



Keeping in Touch

Issue 11 Winter 2012

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Awards for community NHS health and social care workers

More than 100 community NHS health and social care workers attended a recent awards ceremony to celebrate their achievements and long service.

Cambridgeshire Community Services NHS Trust staff from across Cambridgeshire, Peterborough, Luton and Suffolk took part in the staff excellence and innovation awards ceremony at Huntingdon Racecourse on 18 September.

The ceremony saw eight awards given for involving users or carers, leadership, quality, working behind the scenes, going the extra mile, volunteer or charity of the year, promoting dignity in care and innovation. The event also thanked 22 staff for their long service, who collectively dedicated over 500 years to the NHS.

Heather Peck, Chairman, Cambridgeshire Community Services NHS Trust, said: "I am extremely proud of the commitment our staff demonstrate, day in day out, to provide high quality services. They are often the unsung heroes of the NHS, and this is one way we recognise their efforts, which make a real difference to people's lives."



Pictured are the Syringe Pump Implementation Team receiving their award from Heather Peck - Chairman CCS NHS Trust

Matthew Winn, Chief Executive, Cambridgeshire Community Services NHS Trust, said: "I am delighted to give out these awards and mark their achievements and dedication to the NHS. The award winners and runners-up were nominated by their colleagues, and the many compliments and thanks received from patients, clients and their relatives are testimony to the high standards they deliver."

Check out all the winners and runners up on pages 12 and 13.

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Welcome

to the latest issue of our *Keeping in Touch* newsletter.

You will know by now that our ambitious plan to become one of the first community NHS Foundation Trusts is no longer an option.

In October the strategic health authority, NHS Midlands and East, told us that our application could not be submitted to the Department of Health.

The main reasons we were given were that new GP commissioners in Cambridgeshire / Peterborough and Luton have indicated their wish to commission services in a different way in future, and therefore do not fully support us becoming a Foundation Trust, and the fact that the Trust did not meet agreed timelines for submitting its application.

Everyone is really disappointed by this, particularly given the significant progress we have made to achieve the improvements in quality and organisational standards we set ourselves. I want to be clear that this in no way reflects the commitment or dedication of all staff, which is second to none.

There is an increasing need for the types of service we provide and the work we undertake will become ever more important as both the size of the ageing population and the complexity of need continue to increase.

We are working constructively with local GP commissioners to clarify the options for the way forward and the timescale for this.

In the meantime, we need to continue to focus on the objectives and agreed service improvements that are currently in place.

We know that we can rely on our staff to achieve the very best for those that use our services and not let patient care be affected by this decision.



Community based health and social care services are a vital part of support for thousands of local residents every day and our task is to ensure that we can forge a future for our services, in collaboration with local commissioners, to ensure the focus remains on prevention of ill health and the protection and support of the most vulnerable in our communities.

Inside this issue of our newsletter you'll see lots of examples of this vital work and the people who rely on them – from heart failure nurses in Peterborough, to district nurses in Luton, from multi-disciplinary teams dedicated to ensuring older people remain as independent as possible, to the Chlamydia screening team in Suffolk.

Matthew Winn
Chief Executive

Trust welcomes clean bill of health from the CQC for Cambridgeshire's district nursing service

During a recent planned inspection district nursing in Cambridgeshire was judged as meeting all the quality and safety standards inspected by its regulatory body the Care Quality Commission (CQC) .

Inspectors found that people are getting safe and appropriate care that meets their needs and supports their rights, and that there are enough district nurses to keep people safe and meet their health and welfare needs.

Mandy Renton, Chief Nurse, Cambridgeshire Community Services NHS Trust, said: *"The CQC's findings reflect the outcome of a major investment programme in our district nursing service, including the appointment of 13 additional nurses and new*



Pictured is Nikki Bidwell, district nursing service

clinical leadership and nurse manager roles with responsibility for introducing continuous quality improvement within the service.

"Our district nursing staff are highly skilled and provide care to thousands of local people every year. This report reflects their commitment to providing the best quality of care and it also means the CQC's previous major concern about staffing levels has now been lifted."

The Trust's district nursing services incorporate circa 210 staff and is one of the Trust's largest services, providing home based care to a wide range of vulnerable adults.

Partnership prevents falls

A falls partnership between Luton Borough Council and the East of England Ambulance Service NHS Trust during 2011 has proved so successful in Luton and South Bedfordshire that it is being expanded.

The new Falls Team in Luton is being run by Cambridgeshire Community Services NHS Trust working closely with the East of England Ambulance Service NHS Trust and Luton Borough Council.

The service has been operating from 8am-4pm, Monday to Friday, but additional staff have now been recruited to enable the service to be extended to 10pm, 7 days a week.

The aim of the team is to prevent people who have fallen being admitted to hospital unnecessarily and reduce the risk of further falls.

Following a 999 call for someone who has fallen, the ambulance service will assess them, and if they do not need to be taken to hospital for further assessment or treatment, they will be referred to the falls team.

A falls support worker will visit them at home to complete a thorough assessment and identify any equipment, care or support that will enable them to remain at home safely. The support worker will also make recommendations to make their home safer and refer them to any community services to help reduce the risk of further falls.

Catherine Smith, falls co-ordinator, Cambridgeshire Community Services NHS Trust, said: *"Falls represent the most frequent and serious type of accident in older adults.*

"They can cause injury, destroy confidence, increase isolation and reduce independence. Although the risk of falling increases with age, our aim is to help people who have already had a fall and are more likely to fall in the future.

"We visit people at home as soon as possible after an ambulance is called out to assess what support or equipment they need. We then follow up by telephone after approximately 72 hours."



Pictured are: Catherine Smith, Falls Co-ordinator (left) and Betty Majchrowski, Falls Support Worker (right) from the Falls Prevention Service, Luton

Dental service wins award for 'disabled access'

The Trust's dental services clinic in Cambridge has been recognised for its accessible facilities for people with disabilities.

The team was presented with 'The Way to Be' disability access award by Cambridge City Council, after an anonymous patient praised the service for its specialised chair which tilts wheel chair users into a reclined position for dental treatment and for the disabled toilets at the clinic, which he said were 'one of the best' he had visited.

Dr Maria Ross-Russell, Head of Dental Services and Coral Hill, Dental Service Manager, received the award on behalf of the Brookfields clinic, which includes the Cambridge Dental Access Centre, from Councillor Sheila Stuart, Mayor, at a recent ceremony at the Crowne Plaza hotel in Cambridge.

Dr Ross-Russell said: *"We're delighted to have received the award, particularly as we were nominated by someone who felt the clinic is a good example of how people with disabilities should be treated and would recommend it to others."*

News

Singing therapy benefits Parkinson's patients

People with Parkinson's disease in Cambridgeshire are benefitting from Gareth Malone type therapy, after a speech and language therapist set up a choir for patients in her own time.

Suzanne Webb, who works for Cambridgeshire Community Services NHS Trust, got the idea after attending a course specifically designed to address the speech difficulties caused by the condition. The Lee Silverman Voice Training (LSVT) involves high effort phonation similar to singing.



Suzanne Webb

She approached local music therapist Alex Street to lead the choir and secured funding from the Cambridgeshire branch of Parkinson's UK to pay his fees.

The 35-strong choir has met monthly for the last year at the David Raynor Centre at the Scotsdale Garden Centre, Cambridge, which agreed to host them at a reduced rate and singers pay just £4 a session to cover the room hire and administration.

Suzanne said: *"We've been inspired by Gareth Malone, but unlike his choirs, it doesn't matter whether you can sing or*

not! It's all about having fun in a relaxed environment. Our latest numbers include Bridge Over Troubled Water and Beatles songs, while we're currently learning Always Look on the Bright Side of Life.

"There are well established therapeutic benefits to singing. Parkinson's disease can affect breath control for speech and often the voice becomes quieter. Singing exercises the vocal chords and improves breathing. It also helps with posture and articulation, but more than that it is a mood elevator and the choir gives people and their families the chance to meet others going through the same things."

Parkinson's is a progressive neurological condition which affects one person in every 500 in the UK.

People with the condition don't produce enough of a neuro-chemical called dopamine. This can cause tremor, rigidity and slowness of movement.

There is currently no cure, but the condition can be well managed with medication.

Suzanne is always on the look out for new members. If you have been diagnosed with Parkinson's and would like to give the choir a try telephone her on 01223 723123 or for further information about Parkinson's disease go to www.parkinsons.org.uk

Gareth Malone won fame for his BBC documentary series *The Choir: Military Wives* which features women whose husbands are on active duty in Afghanistan. His most recent series *Sing While You Work*, followed four workplace choirs.

Protect yourself against flu

People in Cambridgeshire are being reminded to protect themselves and others from cold, flu and other common infections such as norovirus this winter using the simple message: Catch it. Bin it. Kill it.

- **CATCH IT** – Always carry tissues and use them to cover your nose and mouth when you cough or sneeze
- **BIN IT** – Dispose of used tissues as soon as possible
- **KILL IT** – Clean your hands with soap and water as soon as you can and make sure you wash them frequently.

Chris Sharp, matron for infection prevention and control at Cambridgeshire Community Services NHS Trust, said: *"Cold and flu germs and other common infections such as norovirus can live on some surfaces for hours, which means*

they can be easily transmitted via hands – but just a few simple steps can help prevent the germs from spreading.

"Always cover your nose and mouth with a tissue when you cough or sneeze, put the tissue in the bin – don't save it to reuse - and wash your hands with water and soap as quickly as possible.

"A rule of thumb is that if your hands are visibly dirty, wash with water and soap or use baby wipes, where hand washing facilities are unavailable. Otherwise, use hand sanitiser to ensure your hands are as clean as possible.

"Following these simple steps makes a huge difference in the fight against many infections including common colds and the more serious flu virus. It's such an easy thing to do which will make sure you and your family stay safe and well this winter."

New radiography facilities at North Cambs Hospital officially opened

A generous £55,000 donation from the Friends of North Cambs Hospital, Wisbech, has enabled the radiography department to purchase the latest advanced digital x-ray equipment.

The new 21st century facilities were officially opened by Eileen Plater MBE, Chair of the Friends Group, on Friday, 27 July. The donation has been matched by another £55,000 from the

NHS which brings the total investment to £110,000.

It means the radiography department run by Cambridgeshire Community Services NHS Trust can instantly send x-ray results and radiological reports by computer to minor injury units and consultants at the Queen Elizabeth Hospital, Kings Lynn. Before the team would have taken x-rays on film sheets which would have to be transported by road to other hospitals.

The donation has also helped to fund a new children's play area to occupy

children while they or their parents wait for an x-ray.

Mike Oldham, radiography manager, Cambridgeshire Community Services NHS Trust, said: *"This donation means that we are completely filmless for the first time, which makes a significant difference to the quality and speed of service we are able to provide to local people."*

"We can compare images with ones previously taken at the Queen Elizabeth Hospital, and vice versa, in minutes, and the patient's local GP can get results far quicker. It's also good news for our staff who can adopt the latest working practices and liaise better with other healthcare professionals."

Eileen Plater said: *"We were delighted to hand over the cheque which enables the radiography team to offer an improved service to local people. It's a reflection of the hard work our dedicated volunteers do to raise fund for the hospital."*

The Trust runs three radiography or x-ray departments at North Cambs Hospital, Wisbech, the Princess of Wales Hospital, Ely, and Doddington Hospital.



Pictured is Mike Oldham, Radiography Manager with Alison Key (centre) and Jane Skeels (right)

Seasonal flu is responsible for the deaths of around 8,000 people a year – many of them elderly. Those who fall into 'at risk' groups are eligible for a vaccination to protect them against the illness, and include:

- people aged 65 and over
- anyone aged between six months and 65 years old who suffers from:
 - chronic respiratory disease, including asthma
 - chronic heart disease
 - chronic kidney disease
 - chronic liver disease
 - diabetes requiring insulin or oral hypoglycaemic drugs
 - immunosuppression

Anyone who is eligible for the seasonal flu jab should contact their GP surgery.

For more information on colds and flu, visit <http://www.nhs.uk/LiveWell/coldsandflu>

Staff vaccination programme

The Trust runs an annual staff flu vaccination programme to protect them - and you - against the infection.

Pictured is Jane Speake, Lead Practitioner, Speech and Language Therapy Service bravely receiving her flu jab from Chris.



In Focus

Integrated working sees Brenda return home

When Brenda Gardner, 80, from Little Thetford, near Ely, was recently admitted to Addenbrooke's Hospital suffering from severe pneumonia, doctors feared she may never recover.

Thankfully following a treatment of antibiotics she began to turn the corner, but was worried that she would no longer be able to cope at home, with the bulk of caring responsibilities being taken by her husband, Geoffrey, who at 88 was finding looking after her increasingly difficult.

When she was well enough to leave hospital and following a multi-disciplinary assessment involving social care and therapy, she was discharged to an interim bed in a care home, until a permanent care home could be found.

But thanks to a multi-disciplinary team set up by Cambridgeshire Community Services NHS Trust, Mrs Gardner has not only returned home to her husband, but is currently able to manage without health and social care professional input.

Brenda said: *"Even before I went into hospital I was finding it more difficult to do everyday tasks like washing and dressing, and I found it hard to stand for example. I don't really remember much of what happened when I was admitted to hospital, but I wasn't eating properly and spending a lot of time in bed."*

"I was then in hospital for four weeks. I really couldn't see how I would be able to cope at home and my husband was already finding that caring for me was tiring him out. I was transferred to an interim care bed and we started to look for a care home."

"During my stay there I was visited by a social worker, Sarah Lomax, who assessed my needs and we talked about how physiotherapy and occupational therapy might be able to help me."



Ujval Shah

Trust physiotherapist Ujval Shah worked with Mrs Gardner to improve her mobility, so that she could get in and out of bed more easily, sit and stand up, go to the toilet, and walk short distances on her own.

Brenda explained: *"Ujval developed an exercise programme for me and we focused on my balance and improving the strength in my legs. I used a walking frame at first, but as I grew stronger I moved onto a walking stick, which I still use now."*



Maddie Nieuwoudt

Occupational therapist Maddie Nieuwoudt, from the Trust, persuaded Brenda to receive a visit at home so that Maddie could assess how well she would be able to cope should she return and that she would have a safe home environment.

Brenda added: *"Maddie looked at my equipment needs and suggested a number of aids that could be installed to help me get in and out of the bath on my own, steps so that I could safely go outside and go to the garden, and chair raisers, so I could sit down and stand up without assistance. That way I would be able to look after myself and improve my confidence. However, I felt I was doing well without them so chose not to have them installed."*

Brenda's husband was also present so he could see what she was able to do and he was given advice on reducing the risk of falls and the use of personal care aids.

Sarah Lomax, social worker, from the Trust, said: *"Over the three weeks in interim care Brenda increased in confidence and worked with the therapy and care home staff to improve her skills. So much so that she decided to return home, rather than move into a care home."*



Sarah Lomax

"We discussed whether she needed a care package at home, but she said she felt well enough to manage on her own. We have been in touch since to offer advice about meals services and we're looking at adapting their bathroom into a wet room. This is a great example of how having the right team around a patient can dramatically improve their independence and standard of living, and it's great to see Brenda doing so well."

Brenda added: *"I can't speak highly enough of the care I received, from the doctors and nurses at Addenbrooke's, to the care home, to the social worker and therapists, whose support helped me to return home."*

How Cambridgeshire Community Services NHS Trust supports hospital discharges

Discharge planning

A joint health and social care team links hospital and community health services. The team reviews the needs of people well enough to leave hospital, but who have complex discharge requirements, and arranges services to meet their needs in the community.

Intermediate care

The intermediate care team usually supports people in two circumstances:

- People who are well enough to leave hospital after an operation or illness, but need extra care before they can return home or need help at home until they can manage on their own
- Supporting people to prevent unnecessary acute hospital admission.

Any patient who needs extra care but not acute care is assessed to determine the most appropriate support for them. Once this assessment has been carried out there are a number of highly trained, specialised teams who can aid their recovery.

Re-ablement

Re-ablement 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.

In Brenda's case this included:

Social worker

Social workers form relationships with people and assist them to live more independently within their local communities by helping them find solutions to their problems.

Social work involves engaging not only with people themselves but their families and friends as well as working closely with other organisations including the police, local authority departments, schools and the probation service. This can include working with older people at home to help to sort out problems with their health, housing or benefits.

Physiotherapy

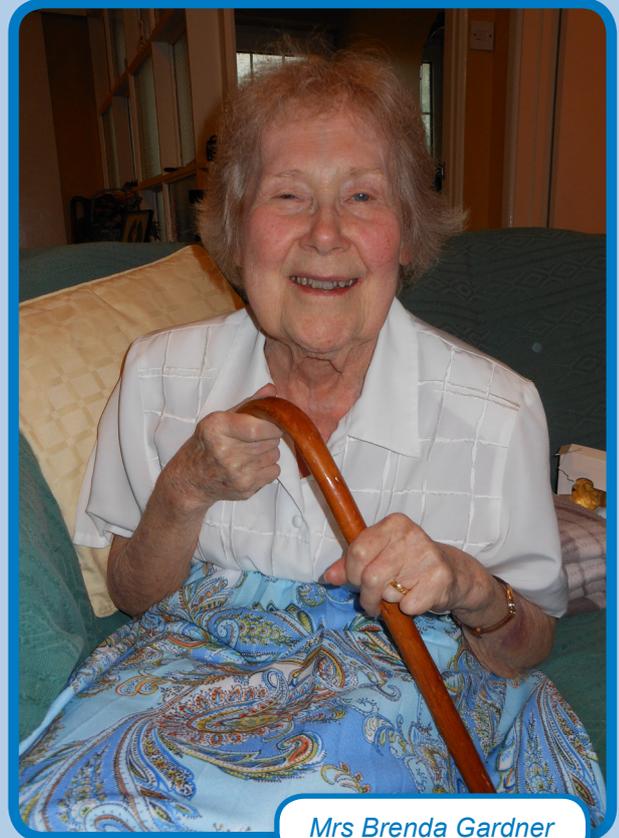
Physiotherapists help and treat people of all ages with physical problems caused by illness, accident or ageing.

They identify and maximise movement potential through health promotion, preventive healthcare, treatment and rehabilitation.

Occupational therapy

Occupational therapy helps people engage as independently as possible in the activities which enhance their health and well-being.

They help people of all ages who have physical, mental or social problems as a result of accident, illness or ageing, to do the things they want to do. These could be daily activities that many of us take for granted, from grocery shopping or brushing your teeth, to more complex activities such as caring for children, succeeding in studies or work, or maintaining a healthy social life.



Mrs Brenda Gardner

Spotlight on PALS & Engagement Services

The patient experience team wants to hear from you!

We want to know what you think about the health and social care services we provide to ensure they meet your needs.

One way we're getting your views is with a number of public meetings in the New Year. Look out for details on the Trust's website www.cambscommunityservices.nhs.uk and its Twitter and Facebook pages.

We also hold public involvement and patient experience (PIPE) meetings across the patch five times a year. The 2013 dates are:

- 21 February 2013, 10am - 12noon - The Fleet, Fleet Way, Fletton, Peterborough
- 10th April 2013, 2pm - 4pm - Conference Room, New Horse Fair Clinic, North Cambs Hospital, The Park, Wisbech
- 12 June 2013 - Time and venue to be confirmed
- 11 September 2013 - Time and venue to be confirmed
- 11 December 2013 - Time and venue to be confirmed

If you would like to be included in the circulation for this group or register your interest/ideas for any of our work then please email our Patient Experience Manager, Sharan Johal: sharan.johal@ccs.nhs.uk

Talk to PALS for confidential advice and support

As a patient, relative, CCS NHS Trust staff member, service user or carer sometimes you may need to turn to someone for advice support or general information, but don't know where to go.

Don't worry if you are unsure if PALS can help with a particular service, just give us a call. PALS exists to give a helping hand to patients, their families/carers and staff if they need advice or information about the NHS or if they experience problems accessing local health services. It is a point of contact to discuss queries or concerns in confidence, as well as somewhere to share your feedback on our services.

The Trust is pleased to announce that the Patient Advice and Liaison Service (PALS) in Luton is now operational.

The contact details for the new Luton PALS Service are:

Sharon Taber, Complaints Officer (Luton)

Freephone: 0800 408 0199

Email: ccs-tr.pals@nhs.net

The contact details remain the same for Cambridgeshire and Peterborough residents:

Chris Hampson, PALS Co-ordinator

Free phone: 0800 013 2511

Telephone: 01480 355184

Mobile: 0750 7195 375

Email: ccs-tr.pals@nhs.net

We are open Monday to Friday, from 9am to 5pm.

Outside of these hours an answer phone is available and we will aim to return your call within 48 hours.

Or write to us using our freepost address:

Freepost: RSAE-ELUT-RHCL, Cambridgeshire Community Services NHS Trust
Patient Advice and Liaison Service, The Priory, Priory Road, St Ives, PE27 5BB



*Chris Hampson, PALS
Co-ordinator with a client*

Sharan Johal
Patient experience manager

I am relatively new to the Trust having been here for just under 3 months now and my role as patient experience manager is also a new position in the organisation. I'm very excited and committed to developing our Patient Experience function at CCS NHS Trust.

My role involves leading PALS, compliments, complaints and implementing the patient engagement strategy fairly and consistently across the patch. As a team we work hard to ensure the Trust provides the highest quality care by being responsive to the needs of our diverse population. We encourage service users, families, carers and advocates to share their opinions and experiences of our services with us, and we then share this feedback with our teams to support shared learning and shape future services.

We are always looking for ways to work with the public and our patients so please get in touch with me or the team if you have any ideas on how we can develop the way we do this. Also keep an eye on the Trust website to stay in touch with our work.



Chris Hampson
PALS & patient engagement co-ordinator

My role has many facets: within the PALS aspect of my role, I champion quality customer services and the NHS Constitution; I provide information and support to patients, their relatives, friends and advocates and help to resolve issues or concerns in an informal and confidential basis. As I am often the first point of contact to the public, I signpost and guide them around the complicated NHS, voluntary and social care services and make sure they get to where they need.

A significant part of the patient engagement element of my role is to co-ordinate the patient survey across Cambridgeshire and to support colleagues looking after it in Luton and Peterborough. I encourage clinical teams to collect positive news stories and facilitate a uniformed approach to patient experience across the Trust.

I am a firm believer in breaking down silo working and exchanging good practice across the Trust and working with community partners to help us improve the care we provide for our local population. I believe in being open and learning from our mistakes.



Sharon Taber
Complaints officer (Luton)

I manage complaints and positive comments for the Trust in Luton, although now that we have a PALS service in Luton I am starting to expand my responsibilities.

I work with patients and the public, staff and other agencies to resolve and share learning from complaints, acting as the single point of contact.

I'll support managers and clinical staff to carry out investigations into complaints and co-ordinate responses. This is particularly important if the complaint relates to a number of agencies to ensure a seamless response. It's vital that we learn from these and make any necessary changes to the way we provide services.



Charity Donations and Fundraising

Charity fundraising for dreamdrops

Mike Andrews, who sits on the dreamdrops fundraising committee, led a team which raised more than £300 after taking part in this year's Huntingdon Charity 10k race at Alconbury airfield.

Organised by Hullabaloo, a local charity fundraising group, money raised by the event was shared among six local charities, including dreamdrops, who took a £1000 share of the proceeds.

The race has raised more than £8000 for local charities since its launch in 2010 and much more has been raised by personally sponsored runners.

Mike is also a Rotarian with St Neots St Mary's Rotary Club, which maintains the sensory garden at the children's department run by the Trust at Hinchingsbrooke Hospital.



Pictured is Mike Andrews (no 9)

dreamdrops - raising money for the Children's Unit based at Hinchingsbrooke Hospital

Children's unit "tactile wall" official opening

A sensory garden at the Children's Unit, run by Cambridgeshire Community Service s NHS Trust and based at Hinchingsbrooke Hospital, had its final element – a tactile wall - officially opened recently by the BBC's One Show resident gardening expert, Christine Walkden.

The wall is a tactile panel to enable children with a range of disabilities to experience the different shapes and feel the range of materials used in the design. The wall was designed following a competition for local school students, held by the St Neots St Marys Rotary Club. A number of entries were submitted, and the winning design that was finally selected was by students from Longsands Academy in St Neots.

Christine Walkden said: *"I am delighted to unveil this tactile wall which will be a wonderful addition to this amazing garden. It's a credit to the students who designed the wall and those who brought that design to life."*

Mike Andrews, a member of the St Neots St Marys Rotary Club and Project Manager for the garden, said: *"We are immensely proud to be able to fund this new area of the garden. We wish to thank the Longsands students, architect Ruth Elwood and craftsman Steve Cole who made this wall a reality. I would also like to thank Christine for coming today and unveiling the new tactile wall for us."*

Anne-Marie Hamilton, chairman of 'dreamdrops', said: *"The tactile wall is a superb new asset for what is already an excellent garden, and will help the children who use it to enjoy new experiences."*



dreamdrops silent auction

The successful bidder of a dreamdrops silent auction was Miss M D Knowles from Hartford. Children's services staff and friends had a great day at the races at Newmarket last month and were looked after by their hosts Wetherbys.

£100k boost for Peterborough Hospital at Home service

A Peterborough service to keep patients out of hospital has received a huge boost in the shape of a £100,000 donation.

The Hospital at Home scheme, run by Cambridgeshire Community Services NHS Trust and based at the City Care Centre, Thorpe Road, helps to reduce the numbers of patients in hospital by supporting those who would rather remain at home, for example following treatment for cancer or recovering from a stroke.

The Hospital at Home team of healthcare assistants also provide care and support for people in the end stages of life and their carers, by providing hands-on personal care, supportive exercise programmes or light domestic duties.

Hospital at Home began in Peterborough in 1978 and since

1980 has been supported by the fundraising efforts of the Hospital at Home Friends Group, which has raised more than £5 million over the years to help fund the service.

The £100,000 donation, which will help to pay for extra care hours, specialist equipment and additional training, was raised through the hard work of the Friends group, including maintaining more than 70 collection boxes, Ladies' Luncheon Clubs, coffee mornings, a Country Gift Fair held at the Haycock Hotel and sales of donated items such as books, clothing and Christmas cards.

Diane Ward, Hospital at Home team manager, said: *"We're thrilled, as always, to receive this fantastic donation from the Hospital at Home Friends Group, who really help us support patients who would otherwise need to stay in hospital. It will make a massive difference to staff and our patients and we would like to thank*

the Friends for all their efforts."

Dee George, Treasurer of the Hospital at Home Friends Group said: *"We are indebted to the people of Peterborough and surrounding area who have supported our work over the years.*

"This has enabled us to offer vital financial support to an excellent local service and given patients a real choice of where they receive care. Peterborough is, and always has been, the "home" of Hospital At Home and we are all very proud of the fact that we can offer first class care to those in need."

The Hospital at Home Friends Group is always seeking items to sell to support the service. For more information, contact Dee George on 01780 444315 or email at DeeGeorge@AOL.com

Hospital at Home staff receive the cheque for £100,000 from the Hospital at Home Friends Group.



Staff Innovation and Excellence Awards 2012

Involvement of service user and/or carer

Cambridgeshire community dental services won the involving service users/or carers award.

The Community Dental Service team has embraced patient feedback, consistently implementing a Trust-wide patient survey across all its clinics in Cambridgeshire in order to gain enough feedback to improve the quality and accessibility of its service.

“You Said... we did” posters outlining the changes made thanks to patient feedback are in place in clinic areas so the public can see at a glance how their comments can make a real difference to the service.

The team gains high levels of patient satisfaction, with more than 95% stating they would recommend the service to families and friends.



Leadership

Kate Rivett, neonatal manager, at the Special Care Baby Unit located at Hinchingsbrooke Hospital, Huntingdon won the leadership award.

Susan Gara, representing the team, said: *Kate is an inspirational, credible and thoughtful leader, instilling a strong sense of team spirit amongst her staff in the Special Care Baby Unit.*

“She is an excellent role model and is resilient and confident in her aim to ensure that the service is the best for babies, families and staff.

“Her approach to recruitment and implementation of flexible working has created a positive working environment, and her commitment to the growth and development of the staff, along with her support and guidance has increased our confidence.”



Quality

A weekly class to help with the rehabilitation of patients following shoulder surgery gained the Quality Award for the team which set it up.

Operating from the musculoskeletal department at Hinchingsbrooke Hospital, the Post-operative Shoulder Rehabilitation Class Team set up a class for patients recovering from operations to their shoulders and has seen fantastic results.

The weekly class is run by a physiotherapist and physiotherapist assistant and in the first nine months saw 100% of patients completing the class reporting improvement, with very few patients requiring any further treatment or referral. Average numbers of clinic visits required by the patients fell, freeing up to 50 treatment slots over the nine months.



Behind the Scenes

The Paediatric Dental General Anaesthetic Team in Peterborough won the award for “Behind the Scenes” for their tireless work in providing a service for children in the city who require dental work.

The team has endured two changes of location in recent years, following the closure of the Edith Cavell Hospital, and can now be found at the Dental Access Centre in the city.

Waiting lists grew as the team searched for a new location and the team worked hard to ensure the frustrations of patients and their parents were kept to a minimum.

Now the team, which provides general anaesthetics for children aged between 2 and 12 who require tooth extraction, has a much reduced waiting list and is working more effectively to see more children per session.



Going the Extra Mile

Suzanne Webb, Speech and Language Therapist was the winner of the Going the Extra Mile Award.

Suzanne, whose role is to provide therapy for patients with Parkinson’s Disease in her own time runs a Saturday group called “The Sing Loud Choir”. One effect of Parkinson’s Disease is a quiet voice and participating in the choir helps patients keep their voices loud and enables effective communication.

In support of Suzanne’s nomination, one patient said: *“Suzanne has indeed not only gone the extra mile, but has taken many of we Parkinson’s Disease sufferers with her!*

“The choir has proved a novel way of allowing us to act as a group using our revitalised speech abilities and emit loud noise without fear of criticism.”



Volunteer of the Year

The Children’s charity dreamdrops won the volunteer of the year award.

Kate Rivett, Neonatal Manager, Special Care Baby Unit who nominated the team, said: *“dreamdrops has made a real difference to children and families who use hospital and specialist children’s health facilities within the Huntingdonshire area.*

“The committee members work tirelessly both independently and in partnership with the Trust and other organisations and have raised funds in excess of £250k. They include chairman, Anne-Marie Hamilton, Viv Golding, local rotary clubs and parents of children using the service.

“They do not seek reward or accolade for their commitment or the benefits their efforts confers to others, but I feel their dedication is worthy of recognition.”



Promoting Dignity in Care

Jenny Haslegrave, staff nurse and Jean Stokes, community neonatal nurse won the promoting dignity in care award after developing a support programme for families who experience the death of a child.

Kate Rivett, Neonatal Manager, Special Care Baby Unit, who nominated the pair, said: *“Jenny and Jean recognised that there was a lack of local support for those families that had experienced the pain of losing a baby in the neonatal period, so they developed neonatal palliative care support for families to make the experience a little easier to bear for those families unfortunate enough to find themselves in the most impossible of positions.*

“It promotes dignity during a difficult time by providing a user-centred service between SCBU, community neonatal nursing services and East Anglian Children’s Hospices.”



Chairman’s Innovation Award

A multi-disciplinary team which phased in new syringe drivers used to administer medication for palliative care and long term therapy, and trained more than 800 staff to use them won the Chairman’s Innovation Award.

The team which brought together representatives from clinical services, medicines management and corporate support teams replaced 300 old-style pumps in just four months, supported by updated policies, procedures, prescriptions and training.

The team also liaised with GPs, hospitals, nursing homes and hospices involved in end of life care to ensure the successful switch to the new style syringe drivers, which are easier to use and measure the correct dosage, as well as incorporating a host of improved safety features.



What do they do?

A day in the life of Bernie Green, district nurse

District nurses play a crucial role visiting people in their own homes or in residential care homes, to provide care for patients and support family members. We speak to Bernie Green, a district nurse sister in Luton about her job.

7.30-8am

I usually leave the house at around 7.30am to travel to my first patient at home by about 8am. I tend to visit patients on my list who have diabetes first thing to check their blood sugar levels, see how they are overall and to administer or supervise their insulin injection.

9am

I visit another patient. I often see people with leg ulcers, pressure sores and post operative wounds, so I check them over and change their dressings if they have them.

Time spent with patients varies a lot. I may spend 20 minutes with a diabetic patient who needs insulin, or around 30 minutes if a dressing needs changing.

10am-1pm

A proportion of my patients need palliative care at home. I support them with their pain medication and

pain control, as well as provide psychological support. I also support their families as this can be an incredibly difficult time for everyone.

Many people prefer to die at home these days, so we often work alongside Macmillian nurses to meet their wishes. As well as providing direct patient care, we also have a teaching role, working with patients to enable them to care for themselves or with family members, teaching them how to give care to their relatives.

I continue to see patients on my list. They are housebound and over the age of 18 years old, but often many of them are elderly, while others may have been recently discharged from hospital, are terminally ill or have physical disabilities.

We are now also recording patient notes electronically on hand held mobile devices when we visit people at home. We use 'tough book' computers to complete patient records directly onto SystemOne – the Trust's electronic record database – instead of returning

to the office to input information on a computer located there. It has taken a little getting used to, but it is helping us to be more efficient and release more time for nurses to see patients.

1pm

As a district nursing sister I also have a managerial role, supporting and teaching other community nurses and trouble shooting if it's needed. I may liaise with social services, voluntary agencies and other NHS organisations and help to provide and co-ordinate a wide range of care services.

The job has really changed in the 28 years I've been a district nurse. When I started we helped people get out of bed and washed and dressed them, so we were virtually their carers. We've moved on a lot since then.

People are living longer, but often with complex health needs and increased expectations of district nurses. We now play a vital role assessing the health care needs of patients and families, monitoring the quality of care they're receiving and being professionally accountable for the delivery of care. We're also fundamental to keeping hospital admissions and readmissions to a minimum and ensuring that patients can return to their own homes as soon as possible.

There are good days and bad days, but we have a great team here, and the GP practice I'm the district nurse sister for is very supportive.

5pm

I try to leave on time at 5pm!



Pictured is Bernie Green, district nurse sister

What do they do?

Helping heart failure patients live a more normal life

Having heart failure means that your heart is not pumping blood around the body as well as it should.

The most common reason is that your heart muscle has been damaged, for example, after a heart attack. It can be sudden or it can happen slowly over months or even years. Causes also include high blood pressure, problems with heart valves, diseases of the heart muscles, and too much alcohol.

For many people it can be a debilitating condition where normal, every day tasks take enormous energy and leave them breathless and exhausted.

In Peterborough, which has higher than the national average levels of heart disease, a specialist team has been set up by Cambridgeshire Community Services NHS Trust to help people better manage the condition and stabilise the symptoms, leading to an improved quality of life.

Anita Edwards, heart failure specialist nurse, explained: *“Following a referral to the service, an assessment is made of the patient’s symptoms and how these impact on their life. We also review every aspect of a patient’s lifestyle, including diet, exercise and stress levels, as these will impact on their condition. We will review their medication, making changes where necessary, and regularly monitor their blood pressure.*

“The patient is then given a personal health plan, which includes the monitoring and management of symptoms.”

Integral to the programme are specially designed exercise classes held at the Healthy Living Centre in

Peterborough, which houses a state-of-the-art gym.

Anita said: *“There’s lots of evidence that a tailored exercise programme will help to alleviate symptoms, as the fitter the heart the better it will pump. Although everyone is different, we usually start with seated exercises, and then build up exercise levels as people begin to improve.”*



Pictured are: Nigel McDougall and Anita Edwards.

“The team usually supports around ten patients at any one time, with ages ranging from people in their 30s to people in their 80s and 90s.”

The team has also developed links with Vivacity, which run sports and leisure centres on behalf of Peterborough City Council, to extend the availability of exercise classes for people with heart failure.

The heart failure service is part of the coronary heart disease team, which also provides a range of cardiac rehabilitation programmes after people return home from hospital following a heart attack or heart surgery.

Case study

Nigel McDougall, 54, from Peterborough, suffered a major heart attack 18 months ago which left his heart severely damaged – so much so that only half his heart now works.

Fortunately, he survived and when he was discharged from hospital he was referred to the heart failure service. Anita Edwards visited him at home to carry out a comprehensive assessment, with expert advice on lifestyle, such as diet, exercise and medication that he now needs to survive.

He explained: *“I broke my back more than ten years ago which left my legs paralysed and lowered my blood pressure, which I’m told is a common effect of spinal injury. I was a teacher and think the combination of a stressful job and the injury eventually led to my heart attack.*

“It was a really difficult time and I was forced to retire due to ill health, but I’ve had great support from Anita and the other members of the heart failure team. She was very reassuring and positive, while being realistic with me about the impact the heart attack would have on my life.

“I’ve been going to the exercise classes for more than a year, and I also exercise at home, which have helped me to build my strength and be as healthy as possible. My balance isn’t great following my spinal injury, so it hasn’t been easy, but Anita has been superb. I was quite poorly recently and had a spell in hospital, but Anita got in touch with me to check how I was doing.”

Nigel has also been doing voluntary work for the team for a couple of hours a week, helping with administrative tasks, but also acting as a mentor for newly referred heart failure patients.

Changing attitudes to Chlamydia

“You know attitudes towards Chlamydia are changing when young people are happy to approach you when you are screening at outreach events.” says screening co-ordinator Heather Bennett. But she explains that despite improved awareness it remains the most commonly diagnosed sexually transmitted infection in the under 25s in the UK.

Affecting both men and women, most people who have Chlamydia will have no symptoms, so without a test they will probably not know anything is wrong. But left untreated it can cause infertility in men and women.

The test for Chlamydia is simple – just one quick and painless pee in a pot for men and a self-taken swab for women.

If you are under 25, you can get a free, confidential test under the National Chlamydia Screening Programme and if you're sexually active you should be checked out annually or when you change partners. Cambridgeshire Community Services NHS Trust's Chlamydia screening team in Suffolk has carried out more than 20,500 tests in the county in the last 12 months.

The majority of tests are carried out in the community, such as GP practices, pharmacies and clinics, but the team also runs a postal kit service. The team then notifies everyone with a negative test result by text message, while the nurses in the team contact people who test positive to arrange treatment and to notify partners.

Heather said: *“As well as our clinical work we focus a lot on promoting sexual health and reproductive health issues, as well as raising awareness of Chlamydia, so we do a lot of outreach work at schools and colleges.”*

The team was also out in force at the recent Ipswich Music in the Park festival to spread the message to a wider audience, and also work with prisons and the military.

Heather added: *“Young people can be challenging, but we find most are very receptive, and talk to our staff freely about their sexual and reproductive health concerns.”*



Pictured are members of the Suffolk Chlamydia screening team

In addition, the team works with other professionals like GPs and school nurses and are planning to work with local pharmacies to do more to provide Chlamydia testing in a wider selection of venues. The team also now works in partnership with the Terence Higgins Trust which runs a C card scheme, supplying free condoms to young people under the age of 25 and sexual health community outreach, education and training.

For more information about Chlamydia and local services in Suffolk go to <http://www.amiclear.com>

Free Sexual Health Week check up!

Luton's Health Promotion Team recently promoted the importance of Chlamydia testing at one of the town's most popular student spots.

During Sexual Health Week the team persuaded revellers to take the free, simple and painless test there and then, which in just 7 days could tell them if they need treatment.

Melissa Ingram, health promotion outreach manager at the Luton health promotion team, said: *“Setting up in pubs and clubs is a great way of promoting Chlamydia screening and safer sex to young people. They could there and then pop off to the loo with a pot and we sent their urine sample off for testing.”*