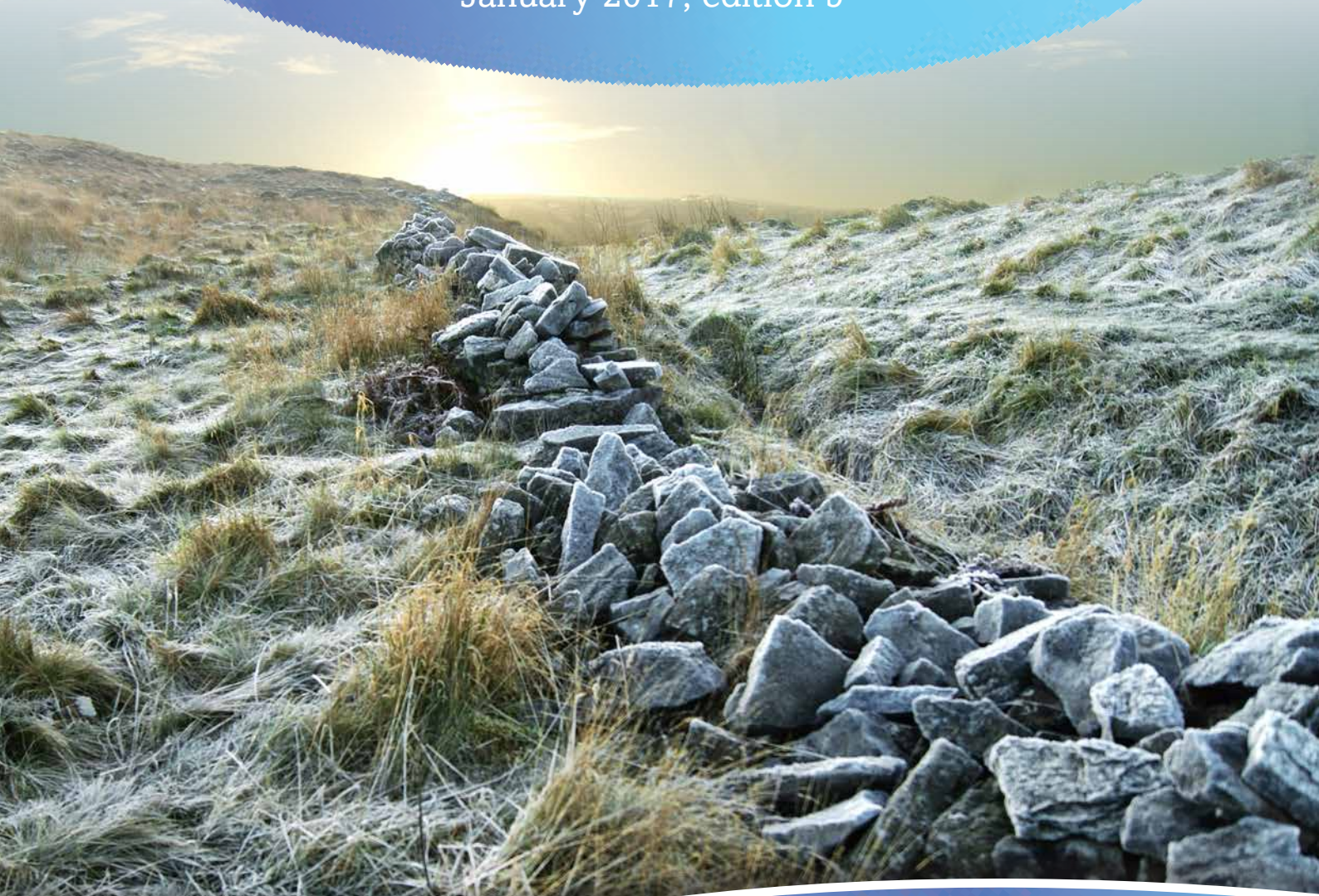


# Connections

.....  
January 2017, edition 5



## The moment for mindfulness

Start the year by creating space to think – **p4**

### PLUS...

Results of our Delivering Excellence Awards – **p3**

Meet your new governors – **p10**

The dangers of delirium – **p14**



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**Better together**



# Welcome...

## ...to the January 2017 issue of *Connections*

I am pleased to be opening this edition in my role as Acting Chief Executive of Derbyshire Healthcare NHS Foundation Trust. The coming year will be a busy time for the Trust.

We are committed to continuing to make further improvements to the **quality and governance of our services**, building on the outcomes of our recent CQC (Care Quality Commission) inspection. We have made a number of significant changes since the inspection took place in June 2016. You can read more about this, and our progress, on page 6 of this magazine.

We will also continue to **work with our partners** in our shared aim to improve the health and wellbeing of Derbyshire residents. A local plan has been jointly prepared by the NHS and local authorities, to ensure services that meet the needs of local people. You can learn more about this plan – ‘Joined Up Care Derbyshire’ – on page 12.

In October 2016 the Trust shared its intention to **explore a merger** with our colleagues at Derbyshire Community Health Services NHS Foundation Trust (DCHS). This will be a focus of our work during 2017 and we will be encouraging our members to become involved and share their views as this process develops. Further detail about this development can be found on page 13.

### Time to reflect - and celebrate success

With all this work to do, it will be important to create space to think – that’s one of the reasons why we’re talking about **mindfulness** in this issue (pages 4 and 5).

It is also why we want to recognise areas of **good practice** in the Trust. This edition gives you an insight into some of our services and staff – for example, Dr Simon Thacker’s recent nomination for ‘psychiatrist of the year’ (page 14) and the outcome of our recent Delivering Excellence staff awards (page 3). I believe our staff are a true credit to the Trust.

We welcome our **new governors** – Paula Lewis, Helen Sentance, Alan Smith and Gemma Stacey – to the Council of Governors. Our governors represent you, our members. You can read more about our new governors and how to contact them on pages 10 and 11.



Ifti Majid, Acting Chief Executive

Finally our Interim Chair, Richard Gregory, left the organisation on 31 December 2016 following the completion of his one year term of office. It has been a challenging year and Richard has made a significant contribution to the Trust. I know Richard will be missed and I would like to formally thank him for his input and expertise.

**Caroline Maley** was confirmed as the Trust’s new Acting Chair at a Council of Governors meeting in December and has now commenced in post. Caroline has been a Non-Executive Director at the Trust for the last three years and has a good appreciation of our challenges and priorities for the forthcoming year. You can learn more about Caroline on page 15.

I hope you enjoy reading this magazine. Please do share your feedback and accept my best wishes for 2017.

*Ifti*

Ifti Majid  
Acting Chief Executive



## And the winner is...

Bridget Teehan (centre) is presented with her Compassion in Practice Award by Margaret Gildea, Non-Executive Director (left), and Ifti Majid, Acting Chief Executive (right)

### Thanks to everyone who submitted nominations for the 2016 Delivering Excellence Awards, celebrating our staff and volunteers.

In the last issue of *Connections*, we asked for your nominations for the Compassion in Practice Award – recognising individuals who have made a real difference through their care and commitment.

All your nominations were studied by a judging panel that included our Acting Chief Executive, a Non-Executive Director, staff governor and service receiver representative.

The winner – who received two separate nominations – was...

#### Bridget Teehan, nursing assistant

Bridget, who works at the Kedleston Unit – our low-secure mental health unit in Derby – was described by one of the people who nominated her as “very caring and understanding”. The other said, “She always has a bright smile, and is always open and down to earth, and caring and compassionate, and is always prepared to listen. On account of this, she knows how to brighten up your day”.

Maura Teager, Non-Executive Director and one of the judging panel, said, “When you are in a difficult place, no matter who you are, the way people respond to you makes all the difference. Bridget is a wonderful role model. She seems to sprinkle people with a bit of gold dust”.

#### Other award winners included:

##### Volunteer of the Year – Helen Poli

Helen volunteers in the recreation hub at the Hartington Unit in Chesterfield. She understands how it feels to be a patient on the ward and strives to use her lived experience to give others hope as part of their recovery journey. Staff member Clare Farnsworth, who nominated Helen, described how Helen’s presence in the hub “lifts everyone’s mood. She always has a smile and a positive attitude”.

##### Deed of the Year – Andrea Anthony and Tina Daly

Andrea and Tina, who work in our Substance Misuse service, witnessed an individual known to the team (but not an open client) collapse in Ilkeston. Being aware that this person was at high risk of overdose, they went to check on him and decided he was likely experiencing a heroin overdose. They called an ambulance but also made the decision to administer a drug to block the effects of the heroin. Their quick response and action brought the individual round from the overdose and almost certainly saved a life.

##### Team of the Year – our Child and Adolescent Mental Health Services (CAMHS)

The CAMHS team were rated ‘outstanding’ by the CQC inspectors earlier this year, and received this award for introducing new services – including a new eating disorders service – and for developing a single point of access, to speed up referrals.

View details of all the winners on our website:  
[www.derbyshirehealthcareft.nhs.uk](http://www.derbyshirehealthcareft.nhs.uk)

### Celebrate staff all year

Experienced great care from one of our staff?  
Nominate them through our DEED (Delivering Excellence Every Day) recognition scheme:  
[www.derbyshirehealthcareft.nhs.uk/DEED](http://www.derbyshirehealthcareft.nhs.uk/DEED)



# The moment for mindfulness

**‘Mindfulness’ is a word on everyone’s lips right now, but what exactly is mindfulness and how can it help? We asked Richard Morrow, Head of Nursing at the Trust, to explain.**

## Creating space to think

As human beings, we have an amazing ability to think about lots and lots of things at the same time. Stop and study yourself for a second: what else are you doing while you are reading this article? Are you eating something, or adjusting your hair, or watching your friends out of the corner of your eye? Are you thinking about the rest of the day, and what you’re going to do? Or worrying about something that happened earlier on?

We focus on, and successfully perform, lots of different tasks whilst having lots of different thoughts at the same time. But that means we can sometimes find it difficult to focus on just one thing, and give it our full attention. We may try to concentrate on the person or place in front of us, but we’re not completely there because our thoughts are wandering.

## What is mindfulness?

Mindfulness is a way of creating space to think, so we can fix our attention on just one task.

Imagine your attention is like a torch that is moving around and around, passing over every image you see, every sound you hear and every object you touch. Mindfulness is a way to guide the torch, so you can shine the light where you want it to point and intensify the beam to see things more clearly. It is important to recognise that the mind is designed to wander, so if this is hard it is not because there is something wrong. Training the brain to notice and explore where attention is directed takes practice but it can really help.

**“Yesterday is history. Tomorrow is a mystery. Today is a gift. That’s why it is called the present.”**

**Alice Morse Earle**

## Mindfulness in action:

For many people, life at times can be quite tiring and stressful. There are lots of things to think about, and it can be difficult to concentrate on the task in front of you.

Try this simple mindfulness exercise:

- **Sit somewhere comfortable** – sit upright with your feet touching the floor. Feeling the ground and chair beneath you helps us to feel stable.
- **Take long, deep breaths** to slow your heart rate down – try to aim for six breaths in and out in one minute; slow it down gradually.
- **Place a hand over your stomach** as your breathing slows try to feel your stomach moving in and out with each breath. Place your other hand at the top of your chest and aim to keep this hand still.
- **Picture yourself feeling calm and confident** – close your eyes and imagine yourself in the situation that is making you anxious, and focus on being calm. If you begin to feel anxious, notice this and return your focus to breathing deeply and slowly as this will help you to think clearly.
- **Imagine the emotions you want to feel** – try to feel the sense of achievement that comes from having done your best, feel what it is like to be calm and able to reach easily for things that you know, notice how much more confident and capable you feel in this mind-set.
- **Remember to practice** – mindfulness takes practice and there are three important elements. Slow down and be comfortable, use your imagination to create the image of yourself that is most helpful to you, and if your mind wanders (which is okay), guide it gently back.

Spend a few minutes each day repeating this exercise – imagining that sense of relief and calm that will help you to do your best.

When things become tiring or stressful, you will then have this exercise to turn to, to keep you calm. Remember – you can never stop negative thoughts from popping into your head, but with mindfulness you can learn to focus on something else.

## Mindfulness: the scientific evidence

There is scientific proof that mindfulness works. In recent years, scientists have developed techniques that allow them to ‘scan’ the brain, to see which parts of it are active at any one time. When mindfulness experts go under the brain scanner and fix their attention on one feeling, memory or image, then specific, individual parts of the brain light up – proving just how good they are at focusing their mind! Mindfulness experts are people who have practiced; they have no special ability that anybody cannot develop through practice.

## Leanne’s view

Leanne, a young person from Derbyshire, says:

“Mindfulness helped me to really focus and become aware of what I was feeling, thinking and experiencing. Instead of just living, it helped me to experience life, to appreciate my emotions. This helped me to connect more to my surroundings and feel less overwhelmed.

“I’ve learnt to enjoy the good moments – to take in how they feel and what’s special. I write down good moments on a piece of paper and keep them in a jar, then read them if I ever feel sad.”

**For more information about mindfulness, please visit: <http://bemindful.co.uk>**





# Our recent inspection

**In June 2016, the Care Quality Commission (CQC) carried out a planned inspection of many of our services and, on 29 September 2016, they published a report with their findings.**

Similar to the majority of other mental health Trusts nationwide, Derbyshire Healthcare was rated overall as requires improvement.

The Trust accepts the findings of the CQC's report and is committed to delivering a thorough action plan, to promptly address all areas where the CQC outlined we could make improvements.

**“Our staff are very caring, and they consistently treat people with kindness, dignity and respect”**

A CQC 'quality summit' took place in November 2016, where we shared our action plan and a number of changes and improvements that had taken place since the CQC visited our services in June 2016. Our summit was a positive experience; we confirmed our acceptance of all the recommendations in the report, our commitment to addressing them at pace and to make sure there are real, long-term changes to the way we work.

In response the CQC reflected that they were pleased with our approach. They emphasised how warm, friendly

and committed our staff were when they visited, and the positive feedback they had received from our patients and carers.

This builds upon the CQC's initial reflections in June that our staff are very caring, and that they consistently treat people with kindness, dignity and respect. This is something we are very proud of.

The CQC will be re-visiting services to check if the actions we agreed have been completed, in the ways we say they have. We expect and welcome future visits from the CQC in order to show that we are making progress and we will continue to keep you up to date with developments in this respect.

## More information...

More detailed information on the actions listed above is published on the Trust's website [www.derbyshirehealthcareft.nhs.uk/cqc](http://www.derbyshirehealthcareft.nhs.uk/cqc)

The CQC report can be accessed at: [www.cqc.org.uk/provider/RXM](http://www.cqc.org.uk/provider/RXM)

# Road to recovery

**A service receiver's story**

**I was in my third year at university doing a degree in graphic design when I became ill. I had always felt uneasy and anxious at uni. Partly it was because I was a long way from home. Also I found the work stressful as there was a lot of writing and I always find this difficult because of my dyslexia.**

My way of dealing with this was to try to get rid of the stress by taking drugs as a coping mechanism. This did not work but the answer to me was to take more. Finally I was way behind with my work and becoming paranoid.

I wanted to be at home to feel safe but my paranoid and delusional thoughts were getting the better of me. This was a new experience for me. I had felt anxious in the past but never as bad as this.

**“I was sure everyone was against me, even my parents”**

I was afraid to go to sleep. This made the symptoms worse and finally my parents got the doctor to come out and see me. I phoned the Early Intervention Service and asked them to come out and see me. By the time they arrived a few hours later, I was sure everyone was against me, even my parents. I was not co-operating with anyone and wouldn't agree to go to hospital as a voluntary patient and the police had to be called to take me.

I was taken to the Radbourne Unit in Derby for my own safety. At first I wouldn't eat or drink, but after I had been given medication and slept I began my recovery.

I spent a month in the unit while they diagnosed that I was suffering from drug induced psychosis, and that it would take a couple or more years for me to recover fully – if I didn't have any lapses.

My medication was changed to one that had less side effects and I was given lots of support when I went home. I had a community psychiatric nurse who visited me every week to begin with, to check I was okay and we worked together on creating 'staying well' plans. I also had check-ups with the psychiatrist.

I went back to finish my degree nine months later, and I finished it, but really looking back now it was too early and I fell into the old coping patterns.

It was around this time that my driving license was revoked for six months and this really hit me hard. I realised that my driving license was more precious to me than carrying on taking drugs.

This taught me how to set myself a goal and work towards achieving it. I knew that I did not want to risk having my license revoked again and this was the real start of my recovery.

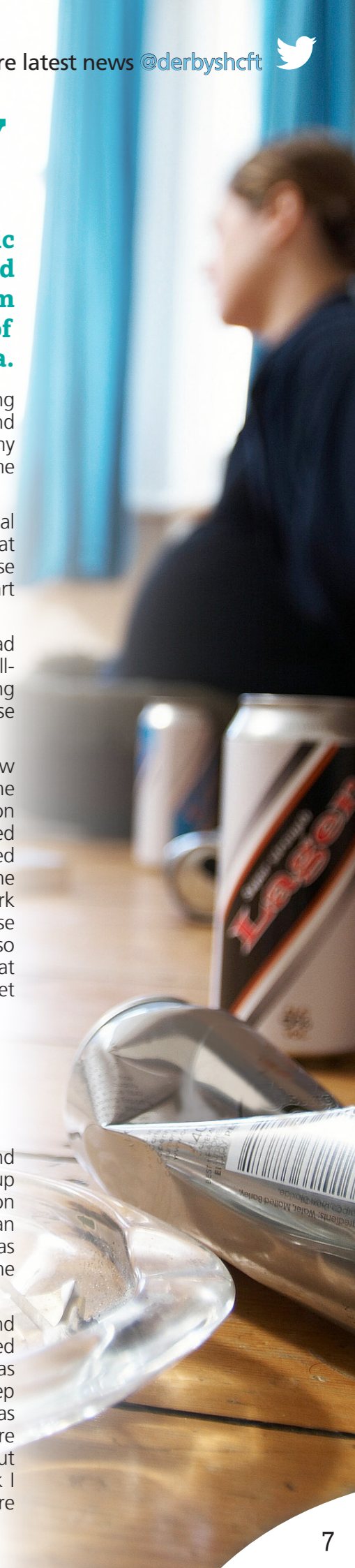
This was very important because I had worked it out for myself and used will-power to achieve it. It was me telling myself what to do, not someone else telling me.

I was back home again and after a few months I began to take advantage of the groups and courses the Early Intervention team had to offer. I particularly enjoyed the photography course which was based in Ilkeston and I was pleased with the work I produced. We exhibited the work in an exhibition at the end of the course and opened it to the public to view. I also went to the All Being Well art group at the Arboretum Park in Derby where I met people with similar conditions to me.

**“I have learnt a lot and cherish life more now than ever”**

It was good to talk to people and later I joined the 'making sense' group where I learnt most about my condition and general mental health. I began volunteering at the Trust and this has been good for getting me back into the swing of things.

Being ill, I lost the structure of my days and weeks and my sleep pattern was turned upside down. Having a work pattern has helped me to feel I have moved on a step to full time employment. My recovery has taken me several years to get to where I am now. The road has been long, but with a lot of people helping me I think I have learnt a lot and to cherish life more now than ever!







## Awards for Trust staff

There has been a trio of awards nominations recently for Derbyshire Healthcare staff – all of whom have appeared in previous issues of *Connections* magazine. In November the Trust's **research team**, who featured in the summer 2016 edition, were shortlisted at the 'Oscars' of the healthcare sector, the HSJ Awards, in the 'clinical research impact' category. Then, in December, the Trust garnered two nominations at the East Midlands NHS Recognition Awards: the **Psychiatry Teaching Unit** – featured in the January 2015 edition of *Connections* – were shortlisted in the 'excellence in patient experience' category, for their innovative use of expert patients in educating the psychiatrists of tomorrow. And **Chris Kirk**, featured in the summer 2016 edition discussing the new CAMHS RISE service that supports GPs when young people are in crisis, was shortlisted in the 'leading for service improvement and innovation' category. *Read about another national award nominee on page 14...*

## Rams legend Roger reminisces

People using Dovedale day hospital in Derby were treated to a trip down memory lane from former Derby County FC striker Roger Davies in November. Roger, who was joined by mascot Rammie, visited the hospital to see the unit's DCFC-themed Remembrance Day exhibition, collages and memorabilia collection. Dovedale supports people over the age of 65 living with functional mental health issues – psychological conditions like anxiety or depression – and the Derby County project has been an opportunity for people to interact and remember DCFC over the decades. Roger gave a fascinating insight into the glory days of the 1970s – many thanks to Roger and the club.



**Rams legend Roger Davies (right) joins Dovedale Day Hospital patients and staff on a trip down memory lane**

**Chill Ville visitors paint shoes to form a 'stamp out stigma' pathway**



## A Derby 'chill ville'

Derby's Market Place was transformed into an urban retreat for one day in October to help local residents de-stress and de-compress as part of World Mental Health Day. To mark the global campaign, Trust staff worked with local charities including Rethink Steps, the Amber Trust/P3 group and Changing Minds to put on a host of relaxing activities including arts and crafts, drumming, singing, reflexology and hypnotherapy. Visitors even had the opportunity to decorate shoes as part of a campaign to 'stamp out stigma'.

## Jonny presents the case for prevention

The Trust's 2016 annual members meeting was all about 'prevention', and award-winning mental health campaigner Jonny Benjamin inspired everyone with his passion for preventing suicide. Jonny, best known for his 'Find Mike' campaign – to find the person who helped talk him down from a bridge when he was feeling suicidal – spoke at the formal meeting and also visited a marketplace of stalls, run by Trust teams. Amongst the staff that Jonny spoke to were several of those involved in launching the Trust's new suicide prevention strategy, which seeks to demonstrate that preventing suicide is "everyone's business".



**Trust Board members welcome Jonny (centre) to Derbyshire Healthcare**



## Trust teams up with Derby County to help those feeling 'off their game'

In the same month as the annual members meeting, the Trust took its new suicide prevention strategy out into the community – attending a Derby County match to remind Rams fans of the importance of speaking up when they're feeling down. Trust staff were joined by representatives of the Samaritans, State of Mind Sport and Cruse Bereavement Care and offered tips and information to fans on how to improve their wellbeing – and the wellbeing of those around them – by reaching out, connecting and communicating.

## Five ways to wellbeing

- Connect:** ring a friend or family member, have a chat, arrange a meet-up
- Give:** volunteer, help a stranger, be part of something 'big'
- Take notice:** of all the good stuff around you
- Keep learning:** a new skill, play a new sport
- Be active:** go for a walk or run, have a game of footie, join Derby County's Active Supporters programme (tel: 01332 416140 or email [community@dcct.co.uk](mailto:community@dcct.co.uk)).

## Feeling low? Talk to someone

Speak to your GP, call the NHS on 111, or contact...

- Samaritans: call 116 123
- HOPElineUK (for young people up to 35): 0800 068 41 41
- Derbyshire Focusline: 0800 027 2127 (run by Rethink Mental Illness)
- Talking Mental Health Derbyshire: call 0300 123 0542





# Governor update

## Introducing your new governors...

In September we invited members to stand in our governor elections to represent communities including Derby City West and Erewash South, Amber Valley North and North East Derbyshire. We welcome the new governors who have taken up these roles:

### Alan Smith, Chesterfield South

"I have lived in Chesterfield all my life. I believe in democracy and that we should work with the system and not against it. I was a union representative for six years and attended GMB (Britain's General Union) college for training in union representation in the workplace. I have also worked in the voluntary sector for many years and within the NHS as a representative for service users with mental ill health."



### Paula Lewis, Derby City West

"I am keen to represent those who feel unheard, isolated or misunderstood in healthcare. I am a hardworking, dedicated and caring person who strives to support others unconditionally. I believe passionately in preserving the NHS both at local and national levels. My extensive nursing career has prepared me to engage effectively with everyone. I can also bring skills and experience from being a carer and advocate for my partner in varying healthcare settings. I constantly seek evidence of quality, validity and equity in service provision and will highlight any concerns to the appropriate personnel."



### Helen Sentance, Erewash South

"I first developed an interest in Mental Health when family members suffered from dementia and depression, and my late husband had a breakdown. With the help of the Mental Health Trust and with my support and encouragement, my husband recovered and trained to be an independent mental health advocate; working for Derbyshire Mind for 13 years until his untimely death earlier this year. I feel that being a member of the Council of Governors will give me the opportunity to contribute to the running of the Trust and as a legacy of the difference that my late husband made to the lives of many vulnerable people."



## Contacting your governor...

If you would like to meet with your governor, email [governors@derbyhscft.nhs.uk](mailto:governors@derbyhscft.nhs.uk), call **01332 623723** or visit [www.derbyshirehealthcareft.nhs.uk](http://www.derbyshirehealthcareft.nhs.uk)



We also have a newly appointed governor from our partner organisation, University of Nottingham, whom we would like to welcome to the Council:

### Gemma Stacey, University of Nottingham

"I qualified as a mental health nurse in 2004 after completing the undergraduate Master of Nursing programme at the University of Nottingham. I then went on to work for the Nottinghamshire Healthcare Trust in a range of recovery orientated community services. In 2006 I began a part-time research post at the University of Nottingham which involved managing an action research project exploring service user involvement in the assessment of student nurses in practice (SUSA). I have gone on to implement and evaluate a range of educational initiatives centred on lived experience. This complements my doctoral research interest in the socialisation of student nurses and the educational factors which influence the development, maintenance and expression of person centred values. I am currently employed as an Associate Professor in the School of Health Sciences at the University of Nottingham where I am the Lead for Graduate Entry Nursing."



## Council of Governor meeting dates for 2017...

Every two months, the Trust's governors meet the Trust's directors to discuss issues and give feedback from their constituents. These meetings are called Council of Governors meetings and are open to the public, giving members an opportunity to meet their governors.

**Thursday 19 January 2017:** from 1pm, Conference Room A&B, Research and Development Centre, Kingsway Site, Derby, DE22 3LZ

**Tuesday 7 March 2017:** from 1pm, Ilkeston Resource Centre, Ilkeston Community Hospital, Heanor Road, Ilkeston, DE7 8LN

**Tuesday 2 May 2017:** from 1pm, Belper Football Club, Christchurch Meadow, Bridge Street, Belper, DE56 1BA

**Tuesday 18 July 2017:** from 1pm, Conference Room A&B, Research and Development Centre, Kingsway Site, Derby, DE22 3LZ

**Monday 26 September 2017:** from 1pm, venue to be confirmed

**Monday 28 November 2017:** from 1pm, Conference Room A&B, Research and Development Centre, Kingsway Site, Derby, DE22 3LZ

If you would like to attend a Council of Governors meeting or raise a question to be answered or discussed, please contact us on **01332 623723** or email [membership@derbyhscft.nhs.uk](mailto:membership@derbyhscft.nhs.uk).

We have recently held another set of elections and look forward to welcoming more new members to the Council of Governors in February 2017! We have a remaining vacancy for members living in North East Derbyshire. If you live in this area and are interested in representing your local community please get in touch! Email [membership@derbyhscft.nhs.uk](mailto:membership@derbyhscft.nhs.uk) for further information.



# Joining up care across Derbyshire

## ‘Joined Up Care Derbyshire’

Many of our readers will be aware of the national interest and publicity regarding Sustainability and Transformation Plans (STPs). These are plans that have been developed in each local area across the country, in partnership between NHS organisations and local authorities, to outline ways in which local organisations can work together over the next five years, in order to achieve a common purpose.

The plan for Derby and Derbyshire – called ‘Joined Up Care Derbyshire’ – was published on 18 November 2016 and is available online at [www.southernderbyshireccg.nhs.uk/publications/joinedupcarederbyshire](http://www.southernderbyshireccg.nhs.uk/publications/joinedupcarederbyshire).

This outlines the key principles of the plan and ways in which NHS and social care services can work together to offer the right care, in the right way, at the right time, using available resources in the best way.

### The UK is changing...

People’s lifestyles are very different now to when the NHS was set up in the 1940s, or even as recently as ten years ago and services need to change to keep up with the people they serve.

Growing numbers of people need treatment. A lot of these people have more than one ongoing, complicated health condition, such as diabetes, arthritis, or breathing problems. New technology is available, which provides better support but costs more to run.

Chances to improve people’s health and provide targeted support to prevent illness, and offer the most appropriate care when it is needed, are being missed.

And there will be a £219m financial gap for Derbyshire’s health system – with an extra £136m gap for local authority care costs, by 2021, if organisations carry on working as they do currently, and services are used and offered as they are today.

### So the NHS and social care needs to change...

Providing more care and services out in the community would mean people can get well without having to be away from their home, family, friends and normal everyday life and activities.

People who are ill will receive care and treatment in Derbyshire, which is appropriate to their needs. If community care services are best suited to a person’s need, they should be provided. If specialist, residential, or hospital care is needed, that is what that person should receive. The most important thing is to match the type of care to the health problem, so people get the right treatment, first time.

This is why health and care organisations must work and plan together – looking beyond existing structures and ways of working – to make sure people:

- Are kept as healthy as possible
- Get the best quality care
- Have well-run services which make the most of available resources.

For more information, visit: [www.southernderbyshireccg.nhs.uk/publications/joinedupcarederbyshire](http://www.southernderbyshireccg.nhs.uk/publications/joinedupcarederbyshire)



## Changes within Derbyshire Healthcare

### Merger with Derbyshire Community Health Services NHS Foundation Trust

In October the Trust’s Board of Directors met to consider a Strategic Options Case (SOC) that had been developed to consider the best level of collaboration between the Trust and Derbyshire Community Health Services NHS Foundation Trust (DCHS).

A key focus was to understand the benefits of collaboration for our patients and service receivers, our staff and our stakeholders.

A preferred option for both organisations was identified through these considerations, which is for the two Trusts to fully merge, through acquisition, with DCHS being the acquiring organisation. The SOC was reviewed by both Boards independently and both agreed to this preferred strategic option, on the following grounds:

- That both Trusts are committed to the creation of a new organisation with Executive Directors, Non-Executive Directors and Council of Governors balanced to reflect the scope of the services provided

- That a full business case will be undertaken, reflecting the views of a wide range of stakeholders
- The collaboration results in genuine parity of esteem, so that physical and mental health are treated equally and care is not differentiated
- Specialisms in both organisations are protected
- The Trusts create a shared culture and values.

Following this decision, an Outline Business Case and then Full Business Case will be developed. These will require a further stage of approval – from both Trust Boards and both Council of Governors – prior to any implementation taking place.

We will be engaging with all stakeholders including members throughout this process for your views. Remember to make sure we have your email address so we can keep you up to date with these developments! Please email [membership@derbyshcft.nhs.uk](mailto:membership@derbyshcft.nhs.uk) or call **01332 623723**.



## Do we have your email address?

Members who have registered an email address with the Trust received advance notice of the publication of ‘Joined Up Care Derbyshire’. To be the first to receive updates and news from the Trust please let us know your email address! Please contact the membership team on email [membership@derbyshcft.nhs.uk](mailto:membership@derbyshcft.nhs.uk) or call **01332 623723**.



# Simon says: Be alert to the dangers of delirium



**Associate clinical director Dr Simon Thacker was recently shortlisted by the Royal College of Psychiatrists for 'psychiatrist of the year'. In part that was for his efforts to raise awareness of delirium and its effects on older people when they suffer an injury or become unwell. We asked Simon to tell us more.**

delirium die within the next six months. For those that survive, symptoms of delirium can persist in the form of dementia. Many older people struggle to look after themselves safely following delirium, but for younger people prospects are better and full recovery can be expected once the physical triggers have been addressed.

### Is delirium only something that older people experience?

It can happen to anyone with poor physical health, but children and older people are the most vulnerable. In between the extremes of life, intoxication with cannabis-style street drugs is an increasing source of delirium. Sudden withdrawal from alcohol can also trigger delirium marked by vivid visual hallucinations.

**“One third of older people admitted to hospital with delirium die in the next six months”**

### How is the NHS in Derbyshire working to improve the way it diagnoses and deals with delirium?

Delirium can be mistaken for anxiety, depression, mania and schizophrenia. A patient who becomes quiet or exceptionally drowsy might be entering a state of life-threatening delirium. We must be vigilant for delirium particularly in our frail, older patients and those who take complex mixtures of medication. We have introduced

delirium awareness training for nurses and medics specialising in older adult health, and in the Living Well with Dementia programme for patients and carers; people with dementia are 10-times more at risk of delirium than those without.

If delirium is suspected, we must search for triggers according to the 'PINCH ME' test: **P**ain, **I**nfection, **C**onstipation, **H**ydration, **M**edication or **E**lectrolyte imbalance (salts in the blood).

### Can delirium be prevented?

Prevention comes from prompt treatment of physical problems, by nipping the PINCH ME problems in the bud. We must make sure the environment is good for the patient. And we must avoid extremes of noise or quiet, provide companionship and stimulation, and offer calm explanation and reassurance.

### How can I help someone who seems to be experiencing delirium?

Delirium is a medical emergency and early assessment by a doctor or other health practitioner is needed. Talk calmly and clearly to the person. Try to keep them oriented and reassured.

### What are the best sources of information to find out more?

The East Midlands Academic Health Science Network is a good web resource: [www.emahsn.org.uk/delirium/delirium](http://www.emahsn.org.uk/delirium/delirium)

### In a nutshell, what is delirium?

Delirium is a state of confusion, agitation or extreme sleepiness usually due to physical health problems – such as dehydration or infection – or as a reaction to drugs.

### How did you first become interested in studying delirium?

It was when I was a medical student. I saw an elderly lady who reacted to a combination of psychiatric medications and became completely disoriented, anxious and paranoid – quite the opposite of what the pills were intended to achieve. I wanted to understand why this had occurred.

### What happens, typically, when someone experiences delirium?

It's so varied: there may be disorientation, inattention, anger, excitement, drowsiness, depression, paranoia or hallucinations – either separately or in a complex and fluctuating mixture.

### Is it a problem if delirium goes unnoticed?

The outlook for delirium can be alarmingly poor. One third of older people admitted to hospital with

# Board Update



**Caroline Maley, Acting Chair**

## Welcome to your new Acting Chair...

We are pleased to welcome Caroline Maley as our new Acting Chair. Caroline was formally appointed to the role by the Trust's Council of Governors on 14 December 2016, and started in her new role on 1 January 2017. Caroline is a qualified chartered accountant by background, and has more than 30 years of experience across the NHS, the private sector and education.

On her appointment, Caroline said: "I am looking forward to taking on this role, and will continue to work with all of you to ensure that we meet the regulations required of the Trust, that we deliver our business strategies and goals, and that patients interests and needs are at the

centre of the decisions that we take. I am looking forward to meeting with staff, stakeholders and members".

Ifti Majid, Acting Chief Executive, said: "I am very pleased about Caroline's appointment – she knows the organisation well and has a clear grasp of our present and future challenges. I know Caroline is looking forward to meeting with as many staff, stakeholders and members as possible in her new role over the coming months".

Caroline replaces the Trust's former Interim Chairman, Richard Gregory. Caroline commenced as Acting Chair on 1 January 2017.

## ...And newly appointed Non-Executive Directors

### Margaret Gildea

Margaret was appointed as Non-Executive Director for three years on 6 September 2016. She brings a significant level of experience to the boardroom in terms of employee engagement and culture change. Margaret is a practised HR professional with 30 years' experience in increasingly senior roles at Rolls-Royce.



### Barry Mellor

Barry was appointed as a Non-Executive Director for one year on 16 November 2016. He was previously Chief Executive of NHS Logistics and Commercial Director for Sheffield City Council. Barry, who lives in Matlock, is looking forward to contributing to his local community through his role as Non-Executive Director.



### Julia Tabreham

Julia was appointed as a Non-Executive Director for three years on 6 September 2016, and is also Deputy Chair. Julia, who has a PhD in offender health, moved into the voluntary sector from banking in 1992 to establish the Carers Federation, where she was Chief Executive until early 2016. As part of this role Julia delivered NHS advocacy services in the patient and public involvement agenda.



### Richard Wright

Richard Wright was appointed as a Non-Executive Director for three years on 18 November 2016. Richard, who lives in Nottinghamshire, is committed to working with organisations that can have a significant impact on the local population and he is particularly interested in exploring the opportunities and challenges the Trust has to tackle.





# Members' survey

Be in with a chance to win a membership bag and pack, including one of our Rustic Recipe books, just by completing this short survey!

Name: \_\_\_\_\_

Email: \_\_\_\_\_

1. Do you know how to contact your public governor? (please circle)

**Yes**                      **No**

2. Have you attended any of the Trust's events? (please circle)

**Yes**                      **No**

3. What information from the Trust is useful to you as a member?

\_\_\_\_\_  
\_\_\_\_\_

4. Would you participate in a membership week event, to learn more about the Trust, its members and governors? (please circle)

**Yes**                      **No**

You can also complete this survey online at:  
<http://surveys.derbyshcft.nhs.uk/s/Members>

5. How do you want the Trust to communicate with you?

\_\_\_\_\_

\_\_\_\_\_

6. Would you stand as a governor in a future election to the Council of Governors? (please circle)

**Yes**                      **No**

7. What issues would you like to bring to the attention of your local governor or the full Council of Governors?

\_\_\_\_\_

\_\_\_\_\_

Please return your completed members' survey by 31 January 2017 to: **FREEPOST RRGK-SRZC-JZAB Communications & Involvement Office, Kingsway Site, Kingsway, Derby DE22 3LZ**

If you would like this information in a different language or format please contact [communications@derbyshcft.nhs.uk](mailto:communications@derbyshcft.nhs.uk)

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Želite li ovu informaciju na drugom jeziku ili formatu molimo obratite se [communications@derbyshcft.nhs.uk](mailto:communications@derbyshcft.nhs.uk)

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अगर आप यह जानकारी अलग भाषा या स्वरूप में चाहते हैं तो कृपया संपर्क करें [communications@derbyshcft.nhs.uk](mailto:communications@derbyshcft.nhs.uk)

Ja vēlaties šo informāciju citā valodā vai formātā, lūdzu, sazinieties ar [communications@derbyshcft.nhs.uk](mailto:communications@derbyshcft.nhs.uk)

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Jeżeli chcieliby Państwo otrzymać kopię niniejszych informacji w innej wersji językowej lub w alternatywnym formacie, prosimy o kontakt z [communications@derbyshcft.nhs.uk](mailto:communications@derbyshcft.nhs.uk)

ਜੇ ਤੁਸੀਂ ਇਸ ਜਾਣਕਾਰੀ ਨੂੰ ਹੋਰ ਭਾਸ਼ਾ ਜਾਂ ਫਾਰਮੈਟ ਵਿੱਚ ਚਾਹੁੰਦੇ ਹੋ ਤਾਂ ਕਰਿਪਾ ਕਰਕੇ ਸੰਪਰਕ ਕਰੋ [communications@derbyshcft.nhs.uk](mailto:communications@derbyshcft.nhs.uk)

اگر آپ کو یہ معلومات کسی مختلف زبان یا وضع میں مطلوب ہو تو براہ مہربانی رابطہ کریں [communications@derbyshcft.nhs.uk](mailto:communications@derbyshcft.nhs.uk)