

BOD 79/2014

(Agenda Item: 11)

# Report to the Meeting of the

# Oxford Health NHS Foundation Trust

# Board of Directors

**Board Meeting**

**25 June 2014**

**Carers’ Strategy Progress Report**

**Executive Summary**

This report provides the Board with an update on how the Trust is progressing the work within the Carers’ Strategy to improve outcomes for Carers.

The report also informs Trust Board members about the plans the Trust has made for 2014/15, as a new member of the Carers Trust nationally accredited system, the Triangle of Care, as a structured way forward delivering future improvement in the quality of outcomes for Carers across clinical services.

The Appendices provide detail of the progress, Directorates and other areas of the Trust operations have made during 2013/14 regarding their Carers Strategy Action Plans, listening to Carers and learning to improve services for Carers.

**Recommendations**

The Board is asked to note the report.

**Author: Graham Whitwell – Head of Social Care**

**Lead Executive Director: Yvonne Taylor, Chief Operating Officer**

1. All clinical directorates have been working with carers within their services to gain their views and use these within the remodelling of our services. An update for each Directorate against their original action plans is contained in Appendices 1-3.
2. Oxford Health NHS FT has now applied for, and achieved, the first level of membership of the Triangle of Care, the Carers Trust national scheme for improving outcomes for Carers accessing Mental Health Trust services. the Trust is represented at The South East Region, Triangle of Care Network and the work the Trust undertakes through Self-Assessment will be submitted to the Carers Trust and peer reviewed in order to determine further levels of membership on an annual basis.

The Triangle of Care approach was developed by carers and staff to improve carer engagement in acute inpatient, home treatment and community services. It was launched nationally in July 2010 by the Carers Trust and the National Mental Health Development Unit. The Triangle of Care guide document outlines key elements to achieving this as well as examples of good practice. The three points of the triangle represents the inter-relationship and partnership working between service users, their Carers and their service in order to improve the quality of service delivery and outcomes. There is an emphasis on the need for better local strategic involvement of carers and families in the care planning and treatment of people with mental ill-health. It also emphasises the need for better practice based clinical outcomes for Carers within the clinical process.

Oxford Health NHS FT work plan focused on the Triangle of Care will form the basis of the Carers Strategy Action Plan for the coming year. The Carers Trust expectation through Triangle of Care membership is that Oxford Health NHS FT will complete the Triangle of Care Self-Assessment of all inpatient units over the next 12 months. This will be a significant process, supported by Oxford Health NHS FT evidence; the submission will be Carer Trust and Triangle of Care South East Region Network peer reviewed.

3. Carers’ Forum

In order to take a consistent approach across the Trust, we are setting up a new Carers’ Forum, chaired by the Chief Operating Officer who is the Executive Lead for Carers. The Forum will be made up of carer representation from each Directorate and third sector partners, Carer Governors, Carer Strategy Leads from each Directorate. The first meeting will take place in early July 2014.

The role of the Carers Strategy Forum will be to consult on, establish and report on the Carers Strategy Action Plan 2014/15 as well as monitor achievements and ensure that we focus on things that are important to carers and develop the triangle of care.

1. Trust-Wide Learning Event

A learning event was held on the 6th June 2014 at the Whiteleaf Centre with around 50 delegates. The event brought together themes and learning from Serious Incidents, Complaints and PALS and Clinical Audit that related to family and friends and carers.

Each clinical directorate presented work that is currently underway to improve carer engagement and involvement. A carer from Oxfordshire and carers from Bucks shared their journey and both positive and less positive experiences with the delegates. The latter presented in person and their outstanding contribution had a significant impact on everyone present.

The event also gave the opportunity to raise the profile of the Carers strategy and the future work planned within the framework of the Triangle of Care that the Trust has now formally signed up to.

By the end of the day that there were some clear themes that emerged frequently and it was acknowledged that although there were improvements being undertaken there was also a long journey ahead.

Emerging themes included:

* Communication
	+ confidentiality
	+ language
	+ changes to services
* Ensuring that family and friends are engaged at the earliest possible opportunity in a patient’s journey.
* Involvement around transfer and in particular discharge
* Attitudes

A number of actions were agreed at the end of the day and these will be taken forward and monitored through the Carers’ Forum

1. Carer Strategy Objectives for 2014/15

Three high level objectives will be recommended to the Carers’ Forum for the three Clinical Directorates across the Trust to continue a process of improving outcomes for Carers.

* All directorates will complete the Triangle of Care Self-Assessment process, underpinned by evidence, for all inpatient units, by June 2015.
* The Carers Forum will task the Adult Directorate Carers Lead and the Trust wide Performance Manager to trial an online carer experience tool within each AMHT.
* The Carers Strategy Forum will work with the Directorate Carer Leads and the Trust’s Communications team to lead the improvement and development of the Oxford Health NHS FT internet site delivering high quality information for Carers using services in all Directorates.

 **Appendix: Directorate Progress Reports 2013/14**

**Appendix 1 / Adult Directorate Action Plan Summary**

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| **Actions**The Directorate listened to, and consulted Carers and staff to understand what needed to happen to improve outcomes.The Directorate provided two one day facilitated events in Buckinghamshire and Oxfordshire to listen to Carers. Over 60 Carers attended with some voluntary sector representation.  | **Outcomes**Buckinghamshire and Oxfordshire Carers improvement examples:* + Carers wanted better two way communication between carers and staff.
	+ Carers wanted to be involved in development and progress reviews of goals in care plans.
	+ Carers wanted all the different carer groups to be mapped, linked and accessible.
	+ Carers wanted their role to be better understood, valued and supported.
	+ Staff to be aware of carers’ rights and all carers offered an assessment of their needs.
	+ Carers wanted their experience of exclusion under the umbrella of confidentiality to be understood and ended.

This feedback is being incorporated into the remodelling of adult services. |
| The Directorate developed and began piloting an online tool to capture Carers experiences.  | An online tool has been developed and trialled for staff to use within their teams to randomly select and telephone 10 Carers a week. Staff will work through a series of questions which will support Carers to share experience.Following the pilot this tool will be rolled out across the Trust services. |
| The Directorate began a project process to improve and develop the Trust internet site for Carers in conjunction with communications team. | The Directorate has undertaken discussions with website development staff, reviewed other Mental Health Trust websites and established leadership within the Directorate manage the project. Examples of some of the items Carers would like on their site:* Publish the Carers Strategy on the site.
* Information about access to urgent care.
* Information about the new service model of care 24/7.
* Links to information about other services.
* Trust reports regarding progress with improvement / Triangle of Care.
* Expert written clinical advice and information for carers on mental health conditions.
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| The Directorate undertook to make sure that the Carers Grant was widely and evenly distributed to benefit carers in the highest levels of need.  | Oxfordshire locality is an example for this report of performance regarding the Oxfordshire County Council / Carers Grant allocation for Adult Mental Health.Basic performance data:The Oxfordshire locality allocated £88,600 in Carers Grant 2013/14 to 160 Carers.A questionnaire was sent out with each assessment and allocation process. In a sample of 48 Carers 98% said the service exceeded their expectations.Carers accessed the Carers Grant and purchased, Respite Care, access to activities (e.g. Gym Membership), family trips out and home improvements (e.g. replacing white goods) as the main themes on expenditure. |
| The Directorate Crisis Service maintained and reported its own work in understanding the experience of Carers between April and December. | The following results were reported:

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| Questions | Average Apr 13 | Average Oct 13 | Average Nov 13 |
| Did you feel that the workers listened to how things have been for you?  | 77% | 82% | 89% |
| Did the Team provide with enough information about how to get the support you needed? | 53% | 82% | 78% |
| Do you feel the Team has responded to you quickly when you expressed concerns? | 75% | 94% | 93% |

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| The Directorate established leadership to coordinate work regarding the Carers Strategy. | The Directorate has established leadership within both the Oxfordshire and Buckinghamshire localities of the Directorate which will link into the future Carers Strategy Forum. |

**Appendix 2: Older Peoples Directorate Action Plan Summary**

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| **Action**The Directorate will establish a formal link with the primary care locality groups carers forums to gain greater understanding of carers needs and their experience of the divisions services. | **Outcome**Formal links have been made with the Primary care Locality carers groups across the county. Directorate senior clinical and operational representatives attended the most recent engagement event focusing upon Older Adult Mental health in Banbury on the 15th April 2014 with further events planned throughout the year. |
| The division will work with locality commissioning teams to identify ways in which formal recording of the status of carer can be captured and shared with integrated locality teams to facilitate more adept responses to carer and patient need. | The identification of and sharing of carer information is a component of the integrated locality team project. This is due to be operational in all areas by August 2014. |
| The Division will review carers input and patient and public involvement into all services as part of the division’s response to the Berwick Report. Specific engagement actions will be identified for the division. | The Divisions Clinical Director and Head of Nursing for Older Adult MH prepared and presented the Berwick report to the divisions Senior Management team in December 2013.The Directorate has started a process of bi annual review of all the Directorates’ services quality, performance and governance. Central to this is reviewing each of the services patients experience and carer involvement initiatives. |
| The division will hold an open day in association with Age UK to understand the experience of carers and patients access to the Urgent care service for those with dementia. | The Division held a ‘dementia awareness’ conference in conjunction with the ‘Alzheimer’s society’ and Age UK.  |
| The directorate is working on the development of a “critical friend” as part of patient and carer engagement in service development and reconfiguration. | Research is underway with partner organisations to identify the networks already in place and the opportunities these may present for the division to engage and adopt them as a “critical friend”.  |
| The Division will continue its work to improve access to information for Carers regarding both the services, access to services and access to information to support them in their caring role. | The work underway is to develop the Trust internet and intranet sites. This work will coordinate and combine with other Directorates to ensure a single information improvement process. |
| The Continuing Health care service will continue to expand the use of personal health budgets to support patients and their carers in meeting the personalised health care needs of patients and their families.  | The service has continued to expand the use of personal health care budgets for patients and carers of all ages in association with CCG |

**Appendix 3: Children and Families Directorate Action Plan Summary**

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| **Children & Families Divisional CARERS ACTION PLAN 2013/14** |
| **Service & Lead** | **Action** | **Timeline** | **Trust Outcome** | **Evidence** | **Review date** | **Developments** |
| **Child & Adolescent Mental Health Service (CAMHS)****SERVICE LED** | **Establish a Parent/ Carer Involvement Group** | **First meeting Oct 2012****Monthly meetings in place** | **Establishing and facilitating representative focus groups****(TO2)****Trust strategy point 5** | **Notes from monthly meetings Projects & Actions plans****Newsletters****Published articles** | **Review Terms of reference & membership Oct 2013** | **-PALS gave talk about service to group****-project on information given at assessment underway****-carer representation at Health talk matters****-carer Involvement group facebook page****-carer experiences uploaded to trust website****-carer article published in Insight newsletter****-1 year review undertaken and changes to meeting times and venues to take place****-Parents talked at Healthtalkmatters and teams away day** |
| **Child & Adolescent Mental Health Service (CAMHS)****SERVICE/Involvement worker LED** | **Develop Parent/ Carer service questionnaire to identify specific needs** | **Involvement group project established Feb 2013.** **Data collection started in team June 2013** | **Routinely seek feedback from individual carers****(TO1)** | **Involvement group project notes****Device evidence, reporting & action plans** | **Review of data & questions September 2013****Quarterly reviews thereafter** | **To date 400+ responses from parent/ carers in 2013/14****Questionnaire reviewed and updated april 2014** |
| **Child & Adolescent Mental Health Learning Disabilities Service (LD CAMHS)****SERVICE LED** | **Develop Parent/ Carer service questionnaire to identify specific needs** | **LD CAMHS team involved in design of questionnaire.****Data collection started August 2013** | **Routinely seek feedback from individual carers****(TO1)****Trust strategy point 6.** | **Device evidence & reporting & action plans** | **Review of data & questions September 2013****Quarterly reviews thereafter** | **To date 18 responses from parent/ carers and questionnaire reviewed and updated april 2014** |
| **Child & Adolescent Harmful Behaviours Service (CAHBS)****SERVICE LED** | **Individually interview 20 parent/ carers of service users to collect experience feedback** | **Completed June 2013** | **Routinely seek feedback from individual carers****(TO1)** | **Service report** | **Annually**  | **17 out of 19 respondents said that they were very satisfied with the service they received** |
| **CAMHS Inpatient services (Highfield)****SERVICE LED** | **Develop Parent/ Carer service questionnaire to identify specific needs** | **Data collection started in Nov 2012** | **Routinely seek feedback from individual carers****(TO1)** | **Reporting & action plans** | **Review of data & action plans Nov 2013** | **Questionnaire reviewed and updated april 2014**  |
| **CAMHS Children & Young People’s Improving Access to Psychological Therapies****SERVICE LED** | **Parent/ carer representation on Project Board** | **In place** | **Routinely seek feedback from individual carers****(TO1)** | **Project Board minutes** | **Review of ToR and Carer involvement October 2013** | **Pilot feedback has been positive from carer representative/ services and could be used as a model in other areas.** |
| **CAMHS Children & Young People’s Improving Access to Psychological Therapies****SERVICE LED** | **Implement Parent/ carer specific Routine Outcome Measure ROM) for PE feedback** | **Rollout Autumn 2013** | **Routinely seek feedback from individual carers****(TO1)** | **ROM reports, service reporting** | **ongoing** |  |
| **Child & Adolescent Mental Health Service (CAMHS)****SERVICE LED** | **Implementation of self harm information resources pack in conjunction with schools, parents/ carers and young people in BUCKS. Patient experience feedback and needs being utilise** | **Started in May 2013 and resources currently being developed.**  | **Routinely seek feedback from individual carers, informing the organisation & Training staff** **(TO1, 2 & 5)** | **Resource pack**  | **ongoing** | **Focus groups and individual consultation been run to obtain PE information and identify need of parents and carers.** |
| **Children’s Integrated Therapies (Occupational, Speech & Language and Physio- therapies)****SERVICE LED** | **Develop Parent/ Carer service questionnaires to identify specific needs and feedback on equipment use.** | **Data collection started in August 2013** | **Routinely seek feedback from individual carers****(TO1)** | **Reporting & action plans** | **Review of data October 2013****Quarterly reviews thereafter** | **To date 138 responses from parent/ carers****Action plan created from 2013/14 data** |
| **Children’s Integrated Therapies (Occupational, Speech & Language and Physio- therapies)****SERVICE LED** | **Gain Patient experience feedback as part of specific care pathway developments (service transition, cerebral palsy pathway)** | **Utilise existing carers groups around specific conditions.** **Workshops in September, October & November** | **Establishing and facilitating representative focus groups****(TO2)** | **Involvement group project notes****Device evidence, reporting & action plans** | **ongoing** | **Consultations being run at special schools with carers and young people as well as events for specific pathways** |
| **Family Nurse Partnership****SERVICE LED** | **Parent/ carer representation on Advisory Board and annual review** | **Participant training undertaken in jan 2014**  | **Routinely seek feedback from individual carers****(TO1)** | **Meeting minutes, review paper** | **ongoing** |  |
| **Divisional****SERVICE LED** | **Develop Patient Experience film for use in staff training and induction (including young people and parents/ carers)** | **Filming started June 2013 and continuing as services recruit service user involvement.** | **Routinely seek feedback from individual carers, informing the organisation & Training staff** **(TO1, 2 & 5)**  | **Film**  | **Review date to be set upon completion** | **-15 service users and parent/carers have currently been interviewed** |
| **Divisional****SERVICE LED** | **Continue to develop information and advice about illnesses, conditions &/or treatment specifically for parents/carers** | **Utilise existing carer groups and identify parent/carer involvement in service development project plans** | **Routinely seek feedback from individual carers. Establishing and facilitating representative focus groups****(TO1 & 2)** | **Service development project plans, group notes and information available.** | **ongoing** | **Parents currently engaged in work around website, app, medication information leaflet** |
| **Divisional****SERVICE LED** | **Reduce service jargon to improve accessibility to parents/ carers** | **Carers involved in development of Divisional website with “carer section”. Website currently under development. Launch Mar 2014. Use existing groups and SQ feedback on a routine basis** | **Routinely seek feedback from individual carers. Establishing and facilitating representative focus groups****(TO1 & 2)** | **Website, device feedback and action plans, project plans** | **ongoing** |  |
| **Divisional****SERVICE LED** | **Continue to develop consultation with parents/ carers, respecting them as expert care partners** | **Utilise existing carer groups and identify parent/carer involvement in service development project plans. Publicise ability to become involved more widely through website, media and professionals.** | **Routinely seek feedback from individual carers. Establishing and facilitating representative focus groups****(TO1 & 2)** | **Website, information leaflets, device reports and action plans, project plans, group notes** | **ongoing** |  |
| **Divisional** **SERVICE LED** | **Identify carers at an early stage**  | **Carers and partner organisations involved in development of Divisional website with “carer section”. Website currently under development. Launch Mar 2014**  | **Routinely seek feedback from individual carers. Establishing and facilitating representative focus groups****(TO1 & 2)** | **Website, device feedback and action plans, project plans** | **ongoing** |  |
| **Divisional** **SERVICE LED** | **Support carers to stay physically and mentally well** | **Carers and partner organisations involved in development of Divisional website with “carer section” to signpost if appropriate. Utilise carer groups and run consultations with harder to reach groups.** | **Routinely seek feedback from individual carers. Establishing and facilitating representative focus groups****(TO1 & 2)** | **Website, information leaflets, device reports and action plans, project plans, group notes** | **ongoing** |  |

**APPENDIX 4 SPECIALISED SERVICES DIRECTORATE (FROM 1 April 2014 part of Adult Directorate)**

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| **Aim** | **Action** | **Lead Responsibility** | **Timescale** |
| **Forensic Inpatient Services** |
| Ensure that we have identified all relevant carers or family members for each in patient | Care Co-ordinators to work with patients and ensure that any relevant carer is identified with contact details on Rio. This is ongoing. Audit of practice needed.Care co-ordinators to record whether patient wishes identified carers to be invited to next CPA review meeting. Improved through CPA CQUIN. Patients views to be collected through the checklist (below) Family / Carer checklist to be completed on all new admissions to wards. Improved and ongoing and re-audit every 3 months and discussed in Forensic Clinical Governance Committee on a monthly basis to improve awareness.Family champions are on each ward and take a lead on the completion of the family/carer checklistTeaching sessions have occurred on every ward and forms part of the Forensic Induction for new staff.Ongoing plan of training sessions on wards and practice development workshops involving family intervention trained staff, Psychologists, Senior Nursing and other interested individuals.  | Heads of Medium and Low Secure Services | Completed and ongoing (using audit to measure) |
| Ensure MDT assessment of all carers is documented | Care co-ordinators to ensure that MDT assess in CTM or CPA meeting the needs of any identified carer. Need for signposting, information and advice, support or family interventions to be documented on Rio.The family and carer checklist aims to monitor the above. To re-audit the content and quality of the family and carer checklist at end September 2014.  | Heads of Medium and Low Secure Services | Completed and ongoing (using audit to measure) |
| Provision of family work or family interventions to carers and patients where indicated | Every ward to have a family work co-ordinator.All wards to send or have booked on 1-4 staff members on family work / PSI courses.This has been achieved for 2013 but ongoing training plan is required.Level of provision of family work / interventions to be centrally monitored and reported to Forensic Clinical Governance Committee. Investigate possibility of remote video conferencing (Lync, Skype) for carers and familiesThis is being done and being achieved as part of the Forensic Service CQUIN  | Heads of Medium and Low Secure ServicesDivision’s lead on Family Work (Matt Lister) | Completed (a list of staff is held centrally)01/12/13, then quarterly |
| Provision of family friendly visiting areas | Ensure visiting areas are suitable for family visitors.Where feasible, provide new, dedicated family visiting rooms.With regard to the child visit rooms – these are all being configured as part of the overall Estates works being done in order to ensure compliance with LSU/MSU standards. They will, however, mostly have to be shared space with multi-faith rooms. This is because of challenges with the physical environment. There is little, if any demand, for either child visit or multi-faith space in LSU. MSU is currently compliant with offering child visiting rooms and facilities.  | Heads of Medium and Low Secure Services | Completed for MSU LSU 01/08/14 |
| **Forensic Community Team** |
| Ensure needs of carers considered for patients and their families after discharge | Care Co-ordinators to work with patients and ensure that any relevant carer is identified with contact details on Rio.Care co-ordinators to record whether patient wishes identified carers to be invited to next CPA review meeting.Need for and results of carers assessment to be documented as part of CPA process.Audit demonstrates that documentation is being done, but there is an acknowledgement that RIO does not lend itself to easily recording the above information.  | Head of Low Secure Services | Completed To be audited end Sept 2014 |
| **Addictions Services** |
| Ensure carers / family members have access to specialist advice | Identify carers’ leads in each service area.Leads to facilitate and monitor the provision of advice and information, one to one and group support, skills building and practical advice on boundaries, risk and personal safety issues. To be reported and monitored at Community Services Clinical Governance Committee.Ensure there are carers’ information leaflets available detailing what the service provides for carers and further sources of help and advice.Currently for carers we have a county wide support service led by the team leader and due to be supported by 2 peers supporters (parents who have been attending groups for 18 months).Those 2 parents are due to attend the July volunteer induction courses in order to be integrated into the team and have the same information to promote safe practice . We currently run an evening group ( Witney 6-8.30pm) and a Saturday group , due to restart with a new cohort at 2-4pm. We also currently offer telephone and email support to parents and hold 1:1 meetings /1:1 face to face support for those who have complex issues or who other reasons feel they are not ready to attend a group.  | Head of Prison, Luther Street and Harm Min  | 01/12/13 |
| Ensure carers are part of assessment process | Feedback to LASARS any assessment that does not identify a carer.Ensure carers needs and response of servicse are recorded as part of in house assessment.I have last week re-advertised this via a safeguarding link across all Oxford based children's centres, early intervention hubs and children's social care teams. In addition the service has linked with local homestart schemes to ensure relevant agencies are aware of this support. Once they have 'found' the support the groups receive extremely positive feedback however we are concentrating on recruitment at present.  | Head of Prison, Luther Street and Harm Min | 01/12/13 |
| **Dentistry** |
| To ensure all key carers for paediatric and adult Special Care Dental patients are identified  | To ensure that all named carers are documented and updated on R4 electronic dental record as appropriate.Update for dental teams on areas of confidentiality and consent with specific reference to disclosure to carers as all patients complete NHS consent forms for all surgical interventions.The dental service discusses recording the names of carers of special care and paediatric patients in the R4 clinical dental notes with all dentist and dental therapists at service audit/peer review meetings. The service plans to audit that the named carer is being documented on R4 for all children and special care patients with a ‘learning disability’ marker by incorporating it into the record keeping audit for 2014/15.All clinical dental staff are required to attend Mental Capacity Act, Safeguarding Children and Safeguarding Adults mandatory training. The consenting process and consent forms are discussed with new dentists and dental therapists as part of the induction process. Consenting of patients for treatment is reviewed annually during the dentist appraisal process as part of the clinical competencies. | Clinical Director/Head DentistrySenior Clinical dental Management team | 31/3/14 |
| To ensure that Carers requiring further support are signposted to the correct authorities | Dental teams to be trained in order to signpost carers who may attend with dental patients to other support services outside dentistry including information on Local Authority Carers grants and personalised budgets.The service has arranged a lecture/overview for all dentists and dental therapists on signposting carers, LA carers grants and personalised budgets. This training will also take the dentists and dental therapists through dental scenarios, consent and carers.This training has been organised via Safeguarding Adults Manager and is due to take place at the dentist and dental therapist audit/peer review meeting in March. The training is due to be delivered by a senior clinician who works in continuing care with individuals with learning disability and she also has links with the Community Learning Disability Team. | Clinical Director/head DentistrySenior Clinical Dental Management team | 31/3/14 |
| Dental Special Care Carers Involvement with feedback and experience to be established in line with Division and Trust Standards | Carers for physically challenged, dementia, LD and MH dental patients to have opportunity to contribute to a Trust carers feedback forum.The dental service has representation on the Taking Action from Patients Feedback Forum which provides an opportunity for the service to be proactive about collecting, evaluating and implementing change from patient feedback. The service is currently in the process of finding out if there are any patient/carer feedback forums already set up within the Trust that it may be able to link into. | Specialists in Special Care dentistryMark TaylorSarah Buckingham | 31/3/14 |



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| Report regarding Family Inclusive Work in Forensic Inpatient services: progress to date and plan for next 6 months |

This document has been prepared for the directorate clinical governance group to feedback on progress in the year 2013-14 in relation to ‘family inclusive practice’ within Inpatient services.

The project to improve family inclusive practice started in 2009 in order to:

* Acknowledge good practice, and to ensure it was widespread and better recorded
* Be in line with the Trust’s ‘Think family’ drive
* Increase family inclusive practice (involvement)
* Improve awareness and training of staff
* Increase the range of support and interventions offered for individuals and their families and therefore improve their experience of our service

**Why are we supporting and improving our family inclusive practice?**As we develop our practice over the next year it is important to acknowledge what has already developed and make sure that practical ideas are linked to evidence based ideas.

Many NICE guidelines and Practice guidelines acknowledge that families / friends and carers have a role to play in services. It is proposed that there are benefits to involving families as it enhances safety and quality outcomes. For example, it can:

* Support or encourage change for patients
* Support the development of relationships and improve skills in this area
* Improve treatment outcomes
* Support transitions into the community (or between wards)
* Reduce complaints

 **Developments so far**

Audit

* Audit of information keeping in 2010 demonstrated inconsistent practices
* We have surveyed the amount of contact our patients have
* Survey/data collection in Marlborough House (relating to experience of violence within the family) – relates to consideration of risks and barriers to practice
* Completion rate of checklist is being monitored every 3 months (ML).

Training

* Think Family champions have visited some wards
* Family inclusive work has an slot on the induction and includes a Carer speaking
* Training attended by staff in Family Interventions (UWE) and systemic theory (Tavistock)
* Training sessions on some wards relating to family inclusive practice
* MH family inclusive work development 1/2 day recently held

Practice

* Family/ Carer Checklist developed to prompt and record good practice (Family checklist beginning to be used)
* Ward-based family champion idea promoted
* An increase in family work on wards
* Visitor facilities improved, with resources and information
* Information sheets for families and carers developed and provided on all wards
* Ward based information developed under the Productive Ward initiative to include family/carer information
* Piloting the welcome meeting idea

Governance

* Service document outlining evidence based practice and how it will work in our service
* Supervision (family interventions & specialist) offered (not always taken up)
* LBR monies successfully obtained for further training and specialist supervision

Service user and family view / involvement

* Survey in progress (on back of CQUIN for technology) regarding Family views of the service
* Survey of patients and families relating to their interest in using Skype

Other activities

* ML and AS involved in Trust Steering Group for Think Family Work
* Conference organised and held in Oct 2013 relating to family work in Forensic settings in Oxford. This is a new national event which will be held again in 2014.
* ML presentation at BPS conference April 2013 on bringing systemic ideas to patient work

**Plan for next 6 months**

The plan is that ‘Tier 1’ activities (connection, engagement and involvement/assessment of families) as outlined below in the pyramid are carried out across the service.

**Area of focus for next 6 months across the service**

Adapted Pyramid of Family Care (from Mottaghipour & Bickerton, 2005)

The development of Tier 1 activities is happening by holding local meetings on each ward area to generate ideas and methods of ensuring Tier 1 activities are being done.

Some examples include:

* Consideration of processes (how to make it routine that information is given out) and ways of providing information (notice boards) and improving the experience of families and significant others
* Development of clearer tasks/roles for family champions / family interventions trained staff with support from psychology (locally), co-ordinated by ML, AD and CK
* Increasing Family focus in CTM/ward thinking (*see appendix for further illustrations*)
* Using the Family and Carer Checklist to record and prompt practice – information giving, contact. The checklist needs reviewing – no feedback on it has been provided despite frequent requests
* Piloting the idea of the ‘Welcome meeting’ for Families
* Ongoing local training to increase awareness (eg MH has recently had a 3 hour training slot)
* Support development of carer events

We also need to agree what steps each area may need to take in order to move towards Tier 2. For example, we have agreed that there should be a rolling programme of training for staff in Family Interventions and Supervision arrangements for this need to be reviewed.

Tier 2 activities include:

* Confirming the ongoing plan to train people in family interventions (at UWE)
* Ongoing supervision and support of family champions by psychologists training in family work
* Ensure that supervision opportunities remain – systemic therapist (external) and family interventions support needs to be maintained

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| APPENDIX: Examples of some of the Key Tasks of Family Involvement * Documentation of the contact details of all key family members (complete family carer checklist)
* Arrange an initial face to face contact/meeting or via telephone if not possible
* Introduction of key nurse and core team members
* Introduce the service – give relevant leaflets
* Assessment of the urgent and basic needs of the family
* Consider any safe guarding issues
* Development of a plan and involvement of other agencies (referral/liaison as needed)
* Meeting (s) with the family/carers to find out more about the patient and the needs of the family (Welcome meeting idea)
* Provide education as required, e.g. Regarding MHA, patient rights etc

Some things they’ve done at MH* Create a notice board area for families and patients to see
* Oversee the visits room
* Organise and be involved in a ward training event (3 hours)
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