

# TRUST Matters

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• Contact us at: [membership@smhp.nhs.uk](mailto:membership@smhp.nhs.uk) • online: [www.smhp.nhs.uk/trustmatters](http://www.smhp.nhs.uk/trustmatters)

## It's time to make a nomination



You are invited to help give greater recognition to those colleagues you feel have made a real difference to others. Nominations for the Trust's annual Staff Recognition Awards have opened. The scheme celebrates those people that have given their time and hard-work to help people make the most of their lives. All staff and volunteers of the Trust are eligible to be nominated – including social workers employed by the Trust – and can be put forward by colleagues, service users or any member of the public. Nominations close at 5pm on 30 July.

Details of how to nominate can be found on the Trust intranet or website [www.smhp.nhs.uk](http://www.smhp.nhs.uk) or by calling 01473 329148 for more information. Lord Newton of Braintree, chairman of the Trust, said: "The awards are designed to highlight service excellence so that learning can be shared. "We want to build a culture of valuing quality in public service and demonstrate that service users' and family carers' views are valued. "It is also a way of thanking staff and providing greater recognition of their achievements."

### The categories this year are:

- **Dignity in care** - for staff that support patients' independence and promote self-esteem.
- **Making a difference** – for staff that have gone the extra mile to support colleagues, service users or family carers.
- **Contribution to efficiency** - for staff whose hard work has improved service quality.
- **Engagement** - for staff who have put service user and family carer feedback at the heart of their work.
- **Team leader** – a person who has led a team through change, supported staff and provided a good role model.
- **Research, innovation and development** – for staff who have led new innovations within the organisation.
- **Volunteer of the year** - for a volunteer who has shown enthusiasm in their work and made an impact in their role.

There is also a special award which will be chosen at the chairman's discretion for a person or team who has made a good impression during the year.

Full details of the nomination categories can be found on the website. Winners and runners-up will be announced at a special ceremony on 22 Sept 2010.

### Inside:

- Staff awards
- Merger proposal
- Payment by results
- New therapy centre manager
- Art therapy
- Informatics team saves resource
- ePEX makes a difference
- Library project boosts wellbeing
- National director visits IAPT
- DATIXWeb
- Security management
- Phone upgrades
- Award for Stepping Forward Nine
- Pseudonymisation
- Personal information promise
- Lifestyle group poem
- Chief executive visits teams
- New non-executive directors
- User Carer Matters
- Letters and compliments

## Board to consider merger proposal

The Trust is looking into the possibility of exploring a merger in order to enhance clinical services, provide more opportunities for staff development and reduce overall running costs. Chief executive Mark Halladay said: "We have had some early discussions with our colleagues at Norfolk and Waveney Mental Health NHS Foundation Trust which indicate there might be significant benefits for our services in working together as a merged organisation. Each Trust has its own strengths that it could bring to the table, which would have a positive impact on the work that we do. "In addition, we think that there would be better career progression and development opportunities for staff by becoming a larger organisation. And there would be savings from economies of scale – there would only be one board rather than two, for example – that we could plough back into healthcare." A proposal to halt our existing FT application and instead explore a merger with Norfolk and Waveney will be discussed by the Trust Board in public on 28 July. The meeting takes place from 10am at the Social Centre at the rear of the St Clement's Hospital site in Foxhall Road, Ipswich, IP3 8LS. The meeting is open to the public, but in order to estimate numbers, people wishing to attend are asked to call Julie Barns on 01473 329603 or [julie.barns@smhp.nhs.uk](mailto:julie.barns@smhp.nhs.uk) The intranet has more details for staff

# CAMHS eating disorders team reflects on success

Successes and service developments within the small, multi-disciplinary child and adolescent mental health eating disorders team have been highlighted in the service's third Annual Report. The team's model is based on family treatment that directly addresses the symptoms of the eating disorder, in line with national guidelines. The team offer a range of individual therapies, meal planning and physical monitoring. With colleagues in paediatrics, the team developed a shared protocol for caring for seriously ill young people with an eating disorder on the paediatric ward. These short admissions enable the team to continue to work with families at the

highest risk phases of their treatment and prevent out of county admissions. It has also generated significant interest from other Trusts. Major service developments this year include using an anatomical model as an interactive teaching approach to demonstrate the effects of semi-starvation on the body. The team has also set up multi-family group treatment with colleagues in North Essex for specialist, intensive treatment. Future goals include offering a carers' support group, further developing a unified service across the county and running a workshop at the next National Eating Disorders conference.



## Art draws on best practice

An art therapy workshop based in a fort and devised by Trust staff proved to be a good way for art therapists to continue their own development and professional registration. Facilitator Christine Haniford said: "There were some interesting analogies between our work environment, our work roles in a caring profession and the sense of containment and safety within the massive walls of the fort. There was also the dialogue between the internal world of the fort and the external world which originally would have contained a threat of invasion. There was the importance of working together as a team and a sense of unity."

# How small teams can make big efficiency savings

The informatics team based at Suffolk House has identified 700 hours of efficiency savings since last summer, with a target to achieve a further 400 hours by March 2011.

The team's mission is to deliver information reporting and performance data both internally and externally to organisations such as NHS Suffolk, NHS East of England, Suffolk County Council and health watchdogs the Care Quality Commission and Monitor.

The changes have enabled the team of five to adapt to a programme of increased information requirements, particularly from NHS Suffolk.

"We had to change in order to be able to accommodate the challenges of the new development work," said Steve Deacon, head of information.

"The team was undertaking some historic reporting from the time of one of the current Trust's predecessors, the old Local Health Partnership.

"We reviewed all the reporting to see if it was really adding value. For example, as the Trust now works in multi-disciplinary teams any information being collected and reported on consultant outpatient activity was no longer needed. We were also preparing commissioning returns for NHS East of England which had no value and some were nil returns."

The team has driven a change in working practices so that instead of bespoke sets of information being delivered to people's inboxes, reports are generated automatically from the new management information system (MIS) and via IRIS, the system for senior clinicians and



From left: Matt Ward, Stan Bloor, Chris Hughes, Steve Deacon and (seated, centre) Graham Sadler

service managers.

This gives managers the ability to have daily updated information such as performance indicators on their desktop via the intranet. MIS makes information available daily on data quality, completeness and breaches in performance. Work also started to assist the clinical directorates understand information better.

Steve added: "It was important for the Trust and my service that the information team was able to take on new reporting developments such as MIS, IRIS and increased Suffolk PCT reporting requirements. The only way to accommodate these additional requirements was to be more efficient

and effective in the delivery of our service. Thankfully we're a small team so it was easy to involve people quickly and for them to adapt.

"The introduction of service line management has enabled closer working arrangements and greater understanding of service needs. I am grateful that service managers have supported and embraced the new ways of working.

"As a team we know that this is only the start of our efficiency journey, we still have more opportunities to look at the way reports are produced and used within the Trust. Hopefully what we have done will inspire others to think about how they can improve the way they work."

## ePEX makes a difference in capturing inpatient records

As part of a data quality improvement project (DQIP) a four month pilot of use of the ePEX patient record system has been successfully completed on Southgate Ward at Wedgwood House on the West Suffolk Hospital site in Bury St Edmunds.

The change means that community teams can now access inpatient records for the first time and inpatient staff can produce care plans in ePEX. Inpatients' contacts and activity are now being recorded which were not previously captured. Previously notes were kept in paper files leading to storage issues and inconsistencies in approach.

Ward manager, Mike Seaman, explains the difference the new system has made: "We now use a slightly adapted care plan from the outpatient teams and the same risk assessment. Also if the patient is known to the community team their admission paperwork is already on the system so we can copy and update it. The new system makes auditing and management reporting easier. Upskilling staff was a challenge but now the vast majority have been trained.

"The ePEX team were very good. They ran training for us and problems

were solved during the training sessions. The new system also makes the records more accurate as we are adding to existing records; before we would have to seek out old inpatient paper records which may not have reflected all the required information. It also makes us greener without so much paper being used. The only difficulty is that regular staff have to input to the majority of contacts as some bank and agency staff do not have access."

Tim Walsh, programme lead for IT modernisation, says: "Ensuring service managers and clinical leads could see the benefits was key to getting everyone on board. However staff were really enthusiastic and report a hundred per cent improvement in record-keeping."

Between January and March 2,377 patient contacts were recorded and progress is being monitored on an ongoing basis by the IT Modernisation team.

Work is now being done to extend the project to Minsmere ward on the Ipswich Hospital site and it is hoped to roll out the new system in other inpatient areas, particularly to underpin the Productive Mental Health Ward initiatives.

## Project improves rural wellbeing

The people of Saxmundham are being helped along the path to mental wellbeing thanks to a new pilot project. Suzanne Wyard, a primary mental health linkworker for the Trust, joined forces with Suffolk County Council to set up drop-in sessions at Suffolk libraries.

So far, Mind, Suffolk Employment Care and Suffolk Family Carers mental health project, have committed to attending the public drop-in sessions at Saxmundham Library on a regular basis.

Suzanne said: "I am keen to bring together all aspects of primary care and other professional organisations. This is a great way to give everyone in this rural community a chance to get the information they need to improve their wellbeing. The Saxmundham GPs are supporting and encouraging people to visit the drop-ins."

Suzanne has also helped Suffolk County Council train its librarians so people can still get the help they are looking for outside the session times.

Cllr Rosemary Clarke, Suffolk County Council's portfolio holder for sport, culture, diversity, health and wellbeing, said, "As well as raising awareness, this pilot also seeks to encourage the public to find the support they need, so I hope that many local people will come along to one of these sessions."

If the project continues to be successful at Saxmundham the hope is to roll it out to other rural areas

## National director visits Suffolk's psychological therapy service

Dame Carol Black, National Director for Health and Work for the Department for Work and Pensions, visited the Trust's improving access to psychological therapies (IAPT) service following her keynote speech at a conference which looked at the effects of health issues in the workplace.

IAPT manager Clare Walker said: "Employers can substantially reduce the number of days lost through sickness by becoming more aware of mental wellbeing and strategies to promote it." IAPT provides low and high-intensity talking therapies and also works in partnership with Suffolk Mind, which provides counselling under the IAPT umbrella.

A third partner is Suffolk Employment Care which supports people who have been unemployed for six months or less,



Pictured, from left: IAPT case manager Fiona Thompson, IAPT manager Clare Walker, IAPT case manager Mary Davis, Dame Carol Black, Suffolk Employment Care's Jeanette Guy and IAPT employment advisor Kate Sparks.

or who struggle with work, to develop coping strategies. Suffolk Employment Care also works with employers to support their staff members. After the conference, Dame Carol Black met IAPT staff and service users and partner agencies in Bury St Edmunds and spoke to people about their experiences of workplace stress and employment.

Jeanette Guy, who manages Suffolk Employment Care, said: "Events such as this raise the awareness of the link between mental health and employment; we find that when people access the one to one support from IAPT and Suffolk Employment Care the chances of them retaining their employment, finding new employment and accessing training opportunities are greatly improved."

# Centrepiece

## Trust leads the way when it comes to incident reporting

As many of you will know, many Trusts around the UK use an online system called DATIXWeb to record incidents and near misses. For us, this has replaced the old RM1 forms.

We are the first Trust to release this without first providing training to managers and reporters of incidents. Other Trusts ran two-hour training sessions, taking staff away from their daily tasks (not including travelling time). Following this training, feedback has been that staff forgot what they were taught before the system went live.

Also with the introduction of interactive sites like Facebook, eBay, Amazon etc, the majority of staff are more than capable of completing an online form and/or logging into a website and felt that the time spent training was a waste of valuable time.

It was with this in mind that I took the decision to launch the online system and deal with any issues via email, telephone or team talks.

DATIX (the company which provides the system) have been watching our progress closely as we are the first customer (worldwide) to take this approach.

As NHS budget restraints are at the forefront of everyone's thoughts at the moment, I am sure you will agree that the financial savings made by our approach were significant to say the least.

DATIX is delighted with the feedback from Trust staff at SMHP and plans to include our success in their international news publication.

"As a typical bloke, I threw the instructions away before "opening the box", however I had no problems at all in working my way through the system"

I think you will agree that the decision was the right one and we (the DATIX team) have been on hand to help whenever required. No query has taken longer than four minutes or so to fix. If you would like a team talk on 'the way through the investigation section' then feel free to send me a possible date/time.

**Roseanne Taherinia**  
DATIXWeb project manager  
[roseanne.taherinia@smhp.nhs.uk](mailto:roseanne.taherinia@smhp.nhs.uk)  
01473 329834

"It is really easy to use and the automatic email to the reporter lets them know that the incident is being dealt with"

## DATIXWeb at a glance

### Where do I record people involved in the incident?

A: There are two places to record this information: "People Affected" which includes a section to record injuries, and "Add Another" so you can add as many people as you need to. Everyone else should be recorded under "Other Contact" Please ensure you enter details of everyone involved or the forms will be returned to managers for them to complete.

### Do I need to complete a new form for everyone involved in the incident?

A: No. You can add all the people involved on one form, so there is no need for duplication.

### Where will the icon to access the online RM1 be placed on the intranet?

A: It will be kept on the front page (although it will be a bit smaller than now) and also linked from 'Find> a form'

### Do I need to register to complete an Incident form?

A: No. You simply complete the form and click on submit at the end.

### What happens to my form once it has been submitted?

A: The manager you have selected from the dropdown menu will receive an email letting them know that the incident has been reported. You will also receive an email thanking you for completing the incident form. Your manager will log in to the system and complete the investigation section of the form, send feedback to you if you have requested it and then the form will be forwarded to Risk Management.

"This change has been introduced which will save time in the long run and enable us to make incident reporting more reflective of clinical issues"

"My colleague and I gave it a go without using instructions, which proves it is a really user friendly system, as we managed to get the hang of it quickly."

"I thought it was fantastic, much, much better than doing it the old fashioned way"

### My manager is not on the list!

Follow the link on the form to DATIX ADMINISTRATORS. Email them your manager's name, job title and the area they are responsible for.

### I complete the investigation section but what happens when I am on annual leave?

If you contact me (Roseanne Taherinia) and provide me with details of lead staff in your area who can complete incidents on your behalf, I will set up a system so that you can all view incidents in your area. You can then agree locally who will be completing the investigation section and when.

"I have been using the online system and have encountered no problems at all. I much prefer the online system."

# Neil's our new security manager

Risk manager Neil Paull is now also the Trust's Local Security Management Specialist (LSMS), with responsibility for security within the Trust.

Neil said: "The role was developed country-wide by the Counter Fraud Security Management Service of the NHS with the aim of 'delivering an environment for those who use or work within the NHS that is properly secure so that the highest possible standard of clinical care can be made available to patients'.

"I'm looking forward to developing this aim within my additional role."

If you'd like to talk to Neil about any

aspect of security, then please call him on 01473 329604 or email [neil.paull@smhp.nhs.uk](mailto:neil.paull@smhp.nhs.uk)

A tool bag was taken from a Trust vehicle on Thursday 1 July between 3.30pm and 4.30pm outside the Priory at St Clement's Hospital in Ipswich. Please remember to secure property in your vehicles and, if you are unloading, try to ensure the vehicle is highly visible to reduce the risk of it becoming a target. If you believe you see people acting suspiciously around any vehicle or have any information that may relate to this theft, please contact Neil Paull, as above.



Neil Paull, risk manager and Local Security Management Specialist

## Did you know?

If you are calling or texting a T Mobile phone from a T Mobile phone the call is free. Whenever possible call a T Mobile phone from a T Mobile phone.

If you are calling from a Cisco landline phone to a Cisco landline phone the call is free. So, whenever possible call landline phones from a landline phone!

## Trust negotiates free mobile phone upgrades

The Trust has negotiated a new mobile contract with T Mobile which allows the Trust to upgrade handsets for free. T Mobile has offered us a great deal and have recently come together with Orange to form Everything Everywhere Limited and will be giving users access to both networks over the coming year. If you have been issued with a work mobile phone you will need to attend one of eight 'phone days' that will either be held at your work location or near to it where you can return your old mobile phone and collect your new one. The phone days will be happening during August and

September, dates and venues will be published on the Trust intranet in the coming weeks. Please take your handset, no matter what its condition, along with any other equipment you may have, such as mobile phone charger. T Mobile and IT representatives will be available at locations to help with the set up of new phones including copying of address books and contacts. You will also receive a copy of the Trust's mobile phone policy. If you have a work mobile but do not require it, please contact Claire Poulson as soon as possible. If for whatever reason you

were issued with a mobile phone, no longer have it (but still require one) please contact Claire Poulson who will organise a replacement. If you haven't got a mobile phone but think you need one, please ask your manager to contact ICT procurement - there is a form on the intranet. If your team or department share a mobile phone which is not assigned to any particular one person, please arrange for someone to take it to one of the phone days for upgrade.

For further information please contact Claire Poulson 01473 329318 or email [claire.poulson@smhp.nhs.uk](mailto:claire.poulson@smhp.nhs.uk)

## Project wins award for patient involvement

A Trust team has won a prestigious national award for its involvement work with service users and carers.

The award, for excellence in innovation and innovative practice, has been awarded by the Care Programme Approach Association (CPAA). This is the second year running that the Trust's Care Programme Approach (CPA) team has won an award, one of nine given by the Association.

CPA is a set of specific arrangements for care and treatment of people with mental health problems in the community to improve the patient experience.

Jeannie Wright, CPA manager, said: "We

are very pleased with this award. It was only in 2006 that the Trust employed a full time CPA manager and we have been benchmarked against organisations working with CPA since its inception in 1991. It is a real achievement."

The Trust has won the award for the second year of its Stepping Forward initiative. Stepping Forward is a series of involvement events where service users and carers can meet professionals and voluntary organisations. This year representatives from the health regulator, the Care Quality Commission (CQC) took part to discuss issues around delivery of service users' care plans.

Mark Halladay, Trust chief executive, said: "It was evident when I was at the Stepping Forward Nine event that both service users and our Care Quality Commission colleagues valued the chance to hear each other's views."

"The fact that this approach then went on to win an award is a fantastic example of the innovative ways in which our staff are using engagement to improve our services and people's experiences of them."

Service user and carer involvement is one of the national standards against which each Trust is evaluated by the CQC.

# Pseudonymisation – it's a long word, but what does it mean?

The Suffolk Mental Health Partnership Informatics Modernisation Team has commenced a new project called Pseudonymisation Implementation Project (PIP).

The Department of Health requires that PIP is implemented by all NHS organisations by April 2011. This requires organisations to review and modify aspects of their data management to enable patient identifiable data to be used only for direct patient care.

## Why PIP?

- To prevent the loss of and unauthorised access to patient identifiable data.
- To give assurance to patients that the Trust protects their data.
- To give assurance to staff that they are using patient data in a legal, safe and

secure manner.

- To meet national requirements.

## How you can contribute to PIP:

- By following Caldicott Principles.
- If you store patient identifiable information on any database or computer location other than ePEX, ILLY, PC MIS, DATIX or JAC, please contact Evelyn Walters (contact details below).
- If you regularly use patient data for purposes other than direct care please contact us so this usage can be assessed and measures put in place to protect patient data.

The use of patient data for direct patient care is known as Primary data use. Examples include using data for referral and treatment processes, for patient

management on the ward, or for supporting activities such as creating clinical letters and managing appointments.

The Secondary use of patient data concerns the use of patient data for purposes not related to their direct care. Examples include the use of data for planning, performance management, commissioning or for research.

For more information please visit the PIP intranet pages under Projects>Informatics Work Programme>Pseudonymisation

Evelyn Walters, project manager  
01473 329528  
[evelyn.walters@smhp.nhs.uk](mailto:evelyn.walters@smhp.nhs.uk)

# We promise to protect your personal information

The Trust has signed a personal information promise from the Information Commissioner's office.

The ten point promise has been devised to make it easier for organisations to comply with the Data Protection Act. Signing the pledge will strengthen public trust and confidence in the way we handle personal information. By making this commitment, the Trust is highlighting for all of us the importance of looking after people's personal information. It is also putting in place appropriate resources to make sure information is looked after.

To comply with the new initiative, The Trust has promised to value the personal information entrusted to it, going beyond the letter of the law; adopt good practice standards and address privacy risks when planning to use personal information in new ways.

It will also be open with individuals about how information is used and shared.

The promise places a duty on staff to enable people to access and correct their personal information; keep information secure and ensure it does not fall into the wrong hands.

The Trust is rolling out training for management, clinical and administrative staff both by increasing classroom training and also providing eLearning.

The online information governance tool has been trialled and will then be rolled out across the Trust.

To check how well the Trust is doing, internal audits will be carried out as well as the regular annual audit by the Department of Health.

Monthly status reports will be presented to the board and information about performance included in the



annual report.

Kate Walker, chief information officer, said: Increasing demand for public accountability is a challenge for public bodies and the personal information promise provides us with a helpful framework with which to comply with our obligations.

"It reinforces requirements under the Data Protection Act, Freedom of Information Act and Privacy and Electronic Communications Regulations."

## Life's not as difficult as it seems...

Service user Steve wrote this poem about the Coastal community mental health team's Lifestyle group, run by Steve Thrower and Lindsay Maclusky.

**Steve and Lindsay take good care of us  
When the group is together, there's very little fuss.  
Happy and content, we all sit together  
Keeping busy is good, doing whatsoever.**

**We all go for a walk, chatting away  
Meeting as a group, we have plenty to say.  
Along the river bank and through the wood  
We would spend all day together if we could.**

**The summer is best, get out of the sun  
Doing things in a group can be so much fun.  
It's nice to have company, when feeling low  
A cup of tea or coffee, then off we go.**

**So all in all we have such a good time  
Out of a very dark day, comes a ray of sunshine  
Friends we are, together as a team  
As a group, life's not as difficult as it seems.**

# Chief executive visits teams across the Trust

I thought I'd share with you some of my thoughts following a few of the regular visits I make to teams across the Trust.

## **Bromeswell and Chillesford Wards at St Clement's Hospital (wards for older people) and the Later Life crisis resolution team**

I was very impressed with the progress ward staff have made on the Productive Wards project, particularly moving on to the next modules around developing protected meal times and improving medication processes. At the same time, I was delighted to see that the improvements on the ward logistics from the first phase of Productive Wards have been maintained.

As a result of the Airedale Hospitals report being published the previous week I was also very interested in how night staff received supervision and access to training and how they were seen as members of the team

as a whole (as opposed to the old days of day staff and night staff being almost separate teams). I was very assured by the managers on both wards that night staff enjoyed good supervision and access to training and, whilst night staff and day staff still maintained their focus in their respective shifts, day staff did cover some night shifts in order to provide night staff with the opportunity for training and development.

I also visited the crisis resolution team and sat in on their twice-daily handover meeting. I was very struck here, as ever, by the very professional manner of the handover discussions. These were some of the most needy and risky of our patients and the team considered their needs and planned their day's work in very sensitive accordance with risk management and the service users' needs.

On both wards and within the crisis resolution team, it was clear to me that the services are working under significant



Chief executive Mark Halladay

pressures. All three teams gave me examples of increasing acuity of patients' needs, and very clear examples of where we are struggling at times to find after-care arrangements to allow people to be discharged at the optimum moment for them.

## **Haverhill community mental health team (CMHT)**

I joined the team for their morning review meeting. As with many of the teams I

visited recently, they were working hard on their secondary care co-ordination function with IAPT (Improving Access to Psychological Therapies); contribution to service users, and looking hard to how they can support or signpost referrals who don't meet the criteria clearly for either service.

I was impressed with the positive and constructive way in which they sort out support and solutions for these clients, conscious, of course, that GPs are keen to see a service that takes a constructive response to all referrals. I congratulated the team on their approach and their team leader Simon Leach told me they had spent some time in a recent away day understanding the dynamics of GP commissioning consortia and thinking through how they met those demands to best effect.

As ever I was struck by the purposefulness of all the teams and the commitment of the staff I met.

## Trust welcomes new non-executive directors

The Trust is delighted to welcome Dr Gary Norgate and Anne Whitaker as non-executive directors.

Non-executive directors are members of the public appointed to the boards of NHS organisations. They play an important role in developing the provision of services and ensuring the best use of a Trust's financial resources.

Anne Whitaker has 26 years' experience in investment banking, with particular focus on risk and financial management. She is a volunteer adviser for the Bury St Edmunds Citizens Advice Bureau and tutors on money management within the community. In 2009 she established a niche business consultancy which works exclusively with charitable and not for profit organisations.

Ms Whitaker was global chief financial officer for the risk management division of JP Morgan Investment Bank, where her responsibilities included financial management and control, organisational strategy, change management, governance and regulatory matters. She is a trustee and board member of the English National Ballet School. She is



Dr Gary Norgate (far left) and Anne Whitaker have been appointed to the Trust Board as non-executive directors

married and her interests include her garden, classical music and opera. Ms Whitaker said: "With my work with the CAB, I see people who have had their own issues and I am very pleased to have this opportunity to be able to learn more about the valuable work undertaken by the Trust."

Gary Norgate has over 20 years' experience of management in the retail and wholesale sectors within the telecommunications market. He works for BT where he is responsible for driving the company's global portfolio through the full range of direct and indirect channels. He has previously managed businesses as diverse as UK

regulation, network strategy, global operations, sales and marketing, both existing and start up ventures. Dr Norgate has an MBA and recently completed a doctorate on the relationship between corporate governance and performance in entrepreneurial ventures. He lives near Bury with his wife and young daughter. Dr Norgate said: "Having worked in various jobs in the private sector, this is a chance for me to put something back into the community. I've got the energy, I've got the experience and this is the ideal vehicle to put something back." Ms Whitaker and Dr Norgate will each receive £6,096 a year.

# Have you heard of **USER/CARER** Matters ?

**User Carer Matters is the 'sister' newsletter to Trust Matters, which is aimed at service users and family carers. It is published on alternating months with Trust Matters.**

While some of the information in User Carer Matters is the same as in Trust Matters, the service users and family carer newsletter also:

- signposts to support organisations and helplines,
- provides news and information directly related to patient care,
- has poetry and stories from service users and

• has event details and opportunities for involvement and feedback. We undertook a survey about the design and content of User Carer Matters. The survey asked readers about design, content and distribution.

### **Please help spread the word!**

One of the questions asked how they receive User Carer Matters and no one answered that they were given on by a member of staff. In response to this, we are asking you as staff members to get involved:

If you don't receive copies for the ward or area you work in, please let us know so we can send you some.

We email the link to the electronic version for each edition to make it easier for you to pass on information that service users or family carers will be interested in.

If your service user would like to share their stories in User/Carer Matters, then we'd love to hear from them.

If you are interested in improving the way in which service users and family carers receive their newsletter, or if you want to suggest an article for consideration please email [membership@smhp.nhs.uk](mailto:membership@smhp.nhs.uk)

## Letters and compliments

**To Jo Percival, CAMHS practitioner, and Dr Paul Garfield, consultant psychiatrist  
Child and adolescent mental health**

I would like to take this opportunity to thank you both for the professional approach that you took in dealing with the situation involving a 17-year-old boy at the weekend in the accident and emergency department. I understand that both of you spent a considerable amount of time in A&E at the hospital supporting both the boy and staff to find an appropriate place of safety. I appreciate how difficult and time-consuming this would have been. I would like to thank you both formally for your professionalism in resolving the issue in the best interests of the person.

*Robert Bolas  
Director of nursing and  
deputy chief executive*

**To Vicky Moss  
Clinical psychologist  
Child and adolescent mental health**

Just a quick note to give you all an update on S. She weighs more now than she ever has and doesn't seem to mind

at all. She eats everything that is put in front of her and has forgotten that she 'hated' all food that contained any fat. She is also the loveliest girl to have around. I shall miss her so much when she leaves school. In the bad old days, I never thought I would say this!

*Teacher*

**To David Leckie  
Director of environmental  
performance**

It is just over a year since swine flu struck so this is an appropriate moment to express my gratitude to your logistics team.

Although swine flu may not have had a major impact on either the health of our population or the health services in the county, it did create a considerable amount of work for some individuals and groups of workers in the local NHS. One group that certainly had plenty of work to do were the SMHPT staff who were involved in the logistics response throughout the pandemic.

From the start, when we were dealing with PPE, right through to the very end, when we were returning antivirals, the logistics team were central to the smooth running of the local response and did a

superb job.

I should not, perhaps, single out any individuals but two people – Kat Mason and Dale Cobbold – were constantly mentioned by colleagues throughout the pandemic as being 'can do' people who were always able to respond to requests.

A particular 'thank you' needs to go to them.

*Dr Brian Keeble  
Director of Pandemic Response  
NHS Suffolk*

**To Pete Southam  
Assistant psychologist  
Child and adolescent mental health**

Just a quick note to say thank you for all you have done for C.

Your kindness and understanding have helped our daughter so much and we are eternally grateful to you. It's absolutely amazing the transformation that she has made and we once again have our beautiful daughter back, with no worries or stresses.

Thank you

*J&A*

*Thank you for helping me not to be scared or worried any more.*

*Lots of love*

*C*

If you have a letter you would like to share through Trust Matters, send it to Nicola Brown, Suffolk House, St Clement's Hospital, Ipswich or email [nicola.brown@smhp.nhs.uk](mailto:nicola.brown@smhp.nhs.uk) Letters may be edited and will be anonymised to protect service users' identities.

**EDITORIAL: If you would like to contribute a letter or article (and accompanying photo) for inclusion in the next Trust Matters please email it to [helen.abbott@smhp.nhs.uk](mailto:helen.abbott@smhp.nhs.uk)**

If you want to discuss ideas about potential features or make a suggestion about improving the newsletter you can also email the above address or call Helen Abbott on 01473 329700.

The deadline for the September 2010 issue is August 16th.