

3,600 back mental wellbeing!

More than 3,600 members of the public have signed up to become a member of our new NHS Foundation Trust since the campaign was launched five months ago. With staff members, the total membership for the new Trust now stands at almost 6,000 people – that's one per cent of the population of the county.

We put in our final application for the special status to the Secretary of State on 1 November and, over the next four months, we will undergo a rigorous assessment process by Monitor, the body which oversees FTs.

All being well, we should become an NHS Foundation Trust on 1 April next year.

Our members will be able to influence NHS services for people with mental health or substance misuse problems and people with learning disabilities – as well as having a say in initiatives to promote wellbeing for everyone.

"We have been overwhelmed by the positive response we have received, both for our plans about how we will operate as an NHS Foundation Trust and for the number of people who have said they want to be a part of making life in Suffolk just that bit better," said Robert Nesbitt, director of community engagement at Suffolk Mental Health Partnership NHS Trust.

We are now putting together a welcome pack for members, with news about the Trust, how people can have a say, information about being a governor and how to put themselves forward for the governor elections next year.

Inside:

- OBC Backing for Mental Health Modernisation Programme
- Two new professors
- Could you represent your colleagues
- Foundation Trust Update (plus MP3 player competition)
- "Centrepiece"
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- Book documents journey to recovery
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- PALS James is here to listen
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As you will have read, NHS Foundation Trusts are new types of NHS trusts which are accountable to the communities they serve, rather than to central government. By becoming members, local people will be able to influence what and where services are provided – the result is a Trust which is more aligned to local need rather than to nationally-set directives.

If your friends or family would like to join as a member, ask them to visit www.newmember.info, call 0870 707 1647, email smhp@nhs-membership.co.uk or write to Robert Nesbitt at Suffolk House, St Clement's Hospital, Foxhall Road, Ipswich, Suffolk IP3 8NN.

Help us stamp out stigma

Have you, or someone you care for, experienced the stigma surrounding mental ill health, learning disabilities or substance misuse? Do you feel you could share those experiences in order to help educate others about the effect this has had on your life?

The Trust is running an anti-stigma campaign in the new year, in order to show the profound effect these negative comments can have.
We are also looking for your opinions as to which areas of work we should be

specifically concentrating – there is an online survey at www.smhp.nhs.uk, just click the 'We're listening' menu tab on the homepage.

Robert Nesbitt, director of community engagement, said: "Throughout our public consultation for our NHS Foundation Trust application, service users and carers were telling us that tackling stigma was a key area we should be concentrating on. We agree – we have also seen first hand how misunderstanding of mental health, substance misuse and learning disabilities can affect people's chance in life and we want to help put a stop to it. It's time to end the shame."

To help the general public understand that there is more to a person than their

state of mind, the Trust is appealing for people to take part in the campaign. This may involve talking to individual people, groups of people, or even the media in order to show that the debilitating effect that stigma can have on people's prospects.

If you would like to take part, or if you would like to know more about the campaign, then please contact communications assistant Rebekah Law on 01473 329148 or email rebekah.law@smhp.nhs.uk

Let's work together to change incorrect and unjustified attitudes towards people with mental ill health, learning disabilities or substance misuse problems.



Best wishes to everyone!

Whether you are celebrating Christmas, Hanukkah, Kwanzaa or any other winter festival, we hope you have a great time and wish you all the best for the new year.









OBC – Backing for mental health modernisation programme

You may have already heard by now that our outline business case for the modernisation of mental health services has received approval from the NHS East of England strategic health authority to go through to the next stage.

The plan is to relocate four wards to purpose-built and refurbished accommodation on the Ipswich Hospital site, as well as to build a new low-secure ward on the St Clement's Hospital site in Ipswich and refurbish one of the wards at Wedgwood House on the West Suffolk Hospital site in Bury St Edmunds.

On 15 November, the strategic health authority board agreed that we can now go on to develop the outline plan into a full business case.

Neil McKay, its chief executive, told us he was delighted that the plan has now been signed off and that we can now move closer to providing modern, high-quality wards for our service users and staff.

It's a significant step because the existing wards at St Clement's and one of our wards at Bury St Edmunds are outdated and in

poor condition. Although staff do an excellent job in those surroundings, we need modern, high-quality wards for the future.

By refurbishing and building new accommodation, we will dramatically improve the environment for service users and staff and ensure we can meet the national standards and the expectations of the local community. The project also forms one of our six principal objectives agreed by the Trust Board in January 2007.

We are now working on the full business case and are aiming to have it ready for submission in April 2008, with the wards expected to be opened by December 2010.

Robert Bolas

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

Two professors head mental health teams

The Trust is pleased to have appointed Professor Ian Robbins to head up its new psychological therapies department.

Currently a consultant clinical psychologist and head of traumatic stress services at South West London and St George's Mental Health NHS Trust, Professor Robbins will be working with Suffolk's GPs, mental health service users and staff in order to develop the non-drug therapies on offer.

We are working towards becoming one of the top mental health trusts in the country for the proportion of therapists we employ – this will then boost the availability of psychological therapies.

Earlier this year, we welcomed Professor Bob Peckitt, a consultant forensic psychiatrist, to the team. Professor Peckitt, who ran community-based services for people in the west of England, was also previously a consultant in a high-secure hospital setting and holds the post of Visiting Chair in forensic psychiatry at the University of Lincoln.

He is currently building links with the University of Suffolk campus and sits on the Parole Board for England and Wales.

He said: "I am absolutely proud to be a part of Suffolk's mental health trust. People using forensic services, whether as patients or carers, need to know that genuine care, safety and dignity are the watchwords of this service.

"Our commitment to our patients is matched only by our commitment to public safety."

Could you represent your colleagues?

A key part of how we will run as an NHS Foundation Trust will be our accountability to staff, local people and our governors – and that's where you come in. Early next year we will be looking for our staff governor body and, as long as you haven't opted out as a staff member of the new Trust, you will be eligible to stand and/or vote in our first elections.

As a staff governor, you will be representing the views and opinions of your teams and colleagues, making sure that these are taken on board. You will have a direct influence on how we develop as an NHS Foundation Trust, including helping decide what – and where – services are run.

You can register your interest now about standing as a governor by calling 01473 329148 or sending an email to membership@smhp.nhs.uk

We upped the proposed number of staff governors from four to five, following feedback we received from you during our public consultation period. These five governors will reflect different areas of work we do:

- Mental health staff
- Child and adolescent mental health service staff
- Learning disabilities staff
- Suffolk Support Services, corporate and all other
- Substance misuse services staff

Staff governors will join our other governors – elected from our public, service user and family carer groups as well as governors appointed from partner agencies – on our Council of Members.

As well as being able to get really involved in the nuts and bolts of the new Trust, the Council of Members also has several statutory duties and privileges. Governors:

- Appoint [or remove] the Chair and other non-executive directors [NEDs]
- Approves plans submitted by the Board of Directors
- Approve the appointment of the chief executive
- Appoint [or remove] the Trust's auditors
- Decide on money and allowances paid to NEDs
- Receive the Trust's annual accounts, auditors' report and annual report

If, as a staff member, you'd prefer to opt out as a member of the new NHS Foundation Trust then just send a signed letter to that effect to the Foundation Trust Office at Suffolk House, St Clement's Hospital, Foxhall Road, Ipswich IP3 8NN.

Or, as we hope you would like to do, why not encourage your friends and family to join as a member? Ask them to telephone our hotline number on 0870 7071 647 or visit www.newmember.info

Helping people make the most of their lives

What do you say to people who ask you why we are looking to become an NHS Foundation Trust? Quite simply, it's about helping people make the most of their lives. By 'people', we don't just mean the who use our services or who care for someone who does – we also mean our staff and the wider Suffolk population.

As an NHS Foundation Trust, we will be able to be much more responsive to local need as we will be driven by local expectations. We want to develop a culture in which everyone can reach their potentials.

Feedback from our public consultation

It took...

- 12 weeks
- 10 Ouestions
- 6,000 booklets
- 6 languages plus easy-read and large print formats
- 10 public meetings and 3 community events - 680+ people signed up as members at events
- 14 formal presentations and
- 26 staff road-shows reaching more than 260 staff

...and an awful lot of shoe-leather. but the feedback from our public consultation into how we would run as an NHS Foundation Trust gave us an amazing insight into how local people see our services...

"It's something we've never done before - just to go out to the communities we serve, set up our stand, and talk to the public about what we do and what we would like to do," said Robert Nesbitt, director of community engagement, who coordinated the consultation.

"We had a wide range of responses as you might expect – but what was really encouraging was that the majority of local people are actually very positive about the NHS in general and Suffolk Mental Health Partnership NHS Trust in particular."

Many people we spoke to knew a friend or member of the family who had mental health problems and they were very aware of the stigma which still affects them.

We can do a fantastic job of helping people to recover, but if we don't do something about the discrimination which people then face in getting back to work, or to use ordinary services, our job will only be half done.



The same applies to the work we do in helping people who use our substance misuse or learning disability services to become more independent. We can do our best, but until the things change in public attitudes, independence will be limited by other people's expectations and prejudices.

"We've been given a fantastic mandate from local people to prepare for NHS Foundation Trust status – and to play our part in promoting well-being across Suffolk and Thetford."

What did people say about our plans?

We asked 10 questions covering our plans for the future – not just about our NHS Foundation Trust proposals but also the way we think we should develop our services.

People really care about their local NHS services, and we know that the public will often give us very clear and strong messages during consultations. So it was very encouraging that on

eight out of our 10 questions, 70% or more of people agreed with the proposals. The two questions where people were less sure were on our plans for Suffolk Shared Services here 54% of people agreed and 33% weren't sure - and this is as expected as our proposals could not be very specific at the time.

Regarding our proposals for learning disability services, 61% of people agreed and 24% were not sure. It's fair to say that there was more ambivalence from staff about the learning disability proposals and this might be understandable because of the big changes that we're putting into place to move out of residential care provision.

What changes did we make as a result of the consultation?

We said at the start that this would be genuine consultation and that we would listen to what people said. We've kept our promise and made changes directly as a result of people getting involved and telling us their views.

Assuming we don't have any further development work to do, Monitor will arrive in January for a three-month assessment and we plan to become an NHS Foundation Trust in April 2008.

We've been given an MP3 player and you can win it!

Do you know our FT slogan? If you can remember it, and can email it to membership@ then we'll put you in the draw to win an MP3 player!

Keeping safe

Have you reviewed your risk screen information for violence and aggression, lone working entry and exit or community visiting?

This work was identified following a Health and Safety Executive visit to assess the potential risks staff and users face across the Trust. We are taking a proactive response

by supporting managers in:

- Reviewing risk screens in Trust workplaces (there are more than 80 of these)
- Providing information and support to achieve compliance
- Identifying what still needs to be done and completing standard risk assessment forms
- Completing an action plan, setting target dates and monitoring progress
- Highlighting and sharing best practice throughout the Trust

Risk Management:

- Log information from risk screens
- Monitor action plans
- Highlight and share best practice and raise areas of significant concern to Local Risk Group and Trust Health and Safety Committee

Risk management team

At the beginning of November, I attended the MHRA (Medicines and Healthcare Products Regulatory Agency) annual conference for liaison officers.

- Melanie Briant, Risk Administrator

It served as an excellent reminder of how important it is that, as a Trust we have robust monitoring systems in place. Those systems are required not only to monitor the distribution of alerts relating to faulty medical equipment but to also ensure that any medical equipment that is not working as it should, or is faulty from the outset, must be reported.

Some examples of the more common types of medical equipment you may use are: blood pressure machines, condoms, dressings, examination gloves, hoists, syringes,

Faulty medical equipm_ent?

report it?

thermometers and urine test sticks, to name a few. Even if what appears a minor failure occurs, for example a hoist not responding as it should or a syringe breaking for no apparent reason, this should still be reported.

How should you report it?

If a piece of equipment does fail to work as it should, you must complete a Trust incident form (RM1) immediately and return the form to risk management. Once we receive this we will then report the fault centrally to the MHRA, where an immediate investigation process will start

and will involve the manufacturers of the product. We will also inform NHS Supplies. The MHRA handles 8,500 incidents related to faulty medical equipment each year, approximately 1,500 of which result in death or serious injury. They reported that, as well as manufacturing defects, other common reasons for failure include boxes of supplies sometimes being opened and equipment handed out without the accompanying instruction sheets, single use items being re-used and inadequate staff training. They work in close conjunction with manufacturers to ensure the quick investigation and action via a medical alert bulletin should a fault be discovered.

If you feel that your ward or department should have received medical alerts and haven't please contact risk management and we will ensure you are added to the distribution list.

Risk management team



Myth: Workers banned from putting up **Christmas decorations** in the office

The reality

Bah Humbug! Each year we hear of companies banning their workers from putting up Christmas decorations in their offices for 'health and safety' reasons, or requiring the work to be done by a 'qualified' person.

Most organisations, including the HSE and local councils, manage to put up their decorations, celebrating the spirit of Christmas without a fuss. They just sensibly provide their staff with suitable step ladders to put up decorations rather than expecting staff to balance on wheelie chairs!

Mental Capacity Act

The Mental Capacity Act (2005) has been fully in force since 1 October 2007. Staff in the Trust are most likely to come into contact with the Act's provisions when making decisions about the care and treatment of those with reduced capacity, deciding when the involvement of an Independent Mental Capacity Advocate (IMCA) is necessary, dealing with relatives and carers

who hold a lasting power of attorney (LPA), and having to take account of advance directives. Are you confident that you understand its implications for your area of practice and know what steps you must now take when interacting with people with reduced capacity? If not, there are a number of sources of help available to you:

- Training sessions are being organised by the education and workforce development department ask your manager for details.
- A summary of the Act can be found at http://www.justice.gov.uk/ docs/mca-2005 -summary.pdf
- Copies of the extensive Code of Practice, packed with practical examples. have been made available to all services – again ask your manager where the nearest copy is. The code can be viewed on-line at http://www.justice.gov.uk/ quidance/mca-code-of -practice.htm
- Information booklets on the Act can be found at http://www.iustice.gov.uk/ quidance/mca-info-booklets.htm
- You can undertake online training – ask your manager for details of how to access this.

For individual queries in specific cases you should consult your line manager for assistance and guidance in the first instance.

David Rollinson Complaints and legal services manager

Did You Know?

useful information and updates

NEW POLICIES:

MHA01 - Section 136 RM17 – Managing asbestos

REPLACEMENT/REVISED POLICIES:

CL01 - Consent (Appendix F – revised)

CL05 - Cardio pulmonary resuscitation (CPR)

CL21 - Seclusion (Appendix 3 - revised)

HR19 – Sickness absence management

HR24 – Adverse weather policy

AF02 – Care records management and access policy (revised core standards for handwritten record keeping

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 Elaiyne 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



Ingredients:

- 12 oz flour
- 1 cup of water
- 1 tsp baking soda • 1 cup of sugar
- 1 tsp salt
- 1 cup of
- brown sugar
- lemon juice
- 4 large eggs

- 1 bottle Jose Quervo 2 cups of dried fruit

Directions:

Sample the Ouervo to check quality. Take a large bowl, check the Quervo

again. To be sure it is of the highest quality, pour one level cup and drink.

Repeat. Turn on the electric mixer. Beat one cup of butter in a large fluffy bowl. Add one teaspoon of sugar. Beat again. At this point it's best to make sure the Quervo is still OK. Try another cup...just in case Turn off the mixerer thingy.

Break 2 leggs and add to the bowl and chuck in the cup of dried fruit. Pick the fruit off the floor. Mix on the turner. If the fried druit gets stuck in the beaterers just pry it loose with a drewscriver. Sample the Quervo to check for tonsisticity.

Next, sift two cups of salt. Or something. Check the Jose Quervo Now shift the lemon juice and strain your nuts. Add one table. Add a spoon of sugar, or somefina. Whatever you can

find. Greash the oven. Turn the cake tin

360 degrees and try not to fall over. Don't forget to beat off the turner. Finally, throw the bowl through the window, Finish the Jose Ouervo and hug a gloved one.

CHERRY MISTMAS!

RUST MATTERS • DECEMBER 200:

Education and workforce development

Healthcare supporter programme

Healthcare support workers (HCSWs) have now become an integral part of every team. They work in a variety of clinical settings, carry out a range of tasks and procedures and represent a substantial proportion of the healthcare workforce.

The need to invest in training and skill development is paramount – and with this in mind, we have developed a five-day programme aimed at equipping HCSWs with underpinning knowledge for practice. This will enable them to support patients, relatives, carers and the multidisciplinary team.

In designing the course, questionnaires were sent to HCSWs across the whole Trust. The responses identified a range of subject areas which could be covered within the programme. Those filling in the forms were asked to rate each subject according to how important they felt it was in helping them to develop their practice.

The module consent is based on the 17 responses we received from HCSWs in seven clinical areas across the Trust.

The programme uses examples from practice to emphasise issues of accountability and responsibility and the blurring of roles, as well as assisting discussion, debate and reflection.

Before they start on the programme, delegates will receive a pre-course handbook which provides in introduction to each session with questions, reflective exercises and quizzes. Each day starts with feedback from the workbook.

Course content:

Day '

- Understanding mental health issues
- Interpersonal and communication skills
- Medication awareness

Day 2

- Assessing physical needs and using medical equipment* – temperature/pulse/respiration/ blood pressure
- Exploring the relationship between physical and mental health*.
- Health promotion/education skills*

 lifestyle issues diet/exercise/alcohol/smoking

Day 3

- Suicide and self-harm risks and issues*: the HCSW's role
- Medication awareness

Day 4

- Person centred care using case study to explore issues
- Understanding the relationship between mental health and substance use
- The recovery model in practice
- Caring for carers Carer's assessment, supporting carers Suffolk Carers

Day 5

- Mental Capacity Act What is capacity and assessment of capacity
- Managing Distress, disturbance and unpredictability – identifying distress/ crisis – supporting the person to identify and manage unpredictable events
- Service users' rights and responsibilities advocacy and autonomy
- The aims of East Suffolk Advocacy Network in mental health care – ESAN

A better service for people with complex needs

New ways of working will mean a better healthcare service for people in Suffolk whose mental ill health is further exacerbated by a drug or alcohol problem – or vice versa. Historically, the work of healthcare teams providing mental health services and drug and alcohol services in the county has remained fairly separate.

But now, staff have developed a new set of guidance which will encourage teams to work together more effectively. Additionally, the Trust is investing in a training programme based on that guidance so teams will have a better understanding of each other's area of work and be able to pick up much earlier whether a person has a combination of mental health and substance misuse problems.

Occupational therapist Deborah Martin, who is based with the substance misuse service in Bury St Edmunds, said: "Starting in the new year, we will be carrying out a rolling programme of training for every single one of our practitioners so we can

make sure this important, but hard-toreach, group of people doesn't fall through the net."

The guidance and training plan was launched at The Limes Hotel in Needham Market on Friday 14 December. The event, to which staff and colleagues from partner organisations, such as Mind and Norcas, were invited, included an overview of the dual diagnosis project, together with an introduction to a pilot scheme run by the regional Care Services Improvement Partnership (CSIP) and carried out by the Bury St Edmunds-based assertive outreach team.

Acute services manager Margaret Little

said: "It's about changing the way we carry out assessments on people, and making sure the right staff are delivering the right services at the right time. Whereas before it was possible that, for example, mental health staff were not aware that a person had a drug problem, now there will be checks and balances put in place to make sure that all their needs are met."

Nationally, the Department of Health has indicated that mental health trusts should lead the way in developing services for people with a dual diagnosis. CSIP is also carrying out a themed review into the care given to those with a dual diagnosis.

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





"Time and again people have told me that the moment they feel more in charge of their lives is the time when hope and confidence return and recovery begins."

- Pete Watkins

Book documents journey to recovery

An author's 40-year career working with people with mental health problems in Ipswich has provided the foundation for a book showing that people, whatever their diagnosis, can learn to manage their symptoms and live well.

In writing 'Recovery - a guide', mental health practitioner Pete Watkins drew on his own personal and professional experiences as well as those of the Ipswich and East Suffolk Outreach team set up by Suffolk Mental Health Partnership NHS Trust.

Mr Watkins describes how a diagnosis of a mental illness could leave people feeling powerless and dependent, leading to feelings of despondency and hopelessness.

"It's a recipe for a life of disability," he said.
"But recovery is possible for everyone once they begin taking back control of their lives from recurrent symptoms that threaten to overwhelm them and from mental health services that offer only prescriptive care. Mental health services work best when they seek a real partnership with those people using them.

"Time and again people have told me that the moment they feel more in charge of their lives is the time when hope and confidence return and recovery begins."

Illustrating his work with a number of Ipswich-based case studies, Mr Watkins argues that medication or psychological therapies should not be seen as universal remedies. He shows it is possible to regain a feeling of wellbeing with the help of a variety of catalysts, such as through having a job, volunteering, achieving educational goals, through creativity or reconnecting with nature.

"It took me a long time to jettison the notion that I was some kind of expert on other people's lives – I have enough difficulty managing my own!" said Mr Watkins. "Now I prefer to say to people: 'I don't know what it is that makes your life hardly bearable, and I don't know what it would take to make your life better, but I am willing to commit myself to

working with you to find out."

Mr Watkins describes the role of the mental health practitioner as being a 'compassionate ally' in people's journeys towards good mental health – the direction of Suffolk Mental Health Partnership NHS Trust's service is closely aligned to creating recovery relationships and promoting social conditions in which people can move on with their lives.

'Recovery – a guide' is Mr Watkins' second book – the first, 'The art of compassionate care', is currently in its second edition. Although aimed at mental health practitioners, both were written to also appeal to non-professionals.

Regional Health and Social Care Awards 2008

Are you or your team pioneering a good idea to improve our services? Or perhaps a colleague is taking part in a project which deserves some wider recognition? If so, it could be eligible for entry in next year's Health and Social Care Awards.

The award categories are wide ranging and reflect the many different ways in which people can contribute to excellence in health and social care, not only in service provision but also through innovative ways of working.

Neil McKay, chief executive of the NHS East of England Strategic Health Authority, said: "The Health and Social Care Awards present an unparalleled opportunity to showcase the best examples of innovation and excellence we have to offer in the NHS and social care in the East of England."

The awards reward excellence in the provision in care as well as encouraging examples of strong partnership working, including across the voluntary, charity and independent sectors.

The awards ceremony will be on 29 April 2008 at Quendon Hall in North Essex. All the details

surrounding the awards are on the website www.healthandsocialcareawards.org Click on the East of England section, as there are 14 national awards plus one regional award.

The winners will be put forward to the national awards ceremony on 1 July at Wembley.

If anyone has a nomination in mind, but would like to talk it through first, then they are very welcome to contact Robert Nesbitt, the Trust's director of community engagement, to have a chat about it in advance. He is on 01473 329477.

The awards, the annual flagship event for the Department of Health, are run in partnership with the NHS Institute for Innovation and Improvement and with strategic health authorities.

Individuals nominations

Nicky Allen, Helen Gray, Karen Clements, Jean Taylor, Liz Axham, Jon Cullum (winner), Albert Carracciolo, Laura Head, Stephanie Raine, Mark Kittle, Lyn Jones (winner), Sue Green, Dr Liz Tolland, Diane Monean, Debbie Atkinson, Suzie Landon, Kelly Dobell, Lesley Poole, Karen Larter, Sally Godby, Pam Raines, Sarah Clarke, John Dewar, Andy Hardy, Ben Ingles, Nicola Housden, Deborah Stebbing, James Kemp, Danny Chapelle, Linda Brindle, Paul Foremen, Tina Bignell, Helen Jackson, Emma Kitteridge, Julia Havers, Evril Silver (winner), Susan Price and Maria Rabey.

Community team leads

Pat Izatt, Jane Lopez, Nettie Burns, Pauline Procter, Cliff Cracknell, Jill Newton-Livens, David Skrimshire, Maria Rabey, Fe Franklin, Jayne Green (Acting Team Managers: Simon Leach, Liz Axham and Natalie Bailey).

Team nominations

- Community drugs team (winner)
- Criminal Justice integrated team
- Child and adolescent mental health service (CAMHS)
 East primary mental health workers
- CAMHS East attention deficit hyperactivity disorder (ADHD) team
- CAMHS West
- Community psychiatric nurse Mick McCartney and occupational therapist Christine Bell (winners)
- Caroline Pemberton and Christine Curry (winners)
- CAMHS intensive outreach team
- Jane Coates, Gail Collyer and Mindy Mortimer
- Mental health intermediate care team
- Investigation support working group (ISWG)
- Software development team (winner)
- The adolescent unit team in the learning disability directorate
- Easton Ward
- Staff pathways development team
- Older People and care programme approach (CPA) group
- Ipswich CAMHS
- The locality admin team
- Sharon Slaughter and Susan Mayhew



An advice and signposting service for people wanting information about mental health, substance misuse and learning disability services supplied by the Trust in Suffolk and Thetford, is now up and running.

"We're here to listen and help anyone who wants to know about, or has an issue with the healthcare services we provide," said James Woolnough, Patient Advice and Liaison Service (PALS) officer.

"The service is for service users, family carers, family members or members of the public – and they can ask me about anything". For example, they may wish to know more about what a service does, or want to know who to contact. They may have issues regarding certain aspects of services or care provided by SMHP.

"I will do what I can to help and, if I don't know the answer, I can signpost them to someone who will be able to help."

PALS is a confidential service, open 10am to 4pm on Mondays and Tuesdays and 10am to 12noon on Wednesdays. James can be contacted between those times on Freephone 0800 585544.

Alternatively, his postal address is: PALS officer, Suffolk Mental Health Partnership NHS Trust HQ, Suffolk House, Freepost RRKY – AAKL – UEUS, Suffolk Support Services, PO Box 170, IP3 8PS.

A Christmas wish

We all have our role to play in the **Annual Health Check** - whether you are the cleaner cleaning (eg for the core standard in infection control), the PA documenting minutes or the Board of Directors which is ultimately responsible for the way the Trust operates (ie ratifying procedures and policies).

Do you know that we aim to become one of the country's top 10 performing mental health trusts by 2012? In order to do so, we need your help. You have probably already

helped without realising it, as the results of the employee survey you filled in counted towards our final score.

Writing up minutes which capture actions and decisions made, as well as inputting correct patient data, can be used as evidence.

The Annual Health Check focuses on what we doing right and doing more of it - and not focussing on what we are doing wrong. We are all responsible for our final rating.

Merry Christmas

http://2007ratings.healthcarecommission.org.uk/homepage.cfm

DESIGN AND LAYOUT - SUFFOLK SUPPORT SERVICES GRAPHICS (NHS) TELEPHONE 01473 32927!

TRUST MATTERS • DECEMBER 2007