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Winners show the very best of our services

Community drugs workers, healthcare staff and a group which helped shape the direction of mental health services were among the winners in Suffolk Mental Health Partnership NHS Trust's first staff recognition awards.

In presenting the winners with their prizes at the Trust's AGM, chairman Hugh Davies said: "The fact that we had in excess of 80 individual nominations is testament to the high regard in which our staff are held.

We can be proud of the people who work for Suffolk Mental Health Partnership NHS Trust; people who don't just come to work to do a job, but people who are committed to public service and who give that 'special extra'."

The winners were:

Individual award for making a difference: Ipswich community drugs worker Lyn Jones



Lyn was nominated for this award for her dedication to an innovative outreach service set up to help vulnerable women working in the Ipswich sex industry. Long before the tragic events of last winter made the vulnerable women of Ipswich's sex industry a high county priority, Lyn and the community drugs team would take a minibus onto the streets of Ipswich, offering a friendly face, advice on personal safety, health advice and a route into drugs treatment. Lyn has been assisted by colleagues from other services over the years but she has remained the common thread. She has developed a remarkable understanding of the lives and needs of such a diverse group of women, all

the while providing a consistent, helpful, and compassionate approach and truly has made a difference.

Individual award for a team leader: START team leader Jon Cullum



The work that Jon's team do, providing substance misuse services to people who have been arrested, is often tough and working in police cells and in prisons is difficult and demanding. Staff doing this work need the support of a good manager and, through good supervision and helpful guidance, Jon has allowed the team to expand their roles and become more effective. He has valued their opinions and made all staff, no matter how remotely based, feel part of the team. Restructuring team meetings, pulling the team together, becoming more efficient and allowing for a smoother pathway for clients referred on to other agencies all contributed to Jon's entire team nominating him for this award.

Individual award for professional achievement: psychologist Evril Silver



Evril was nominated particularly for her work in developing a group for parents whose children have autism. The group helps these parents to better understand their children's condition and then to apply that knowledge with the aim of improving their children's behaviour. She has constantly expanded her role and used her understanding of her work to help others. She is always open to developing the service offered and regularly invites other staff and trainees to assist her with this group, allowing them to further expand their knowledge and skill base. Dr Anne Reeve, who nominated Evril and is pictured collecting the award on her behalf, said it was difficult to know which category to nominate her in as she could so easily meet the criteria across the board.

Team award for innovation: the software development team



The dedication and commitment shown to a number of projects by the software development team, led by Jonathan Smith, has improved the services delivered to a wide range of patients in Suffolk. In particular their work with the referrals management centre at Suffolk PCT has required great skill, creativity and determination. In addition to this a Choose and Book pilot has meant that a reliable

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Winners show the very best of our services

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system is now in a position to be rolled out across East Suffolk. Without their patience, commitment, and professionalism, this and many other innovative projects would not have been realised.

Team award for social inclusion: the community drugs team in Ipswich



The community drugs team often has to work with some of the most socially excluded people with whom our services come into contact. During the terrible murders in Ipswich last December, the flexibility and creativity of staff provided the utmost care to this socially excluded group. By working long hours, bringing in toys and clothing, they kept the team base open on a rota to make it as easy as possible for women to get help. Throughout, and since, they maintained a truly remarkable

level of professionalism and compassion. Simon Anness, Graham Abbot and Adrian Kirkby deserve particular mention for the additional hours and support.

Team award for user and family carer involvement: the forensic community mental health team



By taking into consideration an individual client's needs during a sad situation, community psychiatric nurse Mick McCarthy and occupational therapist Christine Bell, on behalf of the forensic community mental health team, delivered a level of care and support that went above and beyond the call of duty. They made themselves available out of hours and showed great compassion to ease the suffering experienced by one of their clients in the final days of his life. They provided valued support to his mother

during his illness. The team showed considerable devotion to their client's well-being and dedication to carer involvement.

Special team award for user and family carer involvement: Caroline Pemberton and Christine Curry



Caroline and Christine, who represent the two organisations Suffolk User Forum and Suffolk Family Carers, have helped the Trust improve its service in many ways. Their years of involvement, wise advice, encouraging words and constructive criticism have been invaluable. They have developed standards for each mental health team to use as part of their overall governance for user and carer involvement, worked on initiatives to improve care such as ward exit surveys, raised user and carer awareness of Trust issues, and developed family carer packs.

Flu jabs – make sure you're protected

All Trust staff are being offered free flu jabs at clinics taking place throughout November.

Flu facts

- The injection really doesn't hurt –honest!
- You will not get flu from the vaccine
- You won't lose any pay if you take time out to go to a flu jab clinic within your normal working time
- Any side effects from the injection are minimal
- It's very contagious, so getting immunised will help stop our service users, your colleagues and your family and friends catching it from you.

| Date | Venue | Time |
|--------|---|------------------------------|
| 1 Nov | Sampson House, St Clement's Hospital | 10am-12noon |
| 6 Nov | ECT Room, Wedgewood Unit, West Suffolk Hospital | 10am-12noon |
| 6 Nov | G Block Hospital Road, Bury St Edmunds | 1.30pm-3.30pm |
| 8 Nov | Examination room 2, Newmarket Hospital | 10am-12noon |
| 15 Nov | Lothingland Community Unit | 10am-12noon or 1.30pm-3.30pm |
| 20 Nov | Sampson House, St Clement's Hospital | 10am-12noon |
| 20 Nov | Consulting Room 1, Minsmere House, Ipswich Hospital | 2pm-4pm |
| 22 Nov | G Block, Hospital Road, Bury St Edmunds | 10am-12noon |
| 27 Nov | Stourmead Close | 10am-12noon or 1.30pm-3.30pm |

Welcome to Wendy's World



In the last edition of Trust Matters, we briefly introduced local Counter Fraud Specialist Wendy Boother. Wendy joined the NHS in 1988 from a career in banking, where she received an award for the prevention and detection of crime as an experienced cashier. She became known as an expert in her field, having managed the department responsible for payments to GPs and opticians for 10 years. She supported the software development of tighter payment controls and wrote policy documents at national level. In 1999, she became one of the UK's first accredited Counter Fraud Specialists (CFS) and continued her studies to

become one of the first certified CFS. She has since gained a Diploma in Counter Fraud and Criminal Justice Studies. A founder member of the Institute of Counter Fraud Specialists, Wendy represented the Eastern region on the executive committee for four years and continues her involvement as its information officer, producing a weekly news bulletin on the world of fraud.

Wendy is happy to speak to any groups of staff about keeping a lookout for anything unusual and reporting concerns and suspicions. She can be contacted on 01473 329631.

| | | | |
|--------------------|-------------------------------|--------------------|------------------|
| Inpatient services | Workforce Development | Corporate services | Substance misuse |
| Community services | Specialist community services | CAMHS | Criminal justice |

Project management exams

Twelve Trust managers went back to school in September to study for the PRINCE2 foundation certificate. PRINCE2, which stands for Projects in Controlled Environments, is the nationally recognised qualification for project management.



Associate director for child and adolescent mental health services Siobhann Quinn, who organised the course for the Trust, said: "I don't think any of us knew what we were taking on when we signed up for this course. We all needed to do at least 20 hours pre-course study and then the training itself was very intense, working 9am to 5pm every day and then studying in the evening.

"But with so many changes happening in the Trust, we realised that we needed to have the skills which PRINCE2 brings to work as efficiently as possible. The foundation exam was multiple choice with 75 questions in 60 minutes. It is a great credit to everyone that we all passed first time!"

Following the foundation exam, 10 of the 12 went on to take the practitioner exam at the end of the course. This was a three-hour open book exam and candidates have to show that they can apply the methodology to a scenario that they have never seen before.

"It's a tough exam, there's no doubt about it," added Siobhann. "Nationally, only about two out of three people pass the practitioner exam first time.

"Even if we don't all pass, we all agreed that it was worth doing the course – it showed us how other organisations succeed and fail in managing their changes and we're all determined to apply that knowledge in SMHPT." The managers will get their results in about 10 weeks' time.

Admin positions

The Trust executive team has agreed that the review of administration and secretarial posts in mental health will be suspended. Once the current review of administration in the child and adolescent mental health service is complete, a Trust-wide review of administration will then be undertaken. This will be carried out to make sure that we provide as efficient a service as possible for our service users and that we spend the money we receive in the best way.

Years ago, our services were mostly hospital-based, whereas now a great deal of what we do takes place in the community – we need to make sure that what admin staff do [and how they do it] is aligned with what our changing services need and takes account of new developments. However, this review does not include plans to abolish medical secretaries' posts.

OBC GATHERS MOMENTUM

The outline business case [OBC] for the modernisation of mental health inpatient facilities in Suffolk is moving steadily forward and starting to gain momentum.

Members of the NHS East of England (the Strategic Health Authority) are reviewing the first draft OBC with the view to helping us have the full document ready for the approval of its board on 15 November 2007.

Last month, the Trust sought backing for the business case from Suffolk PCT and Ipswich Hospital NHS Trust, as well as from our own Trust Board.

The next step will be to pursue a full business case which will focus on the development of the preferred option. This is:

- four wards on the Ipswich Hospital site in Heath Road [two new wards built alongside an existing unit plus two refurbished wards]
- a new low secure unit at St Clement's Hospital in Ipswich next to Chilton Houses
- a refurbished ward in the Wedgwood Unit on the West Suffolk Hospital site in Bury St Edmunds.

We have already received support for the OBC from the Suffolk's Health Overview and Scrutiny Committee, Suffolk Users and Family Carers, the independent Public and Patient Involvement Forum for the Trust and, most recently, from the Suffolk User Group.

As I stated in the letter I sent to staff last month, I believe that these developments will significantly improve the environment for service users and staff. They will also contribute to reducing stigma associated with mental illness, make best use of NHS estate and ensure that the Trust can meet national standards for inpatient accommodation, which are both safe and therapeutic.

It will also provide opportunities to develop improved access to diagnostic services for people with co-morbidity of mental and physical ill health. Developing quality accommodation is an important part of the service improvement programme for Suffolk Mental Health Partnership NHS Trust.

What happens during the next two months is crucial to the OBC process. We will keep you posted.

Robert Bolas

Deputy chief executive/director of nursing and director of modernisation programme

Centrepiece



Online workstation assessment for display screen equipment

All new members of staff will be required to complete the online workstation assessment questionnaire when they first start working with the Trust. The assessment must be undertaken as part of the induction process, as access to all systems and programmes will be denied until this has been completed.

Current staff members will also have to comply and complete the questionnaire when prompted. Staff will be notified by email of

the date when this will be required. The completed questionnaire will automatically go to the employee's line manager and, together, they will work to address any problems or issues that have been highlighted. Managers should act on any issues identified within three weeks. If they are not addressed in that time, a reminder will be sent.

At this stage, the risk management team will begin to monitor the process and, when all issues have

been resolved, an annual review will automatically be set. Initially, we will run a pilot scheme within the Centre for Service Excellence and Education and Workforce teams, which will be closely followed by the roll-out across the Trust for all staff. We would expect to complete the roll-out of all questionnaires by the end of November.

**Risk management
Manual handling
and ergonomics**

New process for asking for funding to support health and safety bids

Where managers identify a risk as a result of a risk assessment and funding is required, the process has been agreed by the Health and Safety Committee.

Managers will receive

- Expenditure approval forms (EAF)
- A flow chart listing the bid process

When submitting the EAF, it should be accompanied by

- Standard risk assessment form
- Any other relevant information to support the bid
- The cost
- Details of the supplier

A local risk group will prioritise the application, approve it or reject it. The progress of the bids will be monitored by the local risk group

at its monthly meetings. A quarterly summary of bids will be collated. This information will be available on the Trust intranet. Managers and staff must also refer to the Trust risk assessment policy referring to risk scoring and priority

Risk management

INFECTION CONTROL

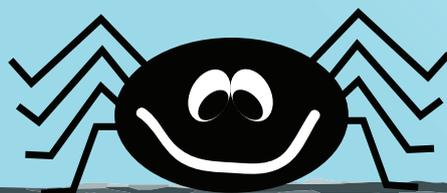
Do you know?

- What W H Auden wrote about when he wasn't waxing lyrical for funerals?
- Who holds the world record for sneezing?
- How many bacterial cells are associated with our bodies?
- What is the most dominant form of life on earth?

- What's lingering in your bathroom mat?
- What is the most common reason for taking antibiotics?
- What is one of the biggest problems for future generations associated with antibiotics?

Hear the answers to these questions, and how you can play a part in addressing the problems they cause, by signing up for an infection control update session through the education and training department.

Sara Fletcher
Infection control nurse advisor



HEALTH AND SAFETY DUTIES AND RESPONSIBILITIES

Your health and safety at work is protected by law.

- Employers have a duty to protect you and keep you informed about health and safety.
- You have a responsibility to look after yourself and others who you come into contact with at work.

The laws which govern these are the Health and Safety at Work Act 1974 and the Management of Health and Safety at Work Regulations 1992.

Your employer [the Trust], in general, has a duty of care to ensure so far as reasonably practicable, your health, safety and welfare at work. This includes:

- Making your workplace safe and without risks to health
- A safe system of work is set and followed
- Ensuring articles and substances are moved, stored and used safely
- Providing adequate welfare facilities
- Giving you information, instruction, training and supervision necessary for your health and safety

Your employer must also

- Assess the risks to your health and safety
- Put in place any health and safety measures identified by the assessment
- Record significant findings
- Draw up a health and safety policy statement and organisation arrangements, and bring this to the attention of staff
- Appoint a competent person to help with health and safety responsibilities

You also have responsibilities – these are:

- To take reasonable care for your own health and safety

and that of others who may be affected by what you do or don't do

- To co-operate with your employer on health and safety matters
- To use items your employer provides for your work safely
- To report any problems

For more information, visit the Health and Safety Executive [HSE] website: <http://www.hse.gov.uk/>

Retirement of Norma Batte

It was the end of an era on 31 August, when Norma Batte retired from her position as Mental Health Act [MHA] co-ordinator at St Clement's Hospital. Norma had joined the NHS more than 30 years previously and had worked in medical records at both the former St Audry's Hospital and then at St Clement's before becoming MHA co-ordinator in 2004.

Norma will be missed for her quiet efficiency and attention to detail. She was presented with flowers, long-service gift vouchers from the Trust and gardening vouchers from her many friends and colleagues. Norma specially requested no formal farewell gathering, but sends her thanks to all who contributed to her gifts.



Norma Batte

Did You Know?

useful information and updates

NEW POLICIES:

- CL21 – Seclusion
- CL22 – Privacy and dignity
- CL23 – Detained patient's leave of absence
- CL24 – Illicit substances
- CL25 – Alcohol misuse
- HR37 – Recruitment of ex-offenders
- HR38 – CRB disclaimer
- HR39 – CRB record storage
- Mental Health Act Guidance – Section 136 joint protocol

REPLACEMENT/REVISED POLICIES:

- CL9 – Clinical supervision
- CL12 – Observation policy – updated forms
- HR23 – Capability
- HR11 – Whistle blowing
- CL14 – Safe and secure medicines – additional appendix
- HR16 – Retirement
- CL5 – CPR policy
- CL1 – Consent to treatment – Appendix F

A reminder of a change in the way policies are now being disseminated!

The Centre for Service Excellence will no longer be sending out hard copies of policies to the service areas which have Policy folders.

Policy Leads in areas who have folders should print off the policies and place them in the respective folders.

Key contacts

Lisa Llewelyn, head of the centre for service excellence
Tel: 01473 329 549

David Rollinson, complaints and legal services manager
Tel: 01473 329 607

Elayne Jennings, risk manager
Tel: 01473 329 604

Janet Roper, clinical audit and effectiveness advisor
Tel: 01473 329 412

Sara Fletcher, senior nurse infection control
Tel: 01473 770 127

Do you access the internet while at work?

Did you know?

As an authorised user of the Internet you must be aware of the trust policy on 'Internet Use' which states what you are allowed to look at – "permissible access".

What is permissible access?

Access is primarily for healthcare related purposes: i.e. to benefit services to patients or for development and training.

What is non-permissible access?

You are not permitted to access, display or download from Internet sites that hold offensive material. Offensive material includes hostile text or images relating to gender, ethnicity, race, sex, sexual orientation, religious or political convictions and disability.

Does the Trust know if you access non-permissible material?

Yes! Like most trusts we have systems in place to regularly monitor every PC. We can detect if staff visit an inappropriate site, how long they spend on it and exactly what has been viewed.

What will happen if I access offensive sites on the Internet?

The Trust takes this very seriously. Following discussion with your manager a full investigation will take place which may result in disciplinary action being taken.

What if I unintentionally access a site which contains sexually explicit or otherwise offensive material?

Disconnect from the site immediately, and email lesley.poole@smhp.nhs.uk and inform your line manager.

For further details, see the link on the Trust's intranet as follows, or click below to access the page directly:

[SMHP Intranet > SMHP Policies, Strategies and Clinical Guidelines > SMHP Trust Policies > Administration and Financial Policies > Internet Use Policy \(AF4\)](#)

Education and workforce development

Co-existing mental health and substance use problems (dual diagnosis): the development of a protocol, resource pack and training

The term 'dual diagnosis' is given to people who have a co-existing mental health and substance use problem with drugs or alcohol. Their needs are complex and the relationship between their mental health and substance use is often one of mutual dependence.

The Trust is currently undertaking a significant piece of work to consider how services meet the needs of individuals with co-existing problems and how the 'patient journey' can be improved. Work started in March 2007, when a dual diagnosis steering group [DDSG] was set up. Its first task was to revise the Trust's protocol for the management of dual diagnosis. The protocol aims to clarify the roles and responsibilities of mental health and substance misuse services in the management and treatment of co-existing problems and improve joint working.

Dual diagnosis resource pack for mental health workers

With advice from Trust clinicians, the DDSG started to develop a resource pack for mental health workers to provide them with a basic awareness of the complex needs of this client group, some of the most commonly used substances and interventions found helpful in treatment. It is hoped the pack will provide a useful companion to the forthcoming training package and, when completed, it will be distributed to all clinical areas.

Training for mental health and substance misuse workers

The DDSG is also developing a training programme for all workers in contact with people with co-existing problems. In total, there will be six days of training available on a rolling programme:

- **Two days' baseline training for MH workers – qualified and unqualified – or**
- **Two days' baseline training for SM workers – qualified and unqualified – and**
- **Four days' advanced training for MH and SM – qualified staff only. To be delivered in two blocks of two days.**

The baseline training aims to increase knowledge of dual diagnosis issues, promote understanding of commonly-used substances and improve skills in assessment and brief interventions for co-existing problems. The advanced training will take this further and is mainly aimed at staff working with clients on a longer term basis, such as assertive outreach teams, recovery teams and early intervention teams. The training package should start in early 2008.

CSIP dual diagnosis training for assertive outreach pilot study

West Suffolk assertive outreach team [WSAOT] is one of five teams in the Eastern region which are taking part in a pilot study looking at dual diagnosis training. The training pack has been developed by the Care Services Improvement Partnership [CSIP] and is based on the 'Closing the gap' (Hughes 2006) report, which provides a framework for effective working. The training consists of ten half-day sessions and the study is due for completion in January 2008. Once the study is complete, the results will be evaluated and it is hoped the training package will be available nationally for all assertive outreach teams.

Protocol and resource pack launch

The DDSG is planning a launch event this month for the protocol and resource pack, with presentations and a question and answer session. It is hoped a service user will also make a short presentation and CSIP will provide an overview of dual diagnosis initiatives nationally. All Trust workers and teams will be invited and will be warmly welcomed. The date and venue will be confirmed shortly.

For details, contact practice educator Phil Cooper on 01473 329336. For training enquires, call the administration team on 01473 329300, 329295 or 329286.

NHS Foundation Trust – staff questions answered

Over the summer, we held nearly 30 staff road-show events with members of the Trust Executive visiting teams, talking about our plans for becoming an NHS Foundation Trust and answering questions. Here are the answers to some of the common questions and concerns you told us about:

Q. Will there be a difference in the way the organisation is structured and run? Is it just another reorganisation?

A. The way the Trust is run will change. NHS Foundation Trust status is very significant because instead of being accountable to, and run by, the Department of Health, we will be accountable to local people, including staff. Local people can become members, who elect governors. The governors appoint [and can remove] the non-executive directors of the Trust board. Staff can elect their own governor representatives. Will the structure change? Well – we've had a lot of reorganisations, and it is probably true to say that the old days when one structure would last for many years have gone. So, like any large organisation looking to improve quality and become more effective, we will probably have more reorganisations. The most significant change we plan to introduce, whether we become an FT or not, is service line management [SLM]. This is a way of organising ourselves in a much more business-like way, where decision making is devolved to the best part of the organisation able to take responsibility for those decisions. The roles of clinicians and managers may well change with SLM. It's quite a new concept in the NHS in this country but is well established elsewhere. For details see www.monitor-nhsft.gov.uk

Q. If a new government or prime minister is elected will there be more change?

A. No-one can be sure what future governments will decide, but at the moment the signs are that FTs are here to stay.

Q. What does it mean for me? How will it affect staff? For example: pay, jobs at risk etc.

A. Becoming an FT will make financial planning much more secure. Unlike now, as an FT we can negotiate binding contracts with commissioners. We have to be able to show that our services are worth buying and that they provide the best health benefit for the public pound. Our commissioners will want to know that they are investing wisely and so the information that we provide on our activity, and on the outcomes we achieve for our service users, will be crucial. We need to get better at:

- Recording what we do properly so that we can show that we spending public money well,
- Working 'smarter not harder' to minimise wasted time,

- Understanding the needs of the people who will pay our bills so that they will want to buy our services in the future.

Our future is in our own hands – if service users say they value what we provide and if commissioners say that we provide good value for money then we will thrive.

Q. How do your rights change if you chose not to be a member?

A. If you choose to opt-out, you won't have a vote in the staff governor elections so you won't be able to have a say in who represents staff views on the council of governors. You will have no way to vote them in or out when they stand for re-election. You can re-join as a staff member if you change your mind later. Your employment rights are totally unaffected by membership.

More on staff membership

We're setting up a membership database and we'll be publicising how to opt out. We have to keep a membership list, but members can choose whether or not to be on the published list. By default, all staff will not be on the published list, but can move on to it if they prefer.

Q. Who is responsible for communication with the members?

A. We now have a membership office and will be sending out member newsletters, probably about once a quarter. We will try to use e-mail where possible to keep costs down. Governors will want to communicate with the groups they represent and the membership office will help with this. An independent organisation will run our elections, send out ballot papers and count the votes.

Q. What happens if we don't become an NHS Foundation Trust?

A. This is a good question. In the current NHS reforms, the only model for provider organisations like us is to become an FT. However, we will have to work very hard to get there. We may be deferred if Monitor doesn't think we're ready and could re-apply later. If we're turned down then we will have to wait a year before trying again, but we're determined to get there in the end!

Q. Will the buildings be inspected before we are granted FT status?

A. The application will include our estates strategy and, because our plans for new wards will cost around £22m, Monitor will want to be sure we can finance this investment properly but won't actually come to inspect our buildings. They will accept that we [and everyone else] don't think many of our buildings are good enough and that we're determined to improve them.

Q. What happens if we go bankrupt?

A. No FT has ever gone bankrupt. One

of the reasons it is so difficult to become one is we have to show we are financially secure now and in the future. Monitor has powers to intervene if an FT were start to get into financial trouble and can ensure that the Trust gets back on track.

Q. How much does the application for FT status cost?

A. There is no application fee but there are costs which we incur. For example, we will need to have a membership officer and there have been the costs of hiring the halls for public meetings and having consultation booklets printed. Some other costs, such as improving our financial and information systems, have been hurried along by our plans to become an FT but we would have had to do this work anyway, so it is not an additional cost. Similarly, although we will incur costs in sending out information about the Trust to members, you could argue we should be sharing this information anyway. We have to strike a balance between working well as an FT and not wasting money that could go on services.

Q. Will there be greater opportunity for training and education?

A. Becoming an FT won't in itself mean more training but, as you can read in this edition of Trust Matters, we've made a commitment to invest significantly more this year.

Q. Some staff feel a lack of trust towards the Trust at the moment.

A. This wasn't a specific question, but it was raised at several events, so it is important to talk about it. Although the Trust has always managed its finances well, the local NHS finance problems affected us hard in 2005. At one point, almost one in ten staff were at risk of redundancy. We worked very hard to minimise the effect on staff during this difficult period and, of those 250 people who were at risk, fewer than 10 were actually made redundant. It is a great tribute to our colleagues in HR, managers and staff across the Trust who made sure we were able to redeploy almost everyone affected. Now we're investing in new services, training and development for staff. There will be a lot more change in the future – that is certain – but you will find the same picture in any NHS Trust around the country. The key for us is to make sure that our change benefits everyone; service users and family carers, our staff, and all the communities we serve.

Q. Were the cuts made to prepare for FT application?

A. No – there was no connection at all. In fact, in 2005 there were no mental health FTs and we weren't in the running to become one.

If your question isn't here, just ask!
Contact robert.nesbitt@smhp.nhs.uk

Investing in staff training

One of the Trust's six principal objectives is to become a model employer, where staff have the opportunity to enhance their skills. With this in mind, we are investing more in your training. There are two steps to this plan: First of all we need to make sure that you have the statutory/mandatory training you need for your job and so that both you and the Trust meet important national standards. We have a target date of April 2008 to get this 'catch-up' training in place.

In order to do this, we are investing in:

- Extra staff resources to deliver PMA/breakaway training, including extra specialist accommodation in the west of the county
- Extra staff resources to assist risk assessment and recovery training as part of the CPA programme
- Temporary cover for those members of staff who are attending statutory and mandatory courses

Taking part in these compulsory courses means that we can keep you and our service users as free from common risks as possible. What are mandatory and statutory courses? – here are some examples:

- Manual handling and ergonomics
- Prevention and management of aggression [PMA]
- Breakaway
- Basic and intermediate life support
- Health and safety awareness
- Equality and diversity
- Infection control
- Child protection
- Care Programme Approach [CPA]

Once we've got the 'catch-up' courses out of the way, we'll be in a position to address funding for continuous personal and professional development [CPD] courses which are currently on hold. We asked clinical and non-clinical staff earlier in the year about what training they felt they needed. However, we need to update this information. This will ensure that no-one is missed out and that the information we have is as current as possible. This second wave of training will help those staff who require CPD, including those who'd like it for their continued professional registration, as well as supporting those who need to start on further professional training. That's why it's important that we achieve the mandatory training targets as soon as possible. **Over to you!**

- **Make sure you are booked in for the statutory/mandatory training you need. If you are a manager, make sure your team are all up to date.**
- **Make sure that your professional development plan is up to date. Talk to your manager in supervision about your needs.**

Trust pushes ahead on user and family carer involvement with the NHS Centre for Involvement

Trust pushes ahead on user and family carer involvement with the NHS Centre for Involvement

The Trust has been working with the NHS Centre for Involvement on a project to develop user and family carer involvement. It is the only Trust in the region to be chosen for this pilot scheme.

The aim of the project is to provide a 'top level' assessment of how the Trust is doing on developing user and family carer involvement by talking to other agencies, staff in the Trust, service users and family carer representatives. The assessment will look at what we're doing well and where we can improve. Jo Ellins, from the NHS Centre for Involvement, who has been leading on the project, said the findings showed the Trust had a number of strengths:

- **Organisational culture of involving service users and carers**
- **User/carers involvement in staff training and recruitment and selection**
- **Good engagement at Board of Directors level and visible support from chair and chief executive**
- **High level of involvement at a strategic level, in governance structures and in business planning activities**
- **Users and carers routinely involved in developing policies and procedures**
- **Strong and positive relationships with user/carers groups**

Jo added: "Where we thought the Trust could go from here was really in standardising this good work so that it goes across all services and all teams, and also looking at ways of evaluating how well you're doing."

Users, family carers, staff and colleagues from other agencies have discussed the findings and have made recommendations about how to put practical steps into place. Director of community engagement Robert Nesbitt, who leads on the project from the Trust side, added: "It is very heartening to see that this external review has given us such a lot of positive feedback."

"We knew that staff at the Trust have always been passionate about involvement, but we didn't know how we compared with other organisations. This gives us a good benchmark, but it also gives us a new impetus and new ideas on how we can improve even further. We're also planning to develop a small project specifically to work on service user involvement in our substance misuse services. Compared to mental health and learning disability service users, substance misuse has a bit of catching up to do and I know that there is a lot of interest in our SMS teams in developing this alongside all the other changes we're making."

Share your pictures of Suffolk well-being and win a digital camera

The closing date for our NHS Foundation Trust photo competition is rapidly approaching. Budding David Baileys have until October 22 to send their picture of what makes them feel good in Suffolk and be in with a chance of winning a digital camera.

Associate manager Paul Vinters said: Helping people make the most of their lives is the key aim of our NHS Foundation Trust application. Everyone's pictures have the same chance of winning as we are looking for content rather than technical ability." Those sending in the best entries in each of three categories – staff, patient and public – will each win a digital camera. Their pictures, along with those of three runners-up in each section, will also be displayed on the Trust's website

www.smhp.nhs.uk, along with details about how to become a member of the new mental health NHS Foundation Trust for Suffolk. A panel of judges, including East Anglian Daily Times photographer James Fletcher, will consider all the entries. To take part, send your pictures to: NHS Foundation Trust Office Photo Competition, Suffolk House, Freepost RRRKY-AAKL-UEUS, Suffolk Support Services, PO Box 170, IP3 8LS or email a digital photo to photo@smhp.nhs.uk

EDITORIAL If you have an article (and hopefully an accompanying picture/imagery) for inclusion in the next/future edition of Trust Matters, please email it to the editorial team at membership@smhp.nhs.uk Telephone 01473 329148 for enquiries. The next deadline for proposed content is **19 November 2007**.