Providing a lifetime of care

Cambridgeshire Community Services NHS
NHS Trust

Keeping in Touch

Issue 14 - Winter 2013

Read about our 2013 staff award winners on page14

Refurbished Lord Byron rehabilitation ward re-opens.

See page 3.

"Survivors Stories"

A new book aims to give an insight into the effects of brain injury from the point of view of its survivors.

Read about it on page 12.

Spotlight on our Intermediate Care Team based at Hinchingbrooke Hospital pages 6 and 7.

Best foot forward

The Trust's innovative foot care service, Feet Focus, is now available to people living in Ramsey, Ely and Peterborough.

See page 4 for details.

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Welcome to our Christmas and New Year Newsletter

This time of year always provides an opportunity for reflection and this newsletter sets out some of the many reasons why I am so proud of the dedication and high quality care provided by our staff. As a result of this unstinting effort over 90% of the care we provide has been 'Harm Free' - using the definitions set for all NHS providers. Additionally by October many of our services have already exceeded the number of patients we are commissioned to see for the whole year and therefore we continue to provide high quality care in a cost efficient way for our local communities.

The Trust continues to develop and implement innovative new services and you can read later examples such as the Firm in Peterborough, Rapid Response Service in Ely and the Fens, and the Unplanned Care Team in Luton. We have also been delighted with the recognition given to our staff this year, with recent 'stars' being acknowledged at the national Chief Nurse's Conference and the regional Leadership Awards events.

As with many Trusts nationally we are facing challenges; most notably within our Cambridgeshire and Peterborough district nursing teams which are experiencing unprecedented strain due to the rise in demand, increases in the complexity of patient's needs and a core funding level 17% lower than the national average. Much like other key NHS services (i.e. A&E departments), this service operates 24/7, 365 days a year supporting some of the most vulnerable members of our communities and therefore cannot close. The Trust invested £250,000 of recurrent funding this year, and this was matched with non-recurrent funding from our commissioner, enabling an increase of 16 full time posts to be created within the service. However, the gap between demand for patient care and the number of staff in post to provide care is widening all the time. The situation in this service reflects the growing demands on health care across England and the fact that Cambridgeshire and Peterborough has an ever increasing number of older people that need extra support.

The Trust continues to work tirelessly with our commissioners to ensure that the service can continue to provide excellent care to local residents in a sustainable way.

The Trust fully supports the Clinical Commissioning Group's campaign to ensure the local area receives the appropriate fair share of national NHS money based on the needs of the local population - this would result in the local NHS system receiving an extra £46 million per year.

We are taking part in a number of procurement processes for services in the region, with the aim of retaining or increasing the services we provide. The Trust Development Authority (our accountable body), views us as a viable 'going concern' and is fully supportive of this approach. In addition we continue to explore opportunities for the Trust to be involved im the procurement for adults and older people services in Cambridgeshire and Peterborough. Irrespective of whether or not we participate in any consortia that wins this bid, the Trust would be viable on quality and financial grounds and we would continue to successfully provide the wide range of services (that are not subject to this specific procurement) across Cambridgeshire, Peterborough, Luton and Suffolk.

We look forward to another innovative and challenging year in 2014 and I wish you a happy and healthy festive season!

Matthew Winn, Chief Executive

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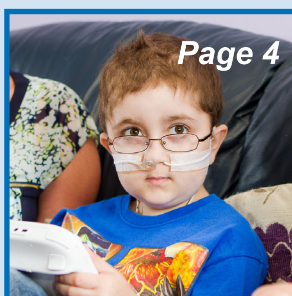
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Refurbished Lord Bryon ward re-opens

A rehabilitation ward at Brookfields Hospital, Cambridge, has officially re-opened on schedule after a temporary closure earlier this year.

The Trust, which runs the 20-bedded Lord Byron Ward, held a special event on Thursday, 7 November to mark the occasion. The first patients were admitted from Monday, 11 November.

Guests, including new and existing staff, were given guided tours of the newly refurbished facilities, which included fully redecorated patient rooms and communal areas, new shower facilities, refurbished heating, and landscaping of the hospital's grounds.

Matthew Winn, chief executive, said: *"Patient safety is the Trust's top priority, so we took the difficult decision to temporarily close the ward earlier this year, after experiencing significant staffing issues.*

"However, the safe re-opening of the ward follows a highly successful recruitment campaign, so that we now have a strong team of experienced nurses, carers and other health professionals, as well as a consultant geriatrician on-site."

Matthew Winn, Chief Executive, Marion Clarke , Intermediate Care Manager (left) with Annette Hawkins (centre)

Annette Hawkins, ward sister, added: *"The re-opening of the ward is good news for staff, but more importantly good news for local people. This demonstrates our commitment to Brookfields Hospital, which is a key element of our services for older people in and around Cambridge and I'm sure will continue to provide high quality services long into the future."*

Online brain injury tool scoops top spot

Staff at the Oliver Zangwill Centre have won a national award for innovation.

Andrew Bateman and Aislinn Enright won the 'Mathys & Squire Assistive Technology Award' at the 2013 innovation competition organised by Health Enterprise East and the NHS Innovation Hub for the East Midlands, East of England and North London.

They were recognised for developing an on-line learning tool to give people with long-term neurological conditions expert, interactive advice on how to manage their condition and improve their quality of life.

Andrew Bateman, business manager/clinical lead, explained: *"We're delighted to win this award. The aim is to help patients with a neurological condition have greater accessibility to an evidence-based, effective, standardised psychological support to reduce depression, prevent relapse and improve rehabilitation outcomes."*

The Awards Ceremony was hosted by the BBC Look East presenter Stewart White in September at Girton College, Cambridge.

Pictured (left to right) are Derek Richardson, Clinical & Research Director at Silvercloud Health, BBC Look East presenter Stewart White, Aislinn Enright and Andrew Bateman.

The 2013 competition was open to staff working in member Trusts across all branches of the NHS to put forward their ideas for products and services to benefit patients. This year it comprised five categories: Patient Safety, Improved Dementia Care, Patient Dignity and Experience, Medical Technology and Assistive Technology.

The children's community nursing team wins NHS England's 6Cs Live! September story of the month.

They were chosen for the care provided to eight year old Ollie Duell from Cambridge, who was featured on the front page of the last issue of Keeping in Touch.

Mum Claire says the family has coped with the devastating impact of his illnesses due to the life-line offered by the team. Ollie needed a multi-organ transplant when he was just five years old and since then he has had multiple problems with his stomach, bowel, intestines, duodenum and colon.

The 6Cs panel - which includes representatives from NHS England, the Nursing Times, a 6Cs Live! patient champion and the Royal College of Nursing's Nurse of the Year – felt that the children's community nursing team exemplified the values of the 6Cs.

Sam Sherrington, head of nursing and midwifery strategy at NHS England, said: *"When we read Ollie's story it really struck us how much of a difference the children's community nursing team make to his and his family's life. The team's work shows that where the 6Cs of care, compassion, courage, commitment, communication and competence are used it is really felt by the patient and their families."*

Feet Focus takes a step forward

The Trust's innovative foot care service, Feet Focus, is now available to people living in Ramsey, Ely and Peterborough.

Run by the organisation's podiatry service it offers regular foot care for those who find it difficult to look after their feet properly and are not entitled to routine care within the NHS framework.

Only patients who are at high risk of foot complications can get routine foot care on the NHS. The podiatry department launched the Feet Focus service to provide care for those who are judged to be low or moderate risk, at a reasonable cost.

Clinics are now held in Huntingdon, St Ives, Ramsey, Cambridge, Ely and Peterborough and the costs of the service are:

- one off fee of £10 to purchase instruments. These are held by the patient and brought to each appointment
- £15 for nail cutting
- £20 for nail cutting and/or corns or callous treatment.

For more information on the service and how to self-refer, visit our website at: www.cambscommunity-services.nhs.uk/what-we-do/specialist-services/podiatry or call 01480 418545

The Feet Focus HPC registered podiatrists are also able to assess for any changes in foot health and swiftly refer to the NHS podiatry department.

Changes to provision of sexual health services in Ipswich

The Trust has confirmed interim arrangements for patients who go to the sexual health clinic located at Ipswich Hospital, after the lease ended on the existing premises, to allow the hospital to cope with expected pressures over the winter period.

Two clinic rooms will continue to be available at Ipswich Hospital which will enable HIV patients to continue to be seen on-site. However, a reduced service has operated since Monday, 28 October.

Walk-in patients will no longer be treated on-site unless they urgently need help, and will be signposted to other clinics operated by Suffolk Sexual Health Services in Ipswich and elsewhere in the county where appropriate, which are unaffected. Some of these clinics will have expanded opening hours to accommodate additional patients.

Patients with booked appointments are being contacted to make alternative arrangements, also at other clinics operated by Suffolk Sexual Health Services.

Matthew Winn, chief executive, said: *"We plan to bring together sexual health services on one town centre site in early 2014 and this will vastly improve accessibility and ensure a more sustainable future for these services. In the meantime, I apologise for any inconvenience the interim arrangements may cause, and would like to reassure local people that service users will continue to get the care they need."*

Patients can still contact the Ipswich clinic on 0300 123 3650 and for an updated list of clinics go to: www.suffolksexualhealth.com

Inspirational leader wins award

Jane Speake, Lead Practitioner Speech and Language Therapy, has been named the East of England NHS Quality Champion/Innovator of the Year.

She was presented with her prize at the Health Education East of England Leadership Awards, which were held at the Imperial War Museum, Duxford, in November. She now goes through to the national awards to be held in February 2014.

Jane was recognised for her key role in developing innovative speech and language therapy services in Cambridgeshire, including setting up Speech Circle groups, targeted drop-in clinics and user friendly information leaflets.

Lynne Millard, specialist speech and language therapist, who nominated Jane, said: "Jane is a caring and positive leader with a wonderful sense of humour who always leads by example."

Matthew Winn, Chief Executive, added: "The award is richly deserved. Jane is a fantastic leader that we are immensely proud of."

The NHS Leadership Awards celebrate leaders at all levels and across all professions who improved people's health and the public's experience of the NHS.

Jane Speake with her award

Research looks at how technology can help patients

The Trust has been awarded funding by the Health Innovation and Education Cluster to evaluate the clinical and cost effectiveness of innovative telehealth and telecare in Cambridgeshire.

The major 12 month service evaluation sees the organisation team up with the Institute for Health Research at the University of Bedfordshire, led by Professor Gurch Randhawa. Four GP practices in Cambridgeshire are also taking part in the project.

Patients referred into the service between August 2013 and January 2014 will be enrolled onto the project. The research will look at outcomes such as quality of life, carer support, and the impact of the service on GPs and out of hours services.

A more in-depth face-to-face interview will be held with a small sample of patients and carers about their experience of the service. There will also be interviews with patients who subsequently choose to leave the service early to better understand why they decided to do so.

Terri Reed, project manager, explained: *"The pace of technological development, combined with a growing and ageing population, has resulted in ever increasing demand.*

"The aim of this research project is to help healthcare professionals and decision makers better understand which devices are most effective and where best to focus resources."

The team provides expert support on a wide range of technological devices which enable people and their carers to address the challenges they face to every day living in their homes across the county. The project will not in any way affect the support that people receive from the service.

Kirsten Clarke, community matron with Derrick Spencer

Smoothing the move from hospital to the community

There has been a lot of attention about delayed transfers of care over the last couple of years, a particular challenge during winter when the pressures on health services increase.

Ensuring people who are well enough to leave hospital, but may need extra support to be arranged so they can be discharged and return home, is a major challenge for the NHS. We met the Trust's intermediate care team, located at Hinchingbrooke Hospital, to learn how they link acute hospital and community services in Huntingdon.

You fall, suffer a fracture, and need a stay in hospital. The bones are mending and you're ready to go home, but you're unsteady on your feet and have lost confidence that you can cope on your own. So what happens now?

That's where one of the Trust's intermediate care teams comes in. It's a multi-disciplinary team of care co-ordinators, nurses, social workers, therapists and others who ensure that up to 120 people each month at Hinchingbrooke get the right support to safely return home or avoid hospital admission in the first place.

Alison Edwards, intermediate care manager, explains: *"Most people we see are elderly and they've suffered a fall, fracture, infection or orthopaedic condition that affects their ability to cope at home. This can be because they can't physically manage every day tasks for a while, but also because their stay in hospital has affected their confidence. They may also need help with their medication or equipment.*

"We have a meeting each morning to review referrals and any delayed transfers of care and what pressures there are on hospital beds."

Staff from the Intermediate Care Team, based at Hinchingbrooke Hospital

If patients already have a care package, this may then need to be reviewed. If they don't have a care package the team assesses their needs, which may include referral to one of the following:

- step down interim beds on wards at three community hospitals run by the Trust
- a short stay in extra care flats or residential/nursing beds
- social care, for example re-ablement to support them to regain the skills needed for daily living
- nursing care at home, either provided by the Trust or independent sector care agencies
- therapy support, such as occupational therapy or physiotherapy.

Alison added: *"Hinchingbrooke Hospital has its own discharge co-ordinators who are co-located with the intermediate care team. Our job is to work with them and other organisations like hospitals and councils, to look after people in the community where it is clinically safe to do so."*

Therapy Pilot

The intermediate care team has launched a year long therapy pilot scheme at Hinchingbrooke to improve the co-ordination of services between hospital and community occupational therapists.

Nicky Tatham and Lynn Coles are located at Hinchingbrooke's Emergency Care Centre to speed up referrals and avoid unnecessary re-admission to hospital. They're supported by Linda Steel, community liaison assistant.

A key part of their job is also to educate doctors and nurses at Hinchingbrooke about the role of the team.

Lynn Coles tends to patient Peter Barnard on the ward.

Hospital Discharge Planning

Sally Noble and Sue Heley, Discharge Planning,
Sally and Sue work for Hinchingbrooke Health Care NHS Trust, but are co-located with the intermediate care team.

Their job is to ensure that patients who are medically fit to leave the hospital are able to do so on time. They review the hospital wards on a daily basis to determine in their words 'who goes where, what, when and how' to avoid any delayed transfers of care.

They liaise with the intermediate care team and other agencies to ensure that patients are assessed and get the care they need in the community.

Rosemary Garfoot, supported discharge assistant
Rosemary works with the discharge planning specialist nures. She assesses patients who are medically fit to be discharged from Hinchingbrooke Hospital, but may need extra support to return home.

She usually visits up to five people each day on the ward after the hospital refers them to the team to agree a care plan. She then liaises with district nurses, social workers, therapists, GPs and others to support the patient's discharge from hospital.

Depending on their needs they'll be supported at home with an intermediate care package, or discharged to an interim bed. They will then be reviewed on a regular basis.

Jackie Satter, care co-ordinator
Jackie is one of two care co-ordinators who allocate team members to visit people at home following their discharge from hospital.

This may be a district nurse, social worker or therapist, depending on the patients needs.

Kath Harry, senior care co-ordinator
Kath manages the intermediate care team of care co-ordinators and healthcare assistants, supporting them to ensure they can focus on face-to-face time with patients.

Kath Harry (seated) and Barbara Keegan

Wendy Gilfrin, social worker, Cambridgeshire County Council
Wendy visits people on the ward and in the community following a referral from the intermediate care team.

Although she works very closely with the intermediate team and is co-located with them, she works for Cambridgeshire County Council.

Following a stay in hospital where people have been used to 24/7 care, they often need support to be able to adapt to living at home again or an interim bed to support their recovery. They may also need assistive technology to help them maintain their independence at home, such as falls equipment sensors. Wendy will co-ordinate all the care needed.

She may get in touch with the voluntary sector. For example, Age UK runs a befriending service, and the Care Network provides short respite packages so that family carers can get a much needed break.

If people are unable to return home and are assessed as needing to move into a nursing home, Wendy will support them as far as possible to move into a home of their choice.

Wendy says she has even liaised with the RSPCA to ensure a pet dog was looked after while its owner was in hospital.

Barbara Keegans, occupational therapist, and Karen Carter, community therapy assistant
Karen supports physiotherapist and occupational therapists who will visit patients after they are discharged home or into an interim bed to look at what support they need.

They will agree a rehabilitation plan with the patient, perhaps following surgery or a fall, to help them become as independent and confident as they were before their stay in hospital.

Physiotherapists will focus on exercises to build strength and improve posture and mobility to safeguard them from further injuries.

As an occupational therapist Barbara will assess at the home environment to identify any equipment or adaptations that people need to maintain their independence and safety.

"The team was very helpful. They visited me at home to check I could manage and whether I needed help getting up the stairs or washing and cooking.

"It seemed hard to get back home after being admitted to hospital, but the intermediate care team made it much easier for me."

Jean Harper, 78

Older people in Peterborough helped by "The Firm"

The Firm, a scheme which aims to support older people to stay in the community and avoid admission to hospital has been relaunched in Peterborough, following a successful pilot earlier this year.

The project involves close working between health and social care professionals to identify older people who are acutely unwell and at risk of requiring a hospital admission.

These patients will receive rapid crisis intervention to enable them to remain in their own homes wherever possible, but where their needs cannot be met at home, it may be possible to arrange a bed in the Intermediate Care Services Unit at the City Care Centre. The patient will receive support from the Firm for approximately five days.

The Trust has employed a lead GP for The Firm, Dr Gillie Evans, to provide medical support to the service, which will have a phased introduction, while work is on-going with our commissioners, acute partners and the East of England Ambulance NHS Trust to discuss widening the referral process.

Rapid response service pilot launches

The Trust has launched a rapid response pilot service for patients registered with GP practices in the Isle of Ely and Wisbech.

GPs, paramedics and other health professionals can refer their patients to the new service.

The aim is to ensure that people who do not need to go to hospital, but need support to be cared for at home are more quickly assessed and treated in the community.

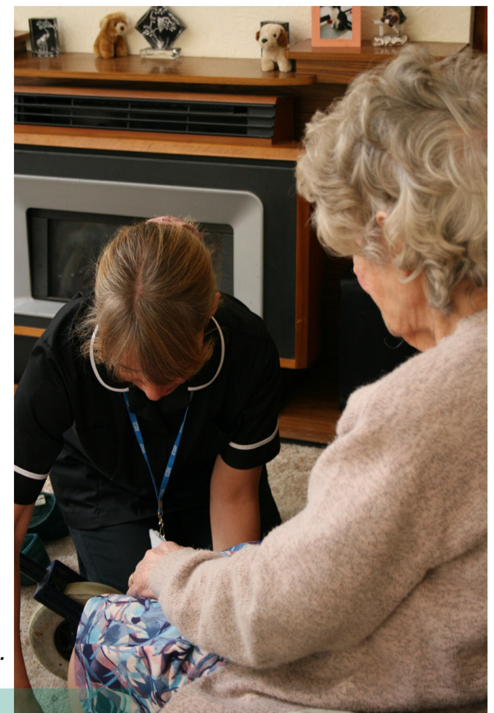
Referrers will contact a single point of access and a triage nurse will carry out an initial assessment to determine the most appropriate professional in the team to carry out a face to face assessment in the patient's home.

Tracey Cooper, unit manager, Ely and the Fens, said: *"What is often needed is quick access to a team that can support people, assess their needs and make the necessary care arrangements.*

"So the aim is for them to be assessed by the service within 24 hours, treated in the community, and so avoid unnecessary hospital admission.

"They'll be supported by a multi-disciplinary service which includes community matrons, advanced assessment nurses, therapists and staff nurses, backed by multi-skilled healthcare assistants and a pharmacist. It also incorporates a dedicated team of carers who can look after people at home if required."

The team complements existing community services such as intermediate care, re-ablement, therapies and in-patient wards in community hospitals and may refer into these services.



Supporting people in the community

High-tech solutions for long term conditions in Luton

A wide range of technological devices can now be loaned to people in Luton which can help them self-manage their conditions so they can live as independently as possible.

These can range from equipment like medication reminders, fall detectors and seizure alarms to advanced technology which enables people to remotely take their vital signs, such as blood pressure, heart rate, weight and glucose levels.

This advanced assistive technology in the form of Telehealth is being offered to people in Luton with chronic obstructive pulmonary disease (COPD) and heart failure. The Telehealth system is monitored remotely by a community matron to observe for any clinical changes and it is also helping patients to gain confidence in self-management.

The team is also now exploring with the specialist nurses how people with other conditions, such as diabetes and Parkinson's may benefit from these devices.

One stop shop for patients in Luton

People who have a long term condition are benefitting from the development of an integrated care hub in the heart of the local community.

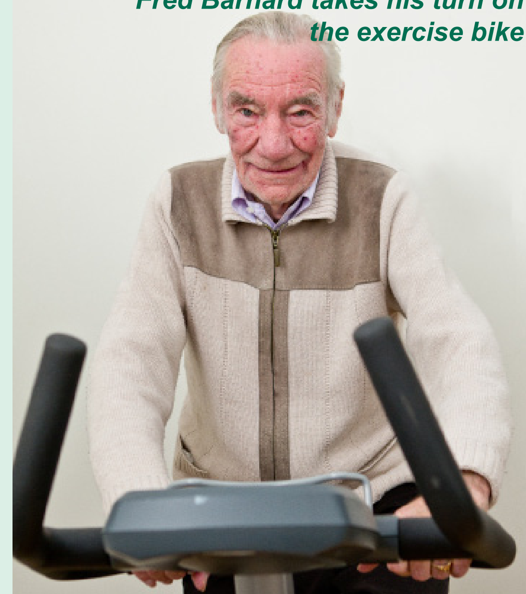
A major investment at the Luton Treatment Centre, on Vestry Close, has converted office space into three state-of-the-art consulting rooms during phase one. Phase two will see a new podiatry room and an additional counselling room introduced.

The investment has also enabled the Trust to recruit additional nurses and healthcare assistants to its heart failure, respiratory and diabetes teams so that more people can be treated in the community.

The re-vamp also means that sexual health, tuberculosis (TB) and tissue viability services can be provided on-site with upgraded facilities. The hub also includes a hall/gym area for cardiac and pulmonary rehabilitation

The Trust is working closely with local GPs to develop services, and has a GP with a special interest in palpitations providing a clinic at the centre.

Corrine Steele (respiratory nurse) with rehab patient Thomas Spencer



Fred Barnard takes his turn on the exercise bike

Caroline White, nurse manager, said: *"This is really good news for patients. Chronic long-term conditions are best treated in the community rather than hospital, and often, people will have more than one condition. The development of an integrated hub at Luton Treatment Centre means that they can be treated at an easily accessible, single town centre site, with free parking."*

Unplanned care team helping Luton nurses to nurse

The introduction of an unplanned care team in Luton to respond to unexpected or unscheduled care needs aims to free up front line nursing teams to spend more time with their patients.

Also patients and GPs can now contact a dedicated hub, rather than individual district nursing and community matron teams.

Enquiries will be triaged and allocated to the most appropriate planned or unplanned care team.

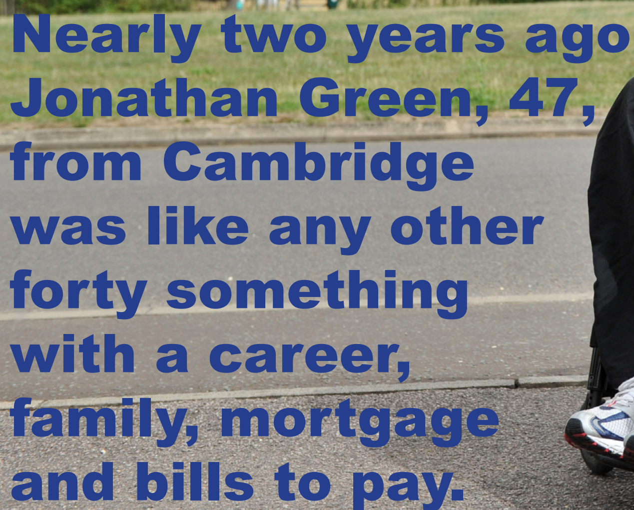
The new system is geared to help nurses plan visits more effectively, improve multi-disciplinary working and speed up response times.

Tracey Fitzsimmons, nursing manager, said: *"Nurses are used to dealing with planned visits, but unplanned care often creates additional demands on their time and can result in delays to other patient visits. The aim is for the hub to handle referrals, so nurses can better focus on patient visits, particularly urgent and more complex cases, such as chronic disease management.*

"Before nurses would have been worrying that they needed to get back to the office to check messages and whether they needed to make any urgent unscheduled visits, in addition to their planned case load.

"Patients will usually get straight through to the hub and speak to someone, rather than having to leave a voicemail message, which speeds response times. We hope that GPs will like it for the same reason and because it supports admission avoidance with quicker referrals and treatment."

Staff members of the unplanned care team man the phones



Nearly two years ago Jonathan Green, 47, from Cambridge was like any other forty something with a career, family, mortgage and bills to pay.

But in September 2011 he started feeling numbness in the soles of his feet, which gradually moved up both legs to his back. This quickly and suddenly developed into a far more serious paralysis from the chest down.

Doctors were initially unsure of the cause, but after a series of tests he was diagnosed with spinal myelitis – a rare inflammation of the spinal cord, which depending on its seriousness can cause weakness in the arms and legs, numbness or tingling, pain and discomfort and bowel problems. In more serious cases, like Jonathan's, it can cause permanent paralysis.

Jonathan was admitted to hospital and put on a course of steroids in a bid to reduce the inflammation, but was later transferred to the world famous National Spinal Injuries Centre at Stoke Mandeville Hospital, where he spent the next year undergoing expert treatment and rehabilitation.

He explained: *"The condition means that my immune system mistakenly thinks my spinal column is a threat to the rest of my body, so it attacks it in the same way it would a virus.*

"Since the symptoms started I've been on a series of on-going treatments to determine the most effective way to combat the condition. One involved replacing plasma in the blood on a regular basis, which is thought to be a cause of spinal myelitis, but this didn't have a major impact. Another treatment has involved supressing my immune system.

"There's no cure for spinal myelitis, the best I can hope for is that treatment contains and manages it. The symptoms can improve, but they're variable and unpredictable."

Jonathan was initially referred to Cambridgeshire Community Services NHS Trust's intermediate care team for weekend support every three to four weeks while he was at Stoke Mandeville to enable him to have phased home visits, which if they went well, would enable him to return home permanently.

The team provides a re-ablement service, which supports people with poor physical or mental health learn or re-learn the skills necessary for daily living, rather than have someone carry out tasks for them. The aim is to improve their quality of life, avoid unnecessary hospital admission and reduce the need for other health and social care services due to the quality of care provided.

Godfrey Clements, case manager, at Buckinghamshire Healthcare NHS Trust, which runs the National Spinal Injuries Centre at Stoke Mandeville Hospital, said: *"The intermediate care team was extremely helpful and the support Jonathan received did wonders for his confidence, allowed him to practice some of the skills he learned in hospital and gave him more time with his family."*

Jonathan was discharged home in November 2012, when he was assessed by Jennifer Ellar, an assistant co-ordinator with the intermediate care team.

Jennifer said: *"My job was to carry out a comprehensive assessment of Jonathan's needs and to then arrange his care. We've therefore supported both him to return home, at first at weekends and then permanently, and his wife and three teenage sons, who've all had to adapt to his condition."*

Jennifer Ellar

Following Jennifer's assessment healthcare assistants from the Trust visited him three times a day, seven days a week to smooth the transition from hospital to home by helping him with personal care such as washing, dressing and getting in and out of bed.

Jennifer added: *"This was gradually reduced as he was able to do more for himself following support from the team, which reflects Jonathan's motivation, his wife's support and the team's professionalism."*

Following this initial period of support a medium term care package was then put in place. District nurses from the Trust now visit Jonathan each morning to assist with bowel management and visit him later in the day to check how he's getting on. He is also now supported by two care agencies – one in the morning, the other in the evening – with personal care.

He was also referred to occupational therapists and physiotherapists from the Trust.

Pat Davison, occupational therapist, explained: *"We advised Jonathan and his family how best to cope on a day-to-day basis with his condition and arranged a number of adaptations to their house, including a three floor lift, wet area shower and a ramp at the front door to make it wheelchair accessible."*

Jonathan was also assessed by physiotherapist Amanda Goodridge who has developed an exercise regime for him, aimed at improving his upper body strength and core muscles.

She explained: *"I first met Jonathan when he was discharged from hospital and since then I've seen him most weeks. I initially helped him with exercises to improve his upper body strength, so that he could find it easier to transfer from his bed to a wheelchair or into the car.*

"The condition has changed my life, but thanks to the support I've received in the community I've been able to return home and slowly rebuild my life."

"I've also worked with Jonathan using a standing frame which supports him to stand straight and so helps to maintain his muscles, bone strength and reduce spasms in his legs."

As well as support with exercises at home, more recently Jonathan has attended day rehabilitation at Brookfields Hospital in Cambridge to continue his physiotherapy exercises and meet others. He now hopes to be able to return to work in some capacity at the Sanctuary Housing Group, where he worked in asset and investment management.

Amanda Goodridge and Pat Davison (standing)

Former clients of Ely brain injury centre tell their "Survivors' Stories"

A new book aims to give an insight into the effects of brain injury from the point of view of its survivors.

"Life After Brain Injury: Survivors' Stories" features first-hand accounts from clients of the Oliver Zangwill Centre, the neuropsychological rehabilitation centre based at the Princess of Wales Hospital, Ely.

It is thought that this is the first book of its kind, giving the personal accounts of people who have lived through a brain injury, alongside reports from professional therapists about the client's progress through rehabilitation.

Although primarily aimed at professionals working in the field of brain injury rehabilitation, the authors, Professor Barbara Wilson, who established the Oliver Zangwill Centre in 1996, and clinical psychologists Jill Winegardner and Fiona Ashworth, who both work at the centre, hope that the stories within will be of interest to anyone dealing with an acquired brain injury – whether through surviving an injury themselves or being a relative, friend or carer.

Professor Barbara Wilson with Dr Fiona Ashworth and Jill Winegardner

Two of the case studies featured in the book are Tim Lodge and Natalie Barden.

Tim suffered a brain injury after being knocked off his bike and his story below outlines how his time at the Oliver Zangwill Centre helped him devise strategies to enable him to return to work.

A brain haemorrhage in her early 20s left Natalie with epilepsy and memory issues and her story tells of how the support she received at the Oliver Zangwill Centre helped her to reach a point of acceptance of her condition. As part of her work at the centre, Natalie drew a phoenix to symbolise her rising from the ashes and into a new future, which now features on literature and marketing materials produced by the centre.

Professor Barbara Wilson said: *"By focusing on the survivors' perspective we hope to show how rehabilitation is an interactive process between people with brain injury, health care staff, and others, while giving the survivors a chance to tell their own stories of life before their injury, the nature of the insult, their early treatment, and subsequent rehabilitation."*

Tim Lodge, 52, Burwell

"Back in 2009 I was riding home one evening from my job as a design engineer at Marshalls, when I got knocked off my bike.

"I didn't think I'd been knocked unconscious and I had no obvious serious injuries, so after I was checked over at the hospital I was sent home. I just thought I might need a few days off and then go back to work.

"But I was getting headaches and my head was swollen so I went to my doctor. Tests then confirmed that I had a brain injury. The lawyer I dealt with after the accident is a brain injury specialist and recommended that I go to the Oliver Zangwill Centre and that it would be worth it.

Tim Lodge

"I was sceptical, I hadn't dealt with mental health specialists before and I wasn't sure how they could use psychology to help with a physical problem.

"When we started the programme, we started by discussing the brain. I didn't know what sort of injury I had as my scans hadn't shown anything. I was hoping I could tally up my symptoms with a part of the brain.

"Later on specialists thought I had rotation of the brain, which had caused damage to the nerves to the pituitary. Through the course at the Oliver Zangwill Centre, I knew what the gland was and its functions.

"We covered other issues, but the part that really got me was "mood week". When they started I was sceptical. They said you have to remember that it's not your fault if your mood changes.

"I couldn't figure it out, if I got angry with someone how can I say it's not my fault? It wasn't until I started processing some of this stuff that I realised I could control my emotions before I did anything and how some of my issues were about my emotions getting in the way.

"I had severe depression, attempted suicide, and distanced myself from my family. Emotional training meant I understood how I needed to address these. This approach has got me back into work as a lead engineer, which wouldn't have happened without the help I've had from the team.

"Brain injury is not like other injuries, where you know roughly how long it will take to heal. It takes you by surprise and you come out of it a different person."

Technology helps John maintain his independence

A tracker device supplied by the Trust's assistive technology team is helping John Kenneally (79) maintain his independence at Park View extra sheltered accommodation in Huntingdon, after a recent stay in hospital.

Earlier this year, John got lost after leaving his accommodation and was found by passers by at 10.30pm, after he had fallen and suffered lots of cuts and bruises. Concerned locals called an ambulance and he was taken to Hinchingbrooke Hospital for treatment.

John has very complex needs, which range from mobility issues to various medical conditions, including problems swallowing. This meant he had just started being fed using a PEG system.

> **PEG feeding system**
>
> Percutaneous Endoscopic Gastrostomy (PEG) is a procedure for placing a feeding tube directly into the stomach.

John was admitted to hospital for two weeks following his fall and during this time he was assessed by Resham Kotwal, a care manager with Cambridgeshire County Council.

Resham explained: *"John realised that he had put himself at serious risk, but he and his family were keen to work out a way in which he was able to return home to Park View.*

"As his needs were complex I called what is known as a multi-disciplinary team meeting to review his care to give John the best opportunity to return to Park View, without risking his health and well-being."

The team Resham called together comprised a consultant from Hinchingbrooke Hospital, Trust staff including a dietician, speech and language therapist, community matron, district nurse, discharge planning specialist nurse, staff from Park View and John's family.

Resham added: *"I suggested to John that he might like to wear the tracker device, so that if he went missing again staff would be able to track his exact location. John agreed to this, and I got in touch with the Trust's assistive technology team. If John gets confused when he's out and about, he can now be located by a quick text message to his tracker which then sends back his location using co-ordinates. A quick check on Google maps brings up his location."*

John left the hospital being supported by Availl, a private care provider funded by the local authority, to monitor and support people in their homes, so that they do not have to be placed in permanent placements such as residential care or nursing care where this is not their preference.

In John's case the team was able to successfully enable him to remain at Park View. If this funding was not in place a permanent placement may have had to be considered. John was later awarded NHS Continuing Healthcare funding which continued to fund his care after the support from Availl ended.

John's tracker is never far from his side.

Conor Kenneally, John's son, said: *"Availl helped Dad with everyday tasks at home and because of the trust gained with the carers, they were able to take him out. The support in the community he has received has been invaluable as he is very independent and resists help, but he still wears the tracker without any problems, and has settled back well to living at the sheltered accommodation."*

In his younger years John was a well-known jockey who rode in all the major Steeplechase races including the Aintree Grand National. In 1964 he rode Purple Silk (No 15) and came second to Team Spirit. The two put in a sensational finish with Team Spirit, smallest horse on the field, snatching victory by half a length at the post.

The photograph below was taken at the fearsome Becher's Brook on the second circuit, John is on the horse at the front, the horse buckling and going down was the favourite "Time" ridden by Michael Scudamore.

John comes from a large horse racing family which has links in the horse racing world spanning Australia and the United States.

Photo courtesy of PA Photos Ltd

Children's services sweep the board at staff awards

Health services for children were the main winners at Cambridgeshire Community Services NHS Trust's annual excellence and innovation awards held in September.

Paediatric teams, from community nurses to health visitors, and from continuing care to occupational therapists, won an impressive five out of eight awards.

John Peberdy, children's services manager, said: *"I'm delighted that children's services have dominated this years awards. They are part of an amazing group of dedicated people that provide care to poorly children and their families, improving their quality of life on a daily basis when things are often most difficult."*

Trish Davies, vice chairman of the Trust, said: *"We had a wonderful afternoon celebrating the achievements of our staff, which have a direct impact on the quality of care for patients. It was truly inspirational to hear their stories."*

Matthew Winn, chief executive, added: *"These awards recognise the unsung heroes of the local NHS who make a real difference to people's lives. I am extremely proud of the commitment that our staff show in providing high quality services to local people."*

Our award winners

Quality
Sarah Hardman, community children's nurse, Community Children's Nursing Team was recognised for her work over the past two years to develop a standardised assessment for children with idiopathic constipation. Idiopathic means the causes are unknown.

Involvement of Service User and/or Carer
The Children's Occupational Therapy Team and Special Needs School Nursing Team were joint winners for their work with children who have learning disabilities and attend special needs schools across Cambridgeshire.

Promoting Dignity in Care
The Children's Continuing Care Team won this award for championing children with complex health needs and providing short break/respite care, in partnership with Action for Children.

Behind the Scenes
Christine Moseley, community nursery nurse, Health Visiting Team, was recognised for her work behind the scenes as a "Task Fairy" on the computer system used by the health visiting team in Huntingdon, ensuring that the recording of their work and tasks were assigned and followed up appropriately.

Leadership
Sian Hooban, service manager, Children's Community Nursing Team won for demonstrating outstanding leadership of the team for the past decade and her commitment to delivering the highest quality services to children and young people with acute and long term health conditions in Cambridgeshire.

The other award winners were:

Going the Extra Mile
Carly Love, inpatient unit manager, Arthur Rank Hospice, who helped staff when a colleague became a patient at the hospice. Carly went the extra mile in not only looking after the patient, but also acting as a first point of contact and supporting her colleagues.

Volunteer or Charity of the Year
The Friends of North Cambs Hospital have helped to raise funds for the modernisation of the Rehabilitation and Falls Unit, the Endoscopy service and the X-ray Services at North Cambs Hospital, Wisbech, and have just celebrated their 60th year.

Long Service

The event also thanked 24 members of staff for their long service, who together have dedicated over 360 years to the NHS, including nurse Judy Godfrey, who has worked for the NHS in Camridgeshire for an amazing 50 years.

Judy and husband David

The Chairman's Outstanding Achievement award for Innovation

Dr Catherine Ford, who works for the Neuro Rehabilitation Team at the Oliver Zangwill Centre, located at the Princess of Wales Hospital, Ely, won the award for her work to develop a new way of working enabling her expertise to be available to patients across Cambridgeshire living with the devastating consequences of a stroke.

Dr Catherine Ford with Trish Davies, Vice Chairman CCS NHS Trust

Short films show what physio patients really think

A series of thought provoking short films with physiotherapy patients in Cambridgeshire show what they really think about the service provided by the Trust.

But it's all part of an innovative approach by the musculoskeletal (MSK) physiotherapy team to put the views of patients at the heart of a service redesign. We talk to Karen Fechter, consultant MSK physiotherapist, about the project and how she thinks it's the way forward for the NHS.

Want to know how to improve health services that suits the needs of patients? Probably best to ask the people who use the service what they want. It sounds simple doesn't it? But all too often their 'voice' is at best an afterthought, and at worst, just plain ignored.

As part of their committment to ongoing improvements, the MSK physiotherapy team filmed patients who they knew weren't entirely happy with the service that they had received.

The thought provoking and sometimes moving results showed clinicians that most people were happy with the physiotherapy they had received following their first appointment – but were sometimes angry and frustrated with difficulties in accessing the service quickly and easily in the first place.

Karen explained:
"Following the NHS Institute of Innovation and Improvement best practice, we worked with the Trust's patient experience team to find out what our patients really wanted.

Karen Fechter
Consultant MSK Physiotherapist

"So we deliberately interviewed 14 people we knew had experienced problems with the service and filmed seven of them. We discussed the barriers they'd faced, how these had made them feel, and what solutions they would come up with."

She says the interviews revealed that there are a lot of misconceptions about how the NHS works.

Karen said: *"A patient who was a retired civil servant said that when he worked he prioritised in the date order, whereas we prioritise according to need. Another, whose surname begins with a 'W', assumed she was always the last on the list because her surname was near the end of the alphabet.*

"One patient told us after they were referred they checked the post every day for an appointment letter and were disappointed when it didn't arrive after a few days, so even before they had been seen they were already annoyed."

As a direct result of the feedback Karen says the team are introducing a number of changes.

She said: *"We're introducing rapid access to the most senior clinician first, so that people are then seen by the most appropriate professional. This puts the patient at the centre, which is where they should be, and means they get to the right member of the team straight away. Most people want to self-manage, but would like professional reassurance they won't cause any further harm."*

Karen admits that the results showed that the team needed to improve communication with patients.

She explained: *"We now acknowledge referrals and let people know when they can expect an appointment by. People understand there is a waiting list, but are more patient if they know when to expect us to confirm a date. This means they can plan work and family commitments accordingly. By understanding what frustrates people in this way we can improve patient experience."*

The team has followed up the films by setting up a patient focus group to explore these issues in more detail and ensure patients are involved in any future changes.

The Trust is looking for members of the public from Luton, Cambridgeshire and Peterborough who are currently or about to use its services, to become 'mystery shoppers'.

Volunteers will be asked to rate their care or treatment. For example, how easy or difficult was it to contact the service, make an appointment, ask questions about the care or treatment being received, and how responsive and helpful staff were.

Wendy Endersby, head of patient experience, who is running the programme, explained: *"Shoppers will not only be asked to rate their satisfaction with services, but also, perhaps more importantly, how it felt during their treatment and how they would make improvements.*

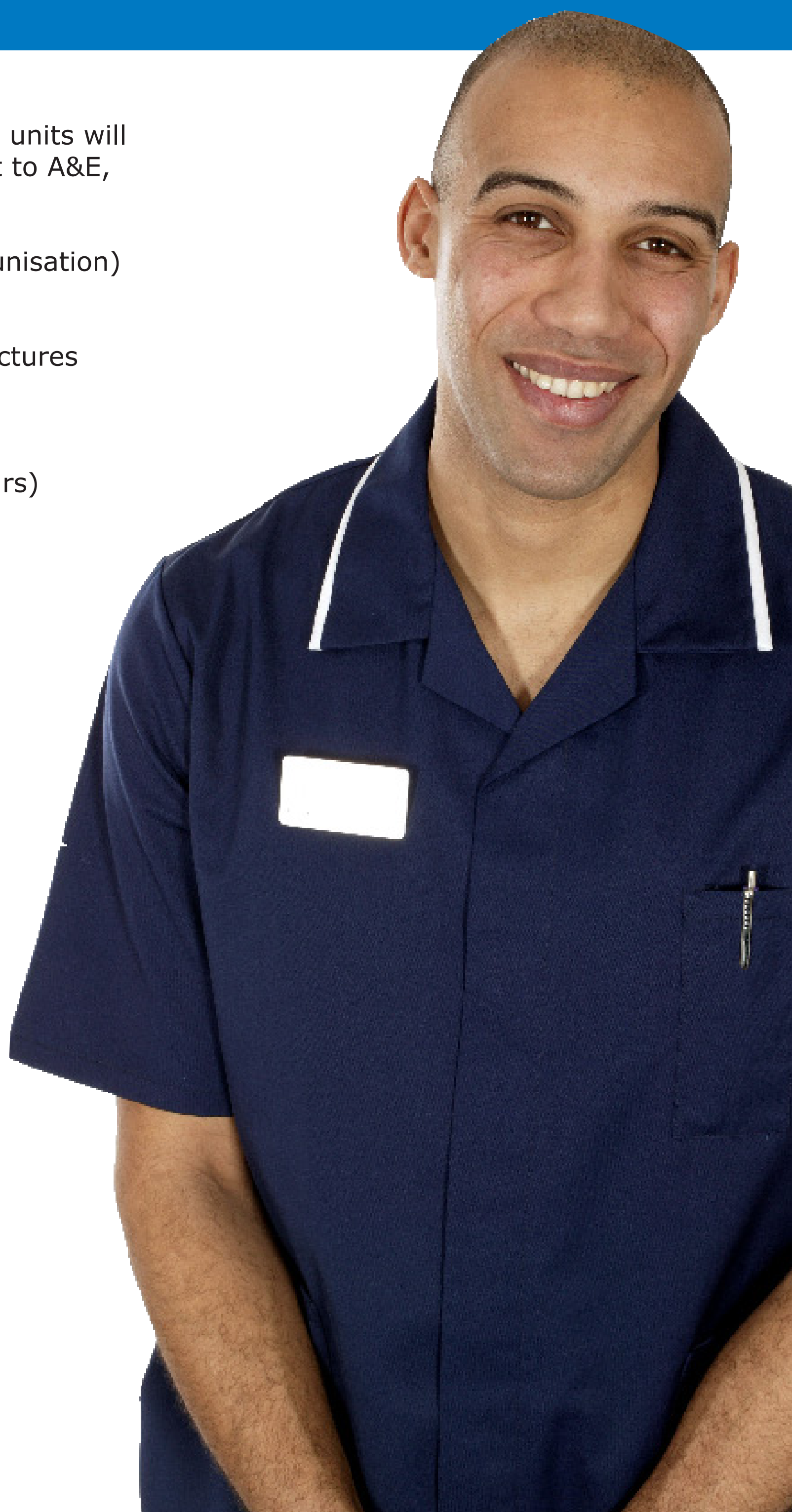
"Our staff won't know they are being 'mystery shopped' and this information will be then fedback to the service leads anonymously so we can learn from the good things and the not so good, share good practice and make changes where this is needed."

If you are interested and want to find out more about this programme contact the Patient Experience Team on 0800 013 2511, email memberservices@ccs.nhs.uk or write to the team at Unit 3, The Meadows, Meadow Lane, St Ives, PE27 4LG.

Cambridgeshire Community Services NHS
NHS Trust

Minor Injuries Units

Walk-in service - no appointments necessary



Conditions we treat

Experienced and highly trained nurses at minor injuries units will treat a wide range of problems, that do not need a visit to A&E, such as:

- Wounds – cuts and bruises (including tetanus immunisation)
- Bites – human, insect and animal
- Minor burns and scalds
- Muscle and joint injuries – strains, sprains, limb fractures
- Emergency contraception
- Eye problems – infection/injury
- Earache (aged 2 years old and over)
- Cystitis (not male patients or children under 14 years)
- Minor head injuries (with no loss of consciousness).

Conditions we do not treat

Go to A&E or call 999
- Medical emergencies

Go to your GP
- Treatment for long standing conditions
- Routine wound re-dressing and removal of stitches
- Repeat prescriptions
- Travel vaccinations
- Medicals and sick certificates

Go to your dentist
- Dental problems

Your nearest Minor Injuries Unit

Princess of Wales Hospital, Ely
Mon-Sun, 8.30am-6pm

North Cambs Hospital, Wisbech
Mon-Fri, 8.30am-6pm; Sat/Sun Closed

Doddington Hospital
Mon-Fri, 8.30am-6pm; Sat/Sun 9am-5pm

X-ray facilities available at all sites
Mon-Fri, 9am-4.45pm
Sun 1pm-5pm Doddington only

To contact the Trust's Patient Advice and Liaison Service:

Freephone:	0800 0132511
Telephone:	01480 355184
Mobile:	07507 195375
Email:	ccs-tr.pals@nhs.net

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