

**Council of Governors Meeting
Thursday 25th April 2013
Summary Report**

Council of Governors
4th February 2014
Item 9b

TITLE OF PAPER	Governor Questions to the December 2013 & January 2014 Trust Board – feedback
TO BE PRESENTED BY	Professor Alan Walker, Chair
ACTION REQUIRED	For information only

OUTCOME	Governors to be fully updated of questions asked by fellow governors and answers provided by Executives
TIMETABLE FOR DECISION	N/A
LINKS TO OTHER KEY REPORTS / DECISIONS	N/A
LINKS TO OTHER RELEVANT FRAMEWORKS BAF, RISK, OUTCOMES ETC	<p>HSE ■ MH Act ■ Equality ■</p> <p>NHS Constitution: Staff Rights ■ Patients' Rights ■ Public's Rights ■ Principles ■ Values ■</p>
IMPLICATIONS FOR SERVICE DELIVERY AND FINANCIAL IMPACT	Aim to improve communication between Governors and Trust Board and demonstrate accountability from the Trust to Governors
CONSIDERATION OF LEGAL ISSUES	N/A

Author of Report	Sam Stoddart
Designation	Membership Manager
Date of Report	27 th January 2014

Question from Dorothy Cook, Public Governor (SE)

How does the Trust support staff following a serious untoward incident such as the death of a service user?

Response from Liz Lightbown, Chief Nurse and Chief Operating Officer

The Trust's Incident Management Policy and Procedure provides detailed information about mechanisms employed to support staff. Below is an extract from the policy to illustrate this.

6.6 Supporting Staff following an Incident/Traumatic Event

The line manager/person in charge of the shift must ensure all staff involved in a traumatic/stressful incident are offered support following an incident.

In the first instance a debrief session should be held as soon after the event as possible to allow staff the opportunity to reflect on the situation and explore how it has made them feel. This would usually be organised and facilitated by the ward/team manager, however, other staff may be brought in to support this, eg psychotherapists. The exact nature of the support mechanisms used will be dependent on the type and severity of the incident and the needs of the individual(s) involved and will always follow the principles of 'being open' as detailed in the Being Open Policy.

The manager/person in charge may consider actions to protect the individual(s) wellbeing at this time. As appropriate, staff will be offered reasonable access to:

- • Immediate medical treatment if required
- • Advice/counselling from Workplace Wellbeing
- • Occupational Health Services
- • Advice from Human Resources
- • Legal advice (at the discretion of the Trust)
- • Time away from work (nature of leave to be agreed on a case by case basis)
- • Time out to consult with their Union and/or professional body

Subsequently managers should ensure staff can access ongoing peer support within and/or external to the team, as well as support from themselves. Further debrief sessions may be required for particular incidents/staff. On the completion of the investigation, all individuals involved will be informed of the investigation findings, lessons learned and recommendations for further action.

In the event that a member of staff is called as a witness in relation to an incident then the line manager must ensure that the staff member has access to appropriate support and advice in this regard. The Risk Management Department must be contacted in the first instance and will provide support and guidance to all witnesses with reference to preparing for and attending court. This involves advice and guidance on preparing written reports to HM Coroner, pre-inquest preparation and support during the inquest. (See Appendix H for inquest processes).

Line managers are responsible for supporting their staff through the incident processes, including any resulting inquests. They must also escalate any concerns in this regard to the

appropriate service and clinical directorate, who may consider additional/alternative staff support is necessary.

In some instances, the Trust may require legal representation at court (eg Coroners Court). Where this is deemed necessary and appropriate, following discussion with the relevant directors, Complaints and Litigation Lead, Head of Integrated Governance and Director of Performance, Planning and Governance, the Complaints and Litigation Lead will organise and instruct a solicitor to work with the Trust for the case. The Risk Management Department will facilitate the support for all witnesses in preparing for and attending court in conjunction with the legal representative(s).

If a staff member is experiencing continuing difficulties with the event then professional advice must be sought from the Occupational Health Service and Human Resources Department in the first instance. Staff may refer themselves to the Trust's Workplace Wellbeing service, if they require additional/alternative support to that provided by the line manager. Line managers may also suggest that this would be of benefit to some individuals. The Trust's Occupational Health Service is also able to deal with self referrals, as well as Trust referrals.

Additional Support

Writing a statement/report for the first time can be a daunting experience. Equally daunting can be a subsequent request to attend court, although this occurs less frequently. For Trust staff in general, it is expected that throughout this process you will be supported by your line manager.

For junior doctors, support will be available from both your educational supervisor and/or your clinical tutor.

All medical staff are encouraged to become a member of one of the Defence Organisations ie the Medical Protection Society (MPS) or the Medical Defence Union (MDU) who will provide additional advice/support in such situations. Other organisations that would possibly provide additional support/advice include Unison, The Royal College of Nursing, Royal Pharmaceutical Society of Great Britain, The British Association of Social Workers, The British Association of Occupational Therapists, The College of Occupational Therapy and The Health Professions Council. If in doubt on any matter, please contact the Risk Management Team.

Question from Myra Wilson, Service User Governor

During our session on the Annual Plan in November we considered inefficiencies, and the question was raised about what these were for last year and how have they been addressed?

Additional Response from Clive Clarke, Deputy Chief Executive

- 1. Use of out of town acute/Psychiatric Intensive Care Unit beds** : the budget for these have been handed over to SHSC from the Clinical Commissioning Group (CCG). SHSC have subsequently made some community investments and saved both the CCG monies and contributed to SHSC's Cost Improvement Plan hence, reducing inefficiencies.

2. **The use of IT equipment** to save staff time which then can be re-invested in clinical activities. These initiatives are being developed in both inpatient and community settings i.e. tablets on wards and the mobile working project in the community.
3. **Facilities management partnership** (FMP) have looked at all Trust contracts to provide services to external bodies and have renegotiated these to ensure that the respective overheads and margins are built into contracts.

Question from Dorothy Cook, Public Governor (SE)

1. Is there any research-based reason why SHSC does not follow the government guidelines and prevent anyone from smoking within the hospital environment?
2. Are there any plans to amend the situation if patients continue to be allowed to smoke, in the future reconfiguration?

Response from Liz Lightbown, Chief Nurse and Chief Operating Officer

1. Smoking is actively discouraged for all patients on in-patient wards as it detrimental to the health of all the service users.

Smoking is not permitted in any building in SHSC. This is actively managed on all the wards where patients are informed they cannot smoke in the building. If they do smoke in the building all the wards now have a procedure to manage this. Patients are permitted to smoke in the garden areas of the in-patient wards.

Patients are encouraged to stop smoking when they are admitted to the wards and are offered interventions such as smoking cessation groups once they are admitted. We are actively looking at ways we can support reducing the number of patients who smoke. At the moment this is a matter of encouraging patients to stop smoking rather than banning smoking on the acute wards. Not all patients on the acute wards are admitted on a section of the mental health act. This means that it would not be possible to ban smoking in the gardens as it would encourage those patients who are not held on a section to leave the ward if they wanted to smoke.

Forest Lodge, the forensic unit, is banning smoking in the gardens from 1st February 2014. This is possible as all the patients are admitted under a section of the mental health act. This will be reviewed to see if we can use the learning from this change to inform the acute wards about banning smoking on all wards.

2. Smoking will continue to be banned from all buildings when the wards are reconfigured and refurbished. The changes to the wards may permit changes to environment to discourage smoking. There may also be a possibility to consider whether smoking should be banned in all areas in the future.