation Trust office on 01302 381355 or email them on foundation.office@dbh.nhs.uk



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Consultant receives Silver National Award for Clinical Excellence

Congratulations to Mr Shahed Quraishi, Consultant Ear Nose and Throat (ENT) Surgeon, for being the first surgeon in Doncaster and the first ENT surgeon in South Yorkshire to receive the Silver National Award for Clinical Excellence, by the Advisory Committee on Clinical Excellence Awards.

Mr Quraishi said: "It is a great honour and a huge personal achievement. I have had the privilege to work with many excellent teams and leaders, both within Doncaster and Bassetlaw Hospitals and across the UK. I am grateful to my colleagues and patients whose good wishes and support I cherish."

Mr Quraishi is well known nationally and internationally as the founder of the ENT Masterclass®, which is Europe's largest ENT training platform www.entmasterclass.com.



Mr Shahed Quraishi, Consultant ENT Surgeon

Celebrating *International Clinical Trials Day*

Stand with us today to
improve care tomorrow



Research for you

email: doncasterclinicalresearch@dbh.nhs.uk

On 20 May 2016 we will be joining NHS colleagues across the country to celebrate International Clinical Trials Day. This day commemorates James Lind, a Scottish Physician, who on 20 May 1747 conducted the first ever clinical trial to prove his theory that citrus fruits cured scurvy.

Our clinical Research and Development (R&D) team will be using International Clinical Trials Day to speak to patients and staff about opportunities to become involved and the importance of research to healthcare. The team will be in the reception and main outpatient areas of Doncaster Royal Infirmary and Bassetlaw Hospital between 11.00am and 2.00pm. If you are interested in clinical research come along and find out more.

“CLINICAL RESEARCH IS VITAL IN ENSURING OUR PATIENTS RECEIVE THE BEST POSSIBLE STANDARD OF CARE.”

Dr Trevor Rogers, Respiratory Physician and Director of Research and Development, said: “It has been my great good fortune to be the Director of R&D for a Trust so committed to increasing research opportunities for our

patients and staff alike. Clinical research is vital in ensuring our patients receive the best possible standard of care. If we cast our minds back to what was considered normal 10 years ago in medicine, we can see major changes; all of which have followed from the implementation of research findings.”

During the last year, research in the Trust has

seen great successes including recruiting the first patients internationally onto research trials and also the team being shortlisted for two prestigious national awards.

For further information, please contact a member of the R&D team on 01302 381474.



Clinical Research Team

Building on the Best to improve end of life hospital care across the UK

We've been selected as one of just 10 hospital trusts in England to take part in the 'Building on the Best' programme to support improvements in the quality and experience of palliative and end of life care across the UK.

The programme is funded by Macmillan Cancer Support and supported by a partnership between the National Council for Palliative Care, Macmillan Cancer Support, NHS England and the NHS Trust Development Authority in England.

Stacey Nutt, Lead Nurse for Cancer and End of Life Care, said: “We are delighted to have been chosen for the Building on the Best programme which acknowledges us as a Trust that delivers outstanding end of life care. We are looking forward to being part of this exciting work to transform and develop new areas of focus for improving end of life care not only for our own patients but also for the UK as a whole.”

The Building on the Best programme will see support, knowledge and leadership being provided in hospital settings to help people at the end of their lives experience good quality and safe care, and to enable them to make the choices that meet their and their family's wishes, wherever they are.

As well as further developing the work of the Transforming End of Life Care in Acute Hospitals Programme, the programme will develop new areas of focus for improving end of life care. These will include making information more accessible to patients and their families, to enable more shared decision making; taking the opportunities offered by outpatient appointments to discuss care planning; improving the handover of information and records as people move between acute and secondary care; and improving pain and symptom management.



Stacey Nutt, Lead Nurse Cancer and End of Life Care

The financial position of Don

In October 2015 we reported a change in position, from forecasting a small end of year surplus to a substantial overspend, after uncovering significant misreporting of the financial situation to the Board of Directors.

As a result we are expected to stand at around £38million overspent at the end of the 2015/16 financial year.

Mike Pinkerton, Trust Chief Executive, said: "We have been working closely with our regulator, Monitor, since discovering the misreporting of the financial position in October and have greatly appreciated the support and advice they have given to us.

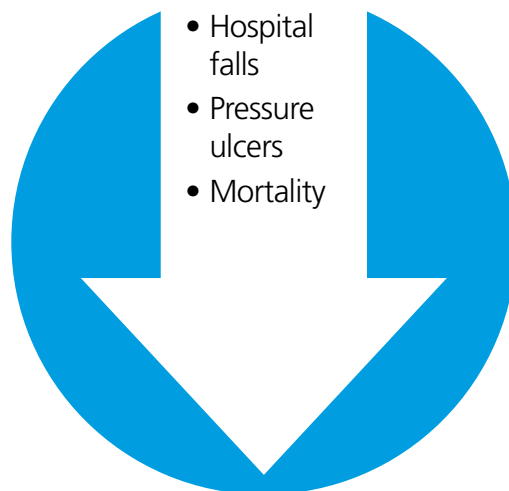
"Once the financial misreporting was identified it became clear that as a Trust we were spending more than we were earning on a monthly basis. To address this we have put plans in place to regain control of our finances and strategic direction. This included establishing a team dedicated to the financial turnaround of the organisation that will focus on key tasks to deliver savings, without compromising our commitment to quality.

"We also appointed an independent, external investigation into the

misreporting. The report of that external investigation has now been concluded and as a direct result of the actions we have taken to regain control many of the recommendations made are either already completed, or are being put into place.

A redacted version of the report is available to read on our website www.dbh.nhs.uk.

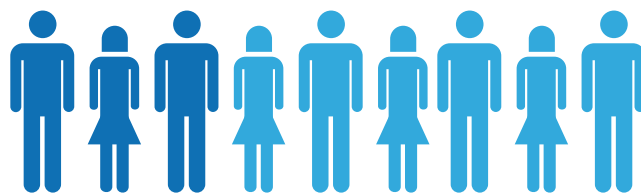
Mr Pinkerton continued, "I am pleased that Monitor recognises the importance of maintaining quality whilst we work to reduce our monthly expenditure to improve our financial position. Over the last few years we have made excellent improvements in the quality of care we provide to our patients across the Trust, albeit spending more money than we should have. We have seen a significant reduction in falls in hospital, hospital acquired infections, pressure ulcers and the mortality rate. We are achieving referral to treatment waiting times for our patients and although our emergency pathways are under constant pressure, we continue to be one of the best performing trusts in the country. I would like to reassure patients that providing safe and effective care will remain our highest priority."



- Hospital falls
- Pressure ulcers
- Mortality



- IMPROVED** C.Diff rates
- ACHIEVED** waiting times for referral to treatment
- ACHIEVED** waits for diagnostic tests
- ACHIEVED** all cancer targets.



Doncaster Royal Infirmary



Working to recover our financial position

Our financial position is very serious and as a result we have declared ourselves in a position of financial turnaround.

During this time we will be embarking on an intense period of highly focussed activities to maximise savings. These may include increasing income, reducing non-pay costs, and reducing pay costs.

Dawn Jarvis, Director of Strategy and Improvement, said: "We need to take every opportunity to reduce the gap between income and expenditure, but we are committed to doing this without compromising service provision or patient safety.

"Working with Monitor, our regulator, we have put actions in place to improve control of our finances and have already seen a £1.4m reduction in expenditure since November.

We have already implemented some projects, and others are having an impact and contributing to the reduction in the monthly deficit (run rate). These include:



Dawn Jarvis, Director of Strategy and Improvement

The bigger picture

- The NHS is facing a huge financial challenge.
- The NHS deficit in England rose to nearly £2.3 billion in the first nine months of the financial year (1 April 2015 to 31 December 2015).
- More than two thirds of trusts (67 per cent) and 9 out of 10 (89 per cent) acute hospitals have forecast a deficit (overspend) at the end of 2015/16.
- Hospital trusts across Yorkshire and Lincolnshire are facing a combined deficit of more than £240 million, with all but one of the 15 trusts predicting it will end 2015/16 in the red.

- **Mutually Agreed Resignation Scheme**, for staff, designed to create vacancies that can be filled with staff redeployed from other jobs or as a suitable alternative role for those at risk for redundancy. This scheme closed at the end of January, with 31 applications approved.

- **Charge for Disclosure and Barring Service (DBS)** criminal record checks for staff. All but the lowest paid staff will now pay for their DBS checks, similar to other trusts. This will save approximately £45,000 a year.

- **Selling off underutilised estate** – since September 2015 we have agreed the sale of seven houses on the Doncaster Royal Infirmary estate; Barrowby House at Bassetlaw Hospital and we have three houses on the market in Worksop. The sales agreed for all of these properties exceed £1 million, with the opportunity to achieve an estimated further £700,000 income before June 2016.

- **We have taken the decision to outsource payroll services**, which will in the future be delivered by the NHS Shared Business Services that already provide payroll and pensions services to many trusts paying over 200,000 NHS employees.

We will be testing the market for a range of non-clinical services we provide at the Trust.

All of these actions will ensure that the Trust is making the most effective use of every pound of public money.



UK first for keyhole surgery *that leaves virtually invisible scars*

A team has performed the UK's first hernia repair surgery using a pioneering new technique that leaves virtually no scars for patients.

Called Micro-Incision Laparoscopic Surgery, it is the latest development in Laparoscopic 'keyhole' surgery which allows the surgeon to operate through tiny incisions or cuts in the abdomen of less than 3mm; up to five times smaller than other standard keyhole surgery procedures.

Led by Mr Srinivasan Balchandra, Consultant Upper Gastro Intestinal and Bariatric Surgeon, the team successfully carried out two hernia repair operations and two cholecystectomies (gallbladder removals) at Doncaster Royal Infirmary and Bassetlaw Hospital in Worksop.

"WE ARE ALWAYS STRIVING TO IMPROVE THE EXPERIENCE OF OUR PATIENTS"

Unlike traditional keyhole surgery, Mr Balchandra and his team used specially developed ultra-thin instruments that do not need a 'port' to hold them in place during the operation.

Srinivasan Balchandra explains: "We are always striving to improve the experience of our patients and take every opportunity to be involved at the forefront of advances in technology. Laparoscopic surgery has gone on to be the technique of choice for many surgical procedures due to less post-operative pain and early recovery. Micro-Incision Laparoscopic Surgery is next stage in that development.

"Being able to operate with precision and accuracy through the tiniest incisions, which leave virtually invisible scars, makes this unique surgical method much better for

patients as they experience less pain, faster recovery and are able to go home after the operation on the same day."

Mr Balchandra, who has been collaborating with the company in the development of the micro-incision surgical devices, was given the opportunity to use the instruments ahead of other surgeons in the country. He now plans to present the results at the 2016 international laparoscopic meeting.

"MUCH BETTER FOR PATIENTS AS THEY EXPERIENCE LESS PAIN, FASTER RECOVERY AND ARE ABLE TO GO HOME AFTER THE OPERATION ON THE SAME DAY."



Pictured (l-r): Gwen Roberts, Staff Nurse, Bassetlaw Hospital theatres; Nicki Walker, Staff Nurse Doncaster Royal Infirmary theatres; Mr Srinivasan Balchandra, Consultant Gastro Intestinal Surgeon; Katie Mitchell, Staff Nurse, Doncaster Royal Infirmary theatres; and Rachel Palmer, Staff Nurse, Bassetlaw Hospital theatres

Mallard Ward: leading the way in person-centred care

An innovative project on the Mallard Ward, at Doncaster Royal Infirmary is leading the way in person-centred care for older patients, through the use of 'person-centred thinking tools'.

The tools, known as 'One Page Profiles' and 'This is Me', help staff to assist person-centred conversations with patients. Once completed, they provide staff with at-a-glance information that goes far beyond a patient's clinical condition. They can choose to share information about their life history, interests and hobbies, and preferred daily routines; so staff can learn about what really matters to them.

Gemma Betts, Activity Coordinator on the Mallard Ward, said, "When you know more about people you begin to care more."

By giving structure to the way staff learn about people on the ward, they are also demonstrating their commitment to the 6Cs of the national nursing strategy, in particular Care, Compassion and Communication.

One Page Profiles have also been created for staff. These are displayed on a 'Family Tree' wall within the ward. Feedback has been positive, with patients and their families commenting that "It's lovely to see that people aren't just nurses", and that they feel more comfortable in calling staff by name.

Dr Rod Kersh, the project lead, commented that, "We have started to gain a more sophisticated understanding of our patients - who they are, how to support and help them, their personal history. It also shows that we are providing holistic care. Anatomy and pathophysiology are important to us, but we will not approach a patient without accepting that they are a person first."

The project is being delivered in partnership with Helen Sanderson Associates. To find out more, please contact Emily McArdle at emily@helensandersonassociates.co.uk or go to the website www.helensandersonassociates.co.uk.

Don't fear your smear

Research shows that younger women aged 25-49 in South Yorkshire are less likely to attend a smear test, which is very worrying, especially as cervical cancer is the most common cancer in women aged under 35.

Early detection and treatment can save lives. Did you know that cervical screening can prevent up to 75% of cervical cancers from occurring? Yet many women don't attend their appointments. They are either too embarrassed or afraid of the screening process.

“DID YOU KNOW THAT CERVICAL SCREENING CAN PREVENT UP TO 75% OF CERVICAL CANCERS FROM OCCURRING?”

The new 'Fear or Smear' website at <http://fearorsmear.dbh.nhs.uk> dispels any myths or fears you may have over your smear test. It contains lots of information about preparing for your test, including facts about the process and stories from other women. Don't let your fears stop you from taking the test.

If you're aged 25-49 years old and haven't had your cervical screening test (smear) in the last three years, or are aged between 50 and 64 years old and

haven't had a cervical screening test in the last five years, visit the 'Fear or Smear' website. Don't worry if you've missed your cervical screening appointment; just contact your GP to book an appointment. Please remember cervical screening is not a test for cancer. It is used to detect any changes, abnormal or precancer cells of the cervix or neck of the womb.

We'd like you to share your fears and tweet @fearorsmear.



Medical Student Holly isn't worried about her smear test but she is concerned about big beetles.

Amy is scared of drowning but she has no fear about her smear



New number for Cameo Centre

The Cameo Centre, the breast screening clinic, on Chequer Road in Doncaster has changed its telephone number to 01302 644966.



Victor Fairhead

Grateful Victor has a lot to dance about

Avid Tea Dancer at the Parklands Sport and Social Club in Doncaster, Victor Fairhead, was glad that he joined his male fellow dancers at a recent AAA screening clinic.

The club played host to a AAA screening clinic that detects potentially life threatening Abdominal Aortic Aneurysms (AAAs) which occur mainly in men over the age of 65.

Victor said: "I did not know about AAA screening and what an Abdominal Aortic Aneurysm was until there was a talk about the condition and we were offered screening appointments for a clinic which was all organised through the club. A number of my friends were going to appointments and I decided to get screened too as it wouldn't do any harm.

"I had absolutely no symptoms of anything at all so I am glad I took up the opportunity, and I'm grateful to the club for organising the clinic, otherwise I wouldn't be aware that I had a small aneurysm. I really hope other men aged 65 and over will do what I did and take the opportunity to get screened when they are offered it."

The other male Tea Dancers were given the all clear and signed off the programme.

AAA Screening for men over 65

If you are a man over 65 and have not had your AAA screening please call 01709 649100 or email dbh-tr.dbhaaa@nhs.net to make an appointment. It's quick, free and could save your life.

An AAA occurs when the aorta, the main blood vessel in the body leading to the heart, becomes weak and expands which can lead to a rupture and potentially death.

New Green Light laser *prostate surgery*

Men who develop urinary tract symptoms from enlarged prostates can have their overgrown prostate tissue removed without the need for invasive surgery, thanks to a new laser service.

Enlarged prostates, which are also known as Benign Prostatic Hyperplasia or BPH, are the most common prostate problem in men over the age of 50. It is a condition where the prostate gland, which is located near the bladder increases in size but is not cancerous.

“THE NEW GREEN LIGHT XPS LASER AT DONCASTER ROYAL INFIRMARY DELIVERS A HIGH POWERED ENERGY BEAM”

Symptoms generally include passing urine more frequently, difficulty emptying the bladder, and disturbed sleep due to the need to pass urine at night.

The new Green Light XPS laser at Doncaster Royal Infirmary delivers a high powered energy beam, through a tiny 2.1mm fibre optic wire inserted through the urethra



(l-r): Dr Padam Gopal, Consultant Anaesthetist; Mr Jiwan Darrad, Consultant Urologist; Helen Cowie, Lead Practitioner (Sister); and Justin Parker, Health Care Assistant

“WE CAN OFFER THIS PROCEDURE TO PATIENTS WHO HAVE COMPLEX HEALTH CONDITIONS, AND WHO ARE NOT SUITABLE FOR OTHER TRADITIONAL TREATMENT OPTIONS”

(water passage), to vaporise the excess prostate tissue without harming other surrounding tissue. It is less invasive than other types of prostate surgery, such as Trans

Urethral Resection of Prostate (TURP), because the blood vessels are sealed off as the laser removes the tissue, resulting in less bleeding and faster recovery.

Mr Jiwan Darrad, Consultant Urologist at the Trust who has been using the laser, said: “The main advantage of this treatment is that it can be performed as a day case, unlike the traditional intensively invasive prostate operation TURP which typically requires two to three days in hospital. We can also offer this procedure to patients who have complex health conditions, and who are not suitable for other traditional treatment options, because the chance of bleeding and excessive fluid absorption during the operation is significantly lower.”

The Green Light laser prostatectomy is carried out under general or spinal anaesthetic and takes 30 to 60 minutes to perform. A thin urinary catheter is fitted after surgery and patients normally return home the same day. The catheter is removed in clinic between 24 and 48 hours later with patients usually return to everyday activities after two weeks.

Although Green Light technology is not used on patients with prostate cancer, you may be interested in the article on page 11.



Car parking charges have changed from 1 April 2016

We've taken the difficult decision to increase the cost of parking at our hospital sites and hope that you will understand the reason for doing this.

It is anticipated that the changes to both staff and patient parking charges will generate approximately £550,000 additional income a year.

Patients and visitors to Doncaster Royal Infirmary, Bassetlaw Hospital and Montagu Hospital will now pay the following prices:

Price	Length of time
£1.50	One hour
£2.80	One to two hours
£4.10	Two to four hours
£5.00	Four to six hours
£8.50	Over six hours

The changes to charges are in line with the best practice hospital parking guidance set out by the Department of Health and are the first increases in car parking charges since 2006 at Montagu Hospital, 2009 at Doncaster Royal Infirmary and 2011 at Bassetlaw Hospital.

Patients and their main visitors who use the car parks frequently, such as long-term patients or those who are attending for treatment for long-term conditions will be unaffected by the changes as they will continue to be offered concessions. The park and ride service for Doncaster Royal Infirmary will continue to be free to patients and staff.

Onsite staff car parking charges have also increased and standardised across all sites.

Butterfly effect helps bereaved mums



A small change to our signage in our maternity unit at Doncaster Royal Infirmary has brought about a big difference for mothers who've experienced a miscarriage, stillbirth or baby death.

Doncaster Royal Infirmary is now using butterfly signs on the doors of its maternity rooms to signify to cleaners, healthcare assistants and other staff to act thoughtfully while working in that area.

“ALTHOUGH ONLY A SMALL NUMBER OF OUR PATIENTS EXPERIENCE SUCH A TRAGEDY, THIS SMALL CHANGE TO OUR SERVICE IS MAKING A HUGE DIFFERENCE FOR THOSE FAMILIES.”

Butterfly themed support packs have also been made for families facing such a loss, which contain keepsakes to remember their child, information on what to do next, and an opportunity to have a naming and blessing ceremony with a chaplain.

Last year, 3.73 per 1000 babies delivered at the Trust were still born, compared to the national 4.82 average. Nick Kerry, Supervisor of Midwives and one of the leads on the



(l-r): Chris Van D'Arque, Lead Chaplain, Tara Cox, Nick Kerry, Supervisor of Midwives and Eva Cox.

project, said: “Although only a small number of our patients experience such a tragedy, this small change to our service is making a huge difference for those families. The butterflies were chosen because they are a symbol of rebirth and we want to make sure the focus is on the life of each baby.”

Nick has been working alongside Chris Van D'Arque, Lead Chaplain, and mum, Tara Cox. Tara, who lost one of her twin daughters in March 2015, has been highlighting areas where she felt she needed more support after her experience. Tara said: “Nick's support has been fantastic. She's been brave enough to address a sensitive issue and make real improvements,

it just shows how much she cares and now vulnerable families in this position will benefit from the changes she has implicated.”

The Trust is working with Remember My Baby charity that offers parents who have gone through the loss of a baby the chance to have some remembrance family photographs taken. The portraits are professionally edited and given to the parents free of charge.

Chris Van D'Arque, Lead Chaplain, said: “We absolutely cannot let bereaved families leave hospital with nothing and that's why we must offer them the chance to remember the short but incredibly significant lives of their children.”

Rod scoops top NHS innovation award

A consultant has scooped a top innovation award at the Regional Leadership Recognition Awards.

Dr Rod Kersh, Consultant in Medicine for Older People, won the 2015 NHS Innovator of the Year Award for his work both locally and regionally, to improve the quality and safety of patients admitted to Doncaster Royal Infirmary who have dementia and delirium.

As the clinical lead for the Yorkshire and Humber Patient Safety Collaborative, Rod has developed Mindfulness training for staff on the Mallard Ward at the hospital. He has used the Trust's electronic patient alert system that sends text messages when patients with delirium and cognitive difficulties arrive in the hospital unexpectedly, as well as WhatsApp to support communication in his team.

“ROD'S WORK HAS ALREADY HAD AN EXTREMELY POSITIVE EFFECT ON HIS PATIENTS”

Rod's work has already had an extremely positive effect on his patients on the Mallard Ward and he is currently working on ways to improve personalised care for his patients.

Rod said: “Maximising the power of innovation, collaboration and creativity can make a huge difference to patient care. I have always been passionate about this and I will continue to look at new ways to innovate. I am extremely proud and honoured to receive this award.”



Photo courtesy of Richard Wilson, used with permission from Yorkshire and the Humber Leadership Academy, pictured are: (l-r): Dr Rod Kersh, Consultant in Medicine for Older People and Colin Jackson CBE

We're looking for a Lay Person

We are looking for a Lay Person to be a member our Trust Ethics Advisory Committee.

The committee is a forum that provides support to all staff who are presented with a clinical ethical dilemma or problem. It is a multidisciplinary group of clinicians, and includes representatives from the Trust Chaplaincy, Legal Services, plus lay members and other interested staff.

The successful person must be able to:

- Attend forum meetings regularly (2.00 to 3.30pm on the third Monday of each month).
- Understand, articulate and discuss complex ethical issues
- Be enthusiastic and interested in the subject, although a formal qualification is NOT necessary.
- Be articulate and confident in putting forward the views of patients and members of the public within a multi professional body.
- Work within the Terms of Reference of the committee particularly when confidential information is being discussed.

The person holding this position must not be a current clinical employee of this Trust or another NHS organisation.

If you are interested and want to make an informal enquiry please contact Jon Maskill, Committee Chair; Christopher Van D'Arque, Vice Chair; or Laura Holdsworth, Secretary; on 01302 642160.

The closing date for applications is Tuesday 3 May 2016.

Applications are by covering letter and CV addressed to:

Laura Holdsworth
Secretary, Clinical Ethics Advisory Committee
Doncaster Royal Infirmary
Armthorpe Road
Doncaster DN2 5LT



Mr Nick Mawer, Consultant Ophthalmologist.

Visionary eye centre development *at DRI*

A major new building scheme that will fully transform and expand the existing Eye Clinic at Doncaster Royal Infirmary has started.

The ambitious 22-week development is the biggest revamp in eye facilities for over 20 years.

"BIGGEST REVAMP IN EYE FACILITIES FOR OVER 20 YEARS"

It will see our current Ophthalmology 'eye' clinic remodelled into a large, modern state-of-the-art centre designed to meet the 21st Century eye care needs of children and adults across South Yorkshire and Bassetlaw.

When finished the Eye Centre will be double the size and include 15 examination rooms, 7 vision lanes, 3 treatment rooms and a patient waiting area. A key part of the centre will be a new children's clinic made up of a separate waiting area, vision lane and consulting rooms styled and decorated to suit younger patients.

Mr Nick Mawer, Consultant Ophthalmologist, said: "This is an exciting time for eye services in Doncaster, Mexborough, and Bassetlaw. Eye care has changed significantly over the past 10 years, and a purpose built eye unit will ensure we can provide high quality care for many years to come."

Plans for the eye centre include:

- 5 examination rooms
- 7 vision lanes
- 3 treatment rooms
- New children's clinic

The centre will treat people with eye disorders ranging from milder, common problems such as conjunctivitis, to more severe conditions which can lead to lifelong poor vision, cataract, glaucoma, and macular degeneration. The centre will also include a diabetic eye clinic, a low vision service, and improved facilities for minor operations and eye injections.

"IN THE PAST YEAR, MORE THAN 72,000 PATIENTS HAVE USED THE CURRENT EYE CLINIC AT DONCASTER ROYAL INFIRMARY."

In the past year, more than 72,000 patients have used the current eye clinic at Doncaster Royal Infirmary. This new centre will mean that the Trust is better placed to meet the growing demand for eye services.

The building project started on 15 February 2016 and will be completed in the autumn 2016. Throughout the works the clinic will be open and we will make sure clinics run smoothly.



TV advert *saved my life*

Prostate Cancer being aware and informed

John Williams, aged 76 from Denaby Main, knows what it is like to receive a diagnosis of prostate cancer when he was least expecting it.

Two years ago John started having bladder problems and saw a TV advert showing the same symptoms he had. He booked an appointment with his GP thinking it was just a bladder infection and was astonished to learn he had prostate cancer.

“IT NEVER OCCURRED TO ME THAT IT WAS PROSTATE CANCER, I JUST THOUGHT IT WAS BLADDER INFECTION.”

John said: “It never occurred to me that it was prostate cancer, I just thought it was bladder infection. I feel very lucky that I went to the doctor when I did. The doctor did blood tests and a biopsy and I tested positive for prostate cancer. My PSA test score was 81 which is very high. I opted for the hormone treatment option, and I am monitored regularly and now thankfully my PSA level is less than 00.1 which is fantastic.”

“I would urge all men over 60 to have the test. A quick two second examination can

make such a big difference to a person's life. Early detection before it becomes rapid is best way because you have a far higher success rate. We care about our families but we never think about how devastated they would be to lose their dad, brother, uncle or even a lifelong friend. There's not much

awareness of prostate cancer and I hope that by sharing my experiences more men will go and have the test.”

Since diagnosis John attends the Prostate Cancer Support Group held at Doncaster Royal Infirmary run by the Trust's Urology nurses in the outpatients department.



John Williams

“I WOULD URGE ALL MEN OVER 60 TO HAVE THE TEST. A QUICK TWO SECOND EXAMINATION CAN MAKE SUCH A BIG DIFFERENCE TO A PERSON'S LIFE.”

He said: “This group is for anyone affected by prostate cancer and who wants to meet others who have the same experiences. At the moment five of us are being ‘buddies’ to share tips and support each other, even going with them for their treatment rather than going alone.”

Prostate Cancer Support Group

The group will meet next on 6 May 2016, 2.00 to 4.00pm at the Doncaster Deaf School, Leger Way, Doncaster. Come along and find out how they can help you.

Symptoms of prostate cancer

Prostate cancer does not normally cause symptoms until the cancer has grown large enough to put pressure on the urethra.

This normally results in problems associated with urination. Symptoms can include:

- Needing to urinate more frequently, often during the night
- Needing to rush to the toilet
- Difficulty in starting to pee
- Straining or taking a long time while urinating
- Weak flow
- Feeling that your bladder has not emptied fully.

More information can be found on the NHS Choices website at:

<http://www.nhs.uk/conditions/cancer-of-the-prostate/pages/symptoms.aspx>

Keeping you in touch by email, Twitter and Facebook

To receive this e-magazine and other relevant news and information by email, just pass your email address to the Foundation Trust Office on foundation.office@dbh.nhs.uk.

Follow us on Twitter @DBH_NHSFT and find us on Facebook for all our news and other interesting updates.



Insight

NAME: Garry Swann

JOB TITLE: Archivist

FAVOURITE HOLIDAY DESTINATION

I love the Algarve, and I would like to see more of Italy.

FAVOURITE RESTAURANT

In Portugal, Tres Palmeiras in Albufeira. Locally, Bawtry's China Rose.

WHO MAKES YOU LAUGH?

Morcambe and Wise, Wallace and Gromit, Tom and Jerry, my two granddaughters Chloe and Maisie.

INVITING FIVE FAMOUS PEOPLE TO DINNER, WHO WOULD YOU CHOOSE?

Sir David Attenborough, Kate Adie, Michael Palin, Fiona Bruce, Michel Roux Jr. (I hope he would cook the dinner).

MOST MEMORABLE MOMENT IN YOUR CAREER

1974: Climbing up the outside of the old DRI chimney (about 160 feet), on a series of rickety wooden ladders and without a safety rope, to photograph men working on top.

IDEAL WEEKEND

Filey Brigg, Bampton Cliffs to watch the seabirds, picnic lunches with egg and cress sandwiches, a cosy B+B with full Yorkshire breakfast (incl. black pudding). On to Staithes for rock pools and fossils and home for a fish and chip supper.

FAVOURITE MUSIC TRACK/ARTIST

Band: Fleetwood Mac. Rather than a musician, I would choose the Brazilian photographer Sebastião Salgado.

FAVOURITE BOOK/AUTHOR

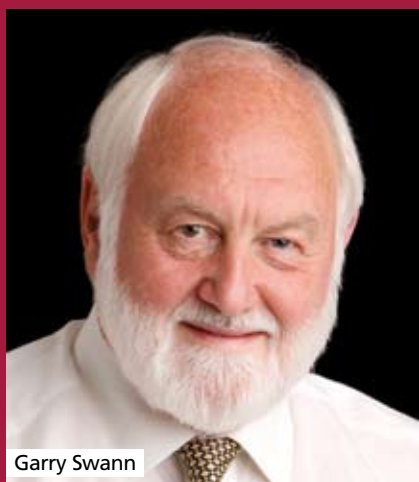
I read lots of non-fiction and biography. Laurie Lee's *Cider with Rosie* is a favourite. For bird lovers, Tim Dee's *The Running Sky* is superb.

STRANDED ON A DESERT ISLAND, WITH ONE/TWO PEOPLE, WHO WOULD YOU CHOOSE?

My wife Anne (she's a great improviser); secondly, someone who could help me build a boat.

THREE WORDS YOU THINK DESCRIBE YOU

Plain and simple



Garry Swann



Jane Walker, Post Room Assistant

Jane celebrates *one year without cigarettes*

Quitting smoking can be hard but with the right help and support it is not impossible. Jane Walker, DRI Post Room Assistant, has proved just that and has celebrated one year without cigarettes.

Forty-seven year old Jane, a smoker since the age of 14, wanted to stop but it wasn't until her son Khalid became worried after watching a shocking TV advert that she decided to do something about it.

“QUITTING SMOKING CAN BE HARD BUT WITH THE RIGHT HELP AND SUPPORT IT IS NOT IMPOSSIBLE.”

Jane said: “I was smoking 20 to 30 cigarettes a day and spending £50 a week but it was my son who finally encouraged me to stop for good. I haven't had a cigarette since 25 January 2014 which is great. I contacted NHS Smoking Cessation in Doncaster and they explained all the options. I chose option four, Champix tablets which worked for me.

“Someone from the smokefree team would ring me every week, at a set time, to ask how I was coping and offer advice, they were amazing. I could talk to them in a way that I couldn't with my friends. If anyone is thinking of quitting, try it and contact them.”

Since stopping smoking Jane has saved

£2,600 and spent some of the money on home improvements and treated her son to a holiday.

“SINCE STOPPING SMOKING JANE HAS SAVED £2,600”

Jane said: “I have a lot more energy now that I've got rid of smoking. I feel much happier knowing I'm not damaging my health anymore and my family are happier too. My work colleagues have been great, helping me when I needed it which was brilliant, thank you.”

If you want to stop smoking the Smokefree services in Doncaster and Bassetlaw will do their best to help you achieve your goal.

Contact them on:

Doncaster Quit Shop

Address: 40 Scot Lane Doncaster DN1 1ES
Telephone: 0800 612 0011
<http://doncaster.yorkshiresmokefree.nhs.uk/>

Bassetlaw:

Freephone 0800 328 8553, or email bassetlaw.stopsmoking@nottshc.nhs.uk or ask for details at your local GP practice.
<http://www.nottinghamshirehealthcare.nhs.uk/our-services/health-partnerships/bassetlaw-health-partnerships/bassetlaw-stop-smoking-service/>

“ENT training in my day” *in conversation with Miss Romola Dunsmore*

We wanted to share with you this excerpt from an article which was published in the ENT and Audiology News, Volume 24, Number 4, September/ October 2015, pages 96-98.

Two of our staff in head and neck surgery, Miss Ruth Capper, Consultant, and Emma Stapleton, Specialist Trainee, spoke to 92-year-old ENT surgeon Romola Dunsmore about her experience of training as a female ENT Surgeon in wartime and post-war Great Britain.

Miss Dunsmore graduated in 1946 from the Royal Free School of Medicine for Women, here's what she said:

What was your experience as a junior doctor?

I remained at the Royal Free, intending to do either gynaecology or general practice. But I found ENT so rewarding and exciting, and it suited me. We had one day off a week but you had to be back in time to do a night round. So we had marvellous opportunities to observe the course of an illness, and I think we got more clinical experience than the restrictive hours allow now.

What happened next in your career?

I taught anatomy at the medical school, and I had a part time job at the Elizabeth Garrett Anderson Hospital. I was paid for one outpatient and one theatre session per week, but I was expected to be on call all the time. I was a senior registrar in Aberdeen when I sat the final fellowship. We used to go up to Orkney and Shetland. On one occasion we had to go and see someone on one of the smaller islands; I was sent over on a boat, with some instruments in a Gladstone bag. I felt like a real doctor. I then applied for a job in Windsor, and went down for an interview. They had a sherry party to meet everyone the night before, and I discovered that they didn't have a microscope, so I withdrew and went back to Aberdeen.

Then I got the job in Doncaster. There were two of us; I shared a 1:2 on-call with Philip Beales. He was the otologist, I did mostly head and neck surgery. I did major cases in collaboration with the dental surgeons. I used the laser for laryngeal surgery, and had patients

referred to me from other regions. When I started, children had to stay in hospital for a week after tonsillectomy, and weren't allowed any visitors. They used to get very upset. So I changed the rules so that parents could visit, and I think the children benefitted from this. Philip Beales and I had a registrar and a senior house officer each. Some of the senior house officers came from a GP training programme, and were exceptionally good. And we had marvellous secretaries, two of whom I'm still in touch with. There was a huge

office, and it was thick with smoke. I'd dictate to my secretary from the casenotes. Our secretaries were one of the things I missed most when I retired.

What are your career highlights?

Well, it's really very nice to know that I might have influenced and helped people. My work with the Medical Women's Federation was definitely a highlight. And we were one of the first departments to do laser laryngeal surgery, so I suppose we didn't do too badly, really.



(l-r): Ruth Capper with Romola

Apprenticeships *at DBH*

There are more opportunities at your local hospital than you may have thought. During National Apprenticeship Week (14-18 March) we asked some of our apprentices to tell us about their roles, here's what they said.

Katie, Pharmacy Apprentice

I started working in the pharmacy department when I was 17 years old it is was all new to me. I found doing my Level 2 Pharmacy Apprenticeship helped me understand the job role more and made me more confident within the work place. After completing my Level 2 I was offered the chance to develop my skills and knowledge even further, I am now currently doing my Level 3 Pharmacy Apprenticeship which will enable me to become a Pharmacy Technician once I am qualified. I would recommend an apprenticeship to everyone. You constantly learn new things and become a more confident person both in and out of work.

Sharon, Pharmacy Apprentice

I left school at 16 and went straight into retail work and apart from having my children had worked in retail until starting in pharmacy stores at DRI in 2002, with no experience of pharmacy at all.

After the refurbishment of pharmacy in 2012, my job role within the department



(l-r): Katie and Sharon

changed to include working in the dispensary, because of this change it meant I would move out of pharmacy stores where I had worked for 11 years and was given the opportunity to start the level 2 apprenticeship in pharmacy services, I was petrified firstly of starting a new role including dispensing medication but mostly having to start studying again at 50. While working in retail I had done customer service training but had not done any qualifications since leaving school.

I completed my level 2 apprenticeship in pharmacy services qualification in June 2014 achieving a distinction, after fantastic support from my NVQ assessor and all my colleagues.

Working through this qualification has increased my knowledge of my job role, but has given me the appetite to learn again. Without the change within our department I would never have done this qualification, it has given me so much confidence not only within my job role but in myself as well, so much so I am now studying my level 3 NVQ/BTEC qualification to become a registered pharmacy technician.

It is never too late to learn. I will be 54 by the time I am qualified, all the hard work is worth it for the sense of achievement and pride.

I would recommend anyone of any age to do this qualification my only regret is I wish I had the confidence years ago.

To find out more about the apprenticeships we offer please telephone 01302 642252 or 642058.

Elliott, aged 20, formerly Business Administration Apprentice.

I completed my A-Levels at school and then I applied for an apprenticeship at the Trust. I thought an apprenticeship was the best route to go down because I didn't know what I wanted to do at university at the time and with an apprenticeship you were picking up skills on the job and also getting paid whilst doing this.

The work that the college gave me to do was well set out so they never gave you too much or too little and I was given adequate time to complete. Someone from the college would come into to look at the work I had completed and give me feedback and other units of work to complete. I think the apprenticeship helped me in my job because it has taught me the skills I need and also gave me a qualification.

I would recommend an apprenticeship to others because you earn money whilst you work, you get a qualification and it could be a good starting point for a career.

My aspirations are to progress as high as I can, hopefully within DBH Trust.



Who's the Governor?

Lorraine Robinson is a Lead Specialist Pain Nurse and a Staff Governor representing non-clinical staff across the Trust.

In her spare time outside of work she enjoys keeping fit, holidays, and cooking. We caught up with her recently and asked her what it's like being a staff governor.

Why I became a staff governor?

I was elected as staff governor in June 2014. Before this I have to confess I had little understanding of what the role involved. I wanted to have a different type of involvement other than my specialist nurse role and being the voice for staff and the patients we care for is very important to me. Being a staff governor is an important link between the Trust and its members. Raising awareness and communicating the views of staff is valuable and I am proud to be part of that.

What the role is like?

I attend various meetings with public and partner governors, time out sessions where we are updated on Trust business. This has helped me to understand the impact of the Trust's governing bodies such as Monitor. I have been given opportunities to get



Lorraine Robinson, Staff Governor

involved in Trust issues, raise awareness of developments and service improvements and to seek views and inform staff.

I feel that I have a unique role as ward governor and use my knowledge, skills and experience in Quality Assurance Team assessments. My involvement with the appraisal project board where I act as a champion gives me the platform to promote the importance of appraisals for staff.

Governor Summary

Governors have been involved in a range of work over the last few months.

The Health and Care of Adults sub-committee had a detailed presentation and discussion regarding work to reduce 'sleepers out' – patients who sleep on wards other than the one for their specialty, and the work of the patient experience team. The Health and Care of Young People sub-committee met to discuss the findings of the Care Quality Commission report. The Communications, Engagement and Membership committee discussed ways to maintain communication with members while reducing costs, in light of the Trust's current financial position.

Governor ward sponsors have also worked with the nursing team in relation to the new '15-step challenge' and the ongoing programme of Quality Assurance Toolkit ward assessments.

At its quarterly meeting in January, in addition to the usual performance reports, the Board of Governors focussed on discussion of the current financial position as well as approving two non-executive director re-appointments.

A Governor Timeout was held in December 2015 and the agenda covered the financial position in addition to midwifery services and the new Front Door Assessment and Signposting Service in the Emergency Department. Further discussion of the financial position and planning for the year ahead took place at the timeout in March 2016.

Governor Elections

Governor elections are currently underway. Candidates have been elected unopposed to some seats, while ballots are being held for the seats in the Doncaster and Bassetlaw constituencies. The seat in the Rest of England and Wales constituency has not been filled, and will go out to nominations again in the next election.

The candidates who were elected unopposed are:

Staff – Non-clinical

Roy Underwood
Andrew Swift

Staff – Nursing and Midwifery

Lynn Goy

Staff – Medical and Dental

Dr Vivek Desai

If you would like to stand for election in the future, or like more information about the governor role, please contact us on foundation.office@dbh.nhs.uk or telephone 01302 381355.

Board of Governors' meeting dates 2016

6.00pm, 19 April, Education Centre Lecture Theatre, Doncaster Royal Infirmary

6.00pm, 30 June, Education Centre, Bassetlaw Hospital

6.30pm, 26 September, Education Lecture Theatre, Doncaster Royal Infirmary

Annual Members' Meeting

4.00pm, 26 September, Education Centre, DRI

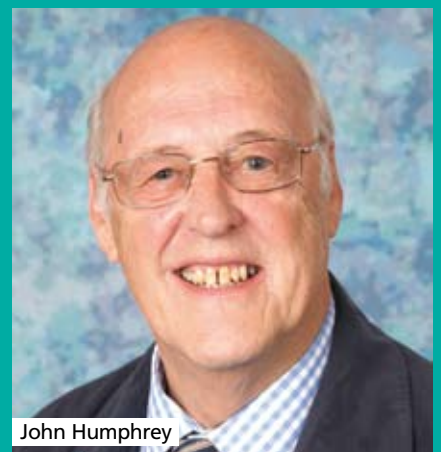
Governor Update

Two new partner governors have joined the Board of Governors.

Rupert Suckling has joined as the representative for Doncaster Metropolitan Borough Council, replacing David Hamilton, and Ainsley MacDonnell has joined as the representative for Nottinghamshire County Council, replacing Sue Batty. The Board of Governors would like to thank David and Sue for their contribution during their time as a governor.

John Humphrey

Sadly, John Humphrey passed away on 14 February 2016 following a period of illness. John had been a governor since 2011 and represented the Rest of England and Wales constituency. He was a much valued governor, and had been active as a 'Productive Ward' sponsor prior to his illness.



John Humphrey

The Badge of health

When we hear the words “national health” we usually think of our present National Health Service, founded in 1948.

A recent flea market find, now added to the Trust Archive, takes us back much further to a scheme born in 1912 and taken up in Doncaster the following year.

National Health Week was intended to bring to the attention of citizens across the country the importance of following a healthy lifestyle. Doncaster Council, via its Sanitary Committee, was quick to take up the scheme. A programme of events was devised for the week beginning Sunday 6 April 1913 which drew great interest from the general public. Local newspapers (see artwork) gave extensive coverage to the week's attractions.

The week began with appropriate sermons being preached in many local churches. During the following days Doncaster's Mansion House played host to talks with such titles as *Fighting Consumption, Air, Sunlight, Water and Exercise, Coal Smoke* and, amusingly, *The Scholar in Relation to his future position as a Citizen and a Ratepayer*. Most were well attended.

Local cinemas played their part by showing health films such as *Kill That Fly* and *The Proper Feeding of Children*. Dr Reginald Wilson, one of Doncaster Royal Infirmary's honorary medical staff, gave a talk at the Corporation Baths in Greyfriars Road on *Swimming from a health point of view*.

Montagu Hospital was represented with a talk by the Hospital's President Mrs Lindley Wood of Melton Hall on *The First Year of a Baby's Life*, while former Mexborough Health Visitor Miss Montagu spoke on *Healthy Homes*.

Exhibitions of health interest were on display at Doncaster's Guild Hall, and competitions (reportedly, not well supported by the public), included brown bread making and handicrafts. In this category a thrifty Mrs Thiele offered a child's jersey made from old sock legs.

The flea market find is the lapel pin-badge (pictured), designed especially for the event. The badge is 22mm in diameter and is made of tin with an extended sharp fixing pin. It bears the town's coat of arms with the date 1913 and the words National Health Week Doncaster. Several hundred were ordered, to be sold at one (old) penny each (equivalent to about 25 new pence today).

Doncaster was described in a local newspaper as being “the first town to adopt this token of sympathy with the Health Week movement”. For the Doncaster Rovers Football Club versus Sheffield Wednesday match scheduled for that week, it was hoped “to enlist the services of young ladies to dispose of badges and souvenir programmes”.

I wonder how many of these items have survived.

Garry Swann
Archivist



Correction

Sue Smith has kindly informed me that the pharmacist's balance pictured in December's History Matters was not for weighing ingredients, but was an early type of pill counter. When in balance, pills in the larger pan multiply by a factor of 10 those placed in the smaller pan.

Don't throw it away

Garry Swann is always keen to hear about all parts of our hospitals' history and to add items of interest to the Trust Archive. Please email him on garry.swann@dbh.nhs.uk or telephone 01302 647014.

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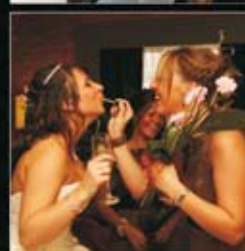
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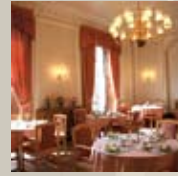


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*The Help to Buy scheme is available on selected plots only. Subject to terms and conditions and acceptance of the Help to Buy scheme. Your home is at risk if you do not keep up repayments on your mortgage or any other loan secured on it. Full terms and conditions are available on request. See more at www.theresidencelakeside.co.uk. CGIs (computer generated images) and photos are indicative only, external finishes and features may vary.

Developer



Agent



The Residence Lakeside
show homes

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