Sheffield Teaching Hospitals NHS
NHS Foundation Trust

WORK EXPERIENCE NEWSLETTER

Autumn 2021 Edition
Issue 4

The Trust

Is made up of these 6 areas

Combined Community & Acute Group (Ward based & Community Care Services)

Jessop Hospital Wing

Charles Clifford Dental Hospital

Royal Hallamshire Hospital

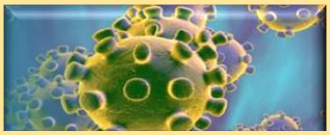
Northern General Hospital

Weston Park Hospital

Welcome to your Autumn issue of the STH Work Experience Newsletter, primarily aimed at school aged students.

Included in this issue

Coronavirus News



For up-to-date information, visit the Government website
https://www.gov.uk/coronavirus

Young people aged 16 and over can now get their COVID-19 vaccine

Young people aged 16 and over can now get their COVID-19 vaccine at our Longley Lane walk-in vaccination clinic. The Sheffield NHS Vaccination Centre located at *Longley Lane (adjacent to the Northern General Hospital), Sheffield S5 7JN* will be open for young people aged 16+ to get their vaccination, 8am-5.30pm, 7 days a week. No long queues, friendly STH vaccinators who are happy to answer questions and private booths (If you are not a resident of Sheffield, please check your local information for the appropriate vaccine centre).

No appointment or ID will be required, and there is no need to be registered with a GP to receive the vaccine. You can also book an appointment if you prefer by using the online NHS COVID-19 vaccination website - Book or manage your coronavirus (COVID-19) vaccination - NHS (www.nhs.uk) or by calling 119 free of charge. You may also receive an invitation from your local GP vaccination practice and you can choose to take up this option instead if you wish.

We would ask that where possible young people should go into the centre alone (unless assistance is required) so that social distancing can be maintained within the Centre. Young people need to give their own consent for the vaccination and so we will need to ask them a set of questions to gain this when they attend

Visit STH Work Experience Internet Website to look at the virtual resources and to request an application form for the live virtual events - book now!!!

https://www.sth.nhs.uk/work-for-us/work-experience/virtual-resources

Work experience Contact
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pamela.williams19@nhs.net
Work Mob: 07974636518

Work Experience Email
sth.workexperienceyears10-13@nhs.net

We listened to your feedback……

You wanted longer sessions for the event presenters and the Q & A

We have increased the length of the sessions to 1hour for some of the more *in-demand* roles, 35 minutes for others and a monthly 20 minute lunch time slot. Look out for these!!!

You also wanted information on more job roles

We have increased the number of events to 25, covering 22 different roles. Some of these are lesser known so apply now and gain a deeper insight.

WORK EXPERIENCE UPDATE

Face to face work experience is still suspended due to the COVID-19 Virus. It is unlikely that this will be reviewed earlier than 2022.

New Live Virtual Events for Years 10-13 September 2021 – August 2022

We have introduced a new time slot during lunch breaks, 12-12.20pm, as well as the 2-3.15pm slot.

Here are just a few of the professional areas that will be presenting:

- Medicine
- Dentist
- Midwifery
- Nursing
- Diagnostic Radiography
- Finance
- IT
- Physician's Associate
- Dental Hygienist
- Clinical Photography
- Ward Clerk
- Facilities: eg Catering, Portering, Domestics
- Apprenticeships

Live virtual event ***recordings*** 2021 available

- Apprenticeship
- Midwifery
- Nursing
- Allied Health Professionals (Occupational Therapy & Physiotherapy)
- Medicine
- Non-clinical careers
- Healthcare Science
- Dentistry
- Pharmacy

For further information on any of the above, go to https://www.sth.nhs.uk/work-for-us/work experience/virtual-resources

A Day in the life of a Deputy Nurse Director – Helen Gregory

Interviewed & reported on by Hope & Seina, members of our STH Student Working Group

So I'm Helen, I'm a Deputy Nurse Director for Acute and Emergency Medicine and covers the emergency department, medical unit and minor injuries. I tend to come on, probably about half 7 in the morning every day and I tend to walk the patch, because I like to get a feel for what's going on (I'm quite nosy.) I find that's how you build relationships as well. You know if people see you every day, they tend to talk to you, the housekeeping and domestic staff etc. I tend to walk into the Emergency Department (ED) first, then onto Clinical Decisions Unit. Generally speaking, I can sense whether they've had a good night or not. We're getting a lot of patients requiring Mental Health support and it gives me a good understanding straight away of where the blockages or potential issues might be. So sometimes, these patients might need a mental health assessment or they might need admittance to mental health wards. So immediately, I know if we've got a problem in terms of making sure they're getting to the right place and how long they've been waiting. Typically these patients seem to wait a little bit longer than other people, which isn't right, so we tend to try and keep an eye on what's happening in that respect.

Unfortunately we do have a lot of patients who are high suicide risk as well, so again, it's about safety and about making sure people are being observed properly, so I like to get a good overview. I can also see if there are patients waiting for beds and make sure that's happening a bit quicker, because those patients, we don't want them to spend excessive periods waiting for beds.

First thing in the morning, it tends to be quite calm, so ED runs very differently to any other area I've ever worked in, it tends to start really quietly and then, it seems to build up. About 10/11 am it starts getting a bit busier. I imagine its people getting up to be honest and then going to GPs and that kind of thing. Then it gets busier and busier and busier and then about 2ish, we start to get a lot of ambulance waits. At this point if it's a busy day, you can see the ambulances starting to queue outside and they're having trouble to unload because we don't have the capacity in the hospital. So straight away, we can see if there's a problem or not. This continues to rise and there's also other things I look at, so for

Example I look at how long my patient takes to be triaged. I can see how long it takes a doctor to see a patient, then I can see how long it takes a patient to get a bed. So all those are sort of number triggers for me to know if we're having a good day, or a bad day. They also say when the department get to full capacity and from that point on, it's going to be bad, because we can tell once every where's full, we've got nowhere to put people. So that's when you get the ambulances waiting.

Once we get to a hundred in a department, we know we're on a ride into nothing and we need to really ramp up our efforts. The day carries on to about 6-7pm and then it starts to come down, but to be fair, it doesn't truly come down until about 3am and then it sorts of bottom- lines. As I'm walking around, the little things that I'm looking at as a Deputy Nursing Director are cleanliness - looking to see whether the area's clean, do the patients look comfortable, do they have a pillow, are people making eye-contact, does anybody look like they need assistance? These things matter to people.

So then, the next bit is, I check all the areas in ED and then, I have a wander back through to the emergency medical admissions unit and admin. The wandering and contact is important. I find the biggest part of my job is talking to people, they often need reassurance, people will say to me '*Oh Helen, what do you think of this*?' Years ago when I became a matron, before I did this job, I remember having a particularly problematic member of staff and I didn't know what to do so I said to somebody, '*I just don't know how to fix this*.' They turned around and said, '*It's not really your job to fix it though, is it?*' It isn't, my job is to be a sounding board and to empower people and facilitate, it's other people's jobs, to fix things. I'm the person that people come to and say *what do you think about this?* Now to the sort of 'meetingy' bits of my day, it's about being a part of different forums, like governance, that's a major part of my job, making sure you see risks and if we've had an incident, we've investigated it properly and created the right actions and then we've completed those actions, not just said *we'll do*. It's also about managing the complaints process, it's about understanding and actioning patient feedback, so I have an awful lot of meetings in relation to those kinds of issues. So yes, that's an average day!

Read Helen's answers as our working group dig deeper with some interesting questions in our winter 2021 issue, out 1 Dec. Don't miss it!!!!!!

Shining a Light on Midwifery – An Interview with Helen Thompson - *Part 2*

Interviewed & reported on by Hope & Bruna with support from Seina, members of our STH Student Working Group

What is a typical day like?

There is no typical average day. However, when your age group go into midwifery, I think an average day would be that you would start your day being on an antenatal clinic seeing women coming through at all gestations of their pregnancy. You might also be on call so you might get called onto a labour ward or to a home birth to look after somebody that is giving birth. Some midwives will work core on the labour wards, so that is another scenario for the day, other midwives will come in at 7 a.m. or 7 p.m., depending on whether it's a day or a night shift. They will come on a shift, potentially be assigned a patient, hopefully it will be a patient that they know from their team and that woman may already be in labour and you may already know her, that is the best-case scenario and that is the way midwifery is going. Most of your women will be in the continuity of care model so you will look after them in the anti-natal period, you'll look after them when they're giving birth and then you'll care for them during the post-natal period as well.

What routes are there available to go into midwifery?

At the moment, all the courses are university courses. My gut feeling is that might change, there has been talk of midwifery apprenticeships, we have not got that as of yet in Sheffield, but I can see that coming because there is a government push to create more midwives. We are currently 3,000 short and, as we know, there will be a lot of midwives retiring in the next few years, so we really need to train more midwives. There are more courses springing up currently, there is also a masters in Midwifery which is being worked upon by Sheffield University but that would be for people who have already got a degree. For instance, if someone has a degree in nursing and decided that they wanted to be a midwife, they could then embark on a masters. So, there are quite a few different courses and I think you should really keep your eye on what is happening due to this need for more staff at the moment. However generally speaking, it's a degree course and that is what is ruling the roost in respect of how to get into midwifery at present.

Given that women of colour are more likely to die during childbirth, how do you think your profession can reflect and end this conscious or unconscious bias?

At the moment it's all over the media as you clearly know. It is a huge problem and it's been identified; some of the factors can be Socio-economic but not all of them, it's a multifactorial problem now. In STH and a lot of other hospitals, there has been a specialist midwife been put in post to look at problems with racism, problems with social economic situations, and it's looking at tackling the complexities of different cultural approaches around childbirth. One of my colleagues was saying that she met a woman from Brazil whose mother was with her and every time the woman had a contraction, she pushed down on the top of the woman's abdomen, which was incredibly cultural where she was from but is a very dangerous thing to do because it could mean that the placenta could separate. So, there is a lot of education that needs to go on and there's a lot of conversations that need to be had about including other cultures, there are meetings currently happening. So, I think the profession is very aware and we are trying now to take steps to make everybody aware that changes need to happen.

What is the most rewarding aspect of being a midwife?

The most rewarding thing I feel is being with the family, being with them and seeing that baby being born. The women give birth, we don't deliver their babies, that's really important terminology, the women give birth and it's seeing the looks on their faces seeing that beautiful newborn baby. It is an absolute privilege however, not all births have the same outcome but it's always a privilege to be with those women even if it is a poor outcome. If a woman is having a still birth, to be there and to be part of the birth however sad; it is still a privilege. I think being in that privileged situation where you are being part of one of the most important things that is ever going to happen to that family is incredible, it really is! You never stop getting a buzz, you never stop getting adrenaline, it's incredible, it really is.

Do you have any advice for individuals who are considering being a midwife?

I would say to read, read up around the profession. Be proactive and talk to midwives and volunteer within the NHS if you can. Get your grades in A level, work hard. You need to be really standing out and being competitive because there are so many people wanting to go into midwifery. it is competitive, so you have got to shine above the others and know what you are talking about. So be confident and be prepared for when you have your course interview, you need to know your stuff about the course. At the moment some of the papers that are out there are: 'Better births', 'The Ockendon report' and 'Saving Babies Lives Version Two'. It is important to have some knowledge around those documents, because they're about how we are changing in saving babies lives, it is also about reducing the number of stillbirths we have. The Ockendon report is about stopping racism, it is about stopping bullying, it is about making the profession safe. The Better births is about continuity of care for women so that they know that their midwife is going to be looking after them. But you can read around some other books for example, there is this one called Hard Pushed by Leah Hazard, which gives quite an insight into midwifery. So yes, work hard and read lots!!!!

STH Student Working Group

The student working group has been underway for nearly one year and we feel it has been a success. We have now recruited members from 5 local schools for Sept 2021-Jul 2022.

Here is what one of our current student members has to say!!!

"I have thoroughly enjoyed being a member of the Sheffield Teaching Hospital's working group. It is a privilege to be able to work alongside like-minded individuals. We are involved in a variety of different activities: interviewing healthcare professionals, designing virtual event posters and thinking of the newsletter content, to name a few. I have definitely grown in confidence, as a result of the group and you are able to develop your teamwork and leadership skills. The group gives an incredible insight into the healthcare sector and I would definitely recommend that you too get involved" Seina

Did you know?

2 of STH Apprentices have reached the final of the Sheffield City Region Apprenticeship Awards. Both have completed a Level 5 apprenticeship

What is it?

Lithotome, 19th century

This long, claw-like instrument was inserted up the urethra and into the bladder. The surgeon would then use it to grip onto small bladder stones and pull them out, or use the blade to cut up larger ones so they could be weed out. This all happened while the patient was awake… and undoubtedly in a lot of pain. The surgeon also had to make sure they didn't slice the bladder in the process, or the patient may have bled to death

Have your say!!!

If you would like to have a topic considered for our next issue, or to give feedback, please email Pamela at pamela.williams19@nhs.net

PROUD TO MAKE A DIFFERENCE

SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST