



Family, Friends
and Carers Annual Report
2018



Oxford Health
NHS Foundation Trust



Foreward

by Chief Executive Stuart Bell CBE

In June 2017 Oxford Health launched *I Care, You Care*, our new strategy for families, friends and carers. Within this, we pledged to publish a report each year that would summarise our progress and set out key objectives for the coming year.

I am therefore delighted to present our first *I Care, You Care* annual report. Hopefully you will agree that many things are moving in the right direction. However, we also recognise that we have much more work to do. I hope you will find the report both interesting and helpful, irrespective of the perspective from which you may be reading it.

I would like to take this opportunity to thank all staff in our own and partner organisations who have been involved in this important work. Writing strategies is relatively easy – changing our culture takes a lot longer. The biggest contributory factor to improving care is the energy and commitment of staff, both individually and in teams. Many staff regularly go the extra mile to support those in our care, and I am continually grateful for their continued efforts and goodwill.

Perhaps more importantly I would like us all to take a moment to put ourselves in the shoes of somebody who is caring for a family member or friend who may be very unwell or is living with a long term medical condition.

The care we provide as health and care professionals represents only a tiny proportion of the network of support that surrounds many of our patients and service users. We must never forget this crucial component, nor take it for granted. For everyone out there who is caring for a friend or loved one – thank you, and please do tell us what we can do better to support you.



Last year, during National Carers Week, we launched our *I Care, You Care* strategy for family, friends and carers. Linked to the Carers Trust's best practice guidance *Triangle of Care*, this tries to ensure all of our services understand the importance of carers, involving them jointly in care planning and delivery at each stage of the patient journey.

At the launch of the strategy we ran three 'forum theatre' events for senior leaders across the trust. These featured experienced actors who played a patient, a family member and a ward nurse. In the first scenario, the nurse was rushed off his feet, didn't make time for the family member, and things went wrong for the patient.

The audience then had the opportunity to reflect on what they had seen, ask questions of the actors and then redirect what the nurse should do to achieve a better outcome. The scene was finally replayed several times with team members able to 'pause', 'rewind' or 'fast forward' the action, and redirect the staff member to achieve a better outcome.

This was not only great fun but it also extremely thought provoking. We could experience first-hand how very small things such as being too busy to listen, or not treating a family member with compassion at a time of great stress, can critically change things for the patient.

Feedback from the events was almost universally positive, and represents in microcosm the challenges faced by a large and diverse organisation such as Oxford Health. We want every contact with patients, families, friends and carers to be outstanding, but achieving this at a time when services are under great pressure is very difficult.

This is where *I Care, You Care* comes in. At the core of this is National Voices' *Narrative for Person Centred Care*, it states that all care should be designed and delivered against the following 'I statement':



"I can plan my care with people who work together to understand me and my carer(s), allow me control, and bring together services to achieve the outcomes important to me."



The six key standards of the Triangle of Care accreditation:

**CARERS AND THEIR
ESSENTIAL ROLE
ARE IDENTIFIED
AT FIRST
CONTACT OR AS
SOON AS POSSIBLE
AFTERWARDS**

**STAFF ARE
'CARER AWARE'
AND TRAINED
IN CARER
ENGAGEMENT
STRATEGIES**

**POLICY AND
PRACTICE
PROTOCOLS FOR
CONFIDENTIALITY
AND SHARING
INFORMATION ARE
IN PLACE**

**DEFINED POST(S)
RESPONSIBLE FOR
CARERS ARE IN
PLACE**

**A CARER
INTRODUCTION
TO THE SERVICE
AND STAFF IS
AVAILABLE, WITH A
RELEVANT RANGE
OF INFORMATION
ACROSS THE ACUTE
CARE PATHWAY**

**A RANGE OF
CARER SUPPORT IS
AVAILABLE**

The trust has already achieved 'two star' Triangle of Care accreditation for its mental health services and we are working towards 'three star' accreditation, which includes all our physical health services receiving the same quality mark.



After self-assessing against these standards we identified the following areas for improvement:



Adopt a more consistent approach to the support we provide families, friends and carers across our physical health services



Better recognise the needs of specific carer groups that present unique challenges to the Trust (e.g. young carers, people who care for patients with dementia, or those receiving end of life care)



Harness the enthusiasm our staff have for working with families, friends and carers; we need to identify people within our services to lead on this work and give them the time they need to focus on it



Develop a clearer picture of the many different carer representative groups and organisations so we can better capture their feedback and address the issues they raise



Develop the culture of the organisation to better value the importance of carers' roles, and to deliver services that support them in their caring role



Involve families, friends and carers fully in the 'co-production' of services, and nurture a culture in which we 'do with' people

From these we then identified some key priorities for 2017-18, against which we have provided a detailed self-assessment in the next section of this document.

A good summary of our current status can be represented in the chart below, which shows the range of our eighty services' self-assessment scores against the five core standards of the Triangle of Care.



It can be seen that services rate themselves in a range from **1** - **3.7** out of a maximum potential score of **5** across the different standards where **5** = excellent, **4** = very good, **3** = good, **2** = fair and **1** = poor.

We rate ourselves overall at being 'good' or 'very good' at identifying carers, and 'fair' or 'good' making sure that staff are aware of carers' needs, patient confidentiality and welcoming carers to our services.

However, we score as 'fair' or 'poor' for having defined posts in place as carer leads and ensuring that extra help is available. This is perhaps unsurprising at a time of financial austerity and workforce shortages, and these are obviously key areas that we will need to focus our efforts on for the future.

We also need to be mindful that services tend to 'score themselves down' when answering questionnaires of this type – care professionals have a tendency to set themselves very high standards, which is both understandable and admirable. Feedback from carers themselves, which is summarised later in this document, tends to be more positive.

As you will see, everything has moved forward but perhaps not quite at the pace that we all would have liked. Crucially it took us several months longer than expected to find the right person to lead on this work for the trust, so we made the conscious decision to delay some of our activities until later in the year.

This means that not everything we set out to do has been fully implemented. However, we are confident that this can be remedied over the next few months and that we can then get back on the 'front foot' as we gear up our activities still further.

You will see this covered in the section 'Priorities for the coming year' towards the end of this document.



As Stuart has already done, I would like to take this opportunity to thank everyone involved in this important work. Whilst, as Chief Operating Officer, I am able to create a structure and framework for improvement, it is the positive energy of our team members that carries everything forward.

Dominic Hardisty
Chief Operating Officer

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Progress over the past year (2017-18)

New trust-wide carer lead



Senior leader roles include expectations regarding carers



Annual self-assessment programme



Roll-out to physical health services



Leads across all services



Creating a community of practice for local carer leads



Reviewing and improving our web pages/leaflets, etc.



Training for all staff



Carers involved in our programme governance



Inclusive for disadvantaged groups



I Want Great Care feedback tool



Annual Report



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Over the past year there has been significant work taking place across the trust to really embed the I Care, You Care philosophy among staff and build even stronger relationships with the families, friends and carers we come into contact with.

An important part of this work was recruiting into the newly created Carer Involvement Lead post, something that took longer than anticipated, but which I'm pleased to say we have now done.

Since March 2018, Diane Hilson has been in post and brings with her a wealth of programme management and patient involvement experience. As well as her background working within the NHS for 16 years, Diane also has experience of caring for her sister.

Over the past six months, there have been significant changes made to the operational structure of the trust and this has allowed us to begin to roll-out new job descriptions across all operational leadership roles.

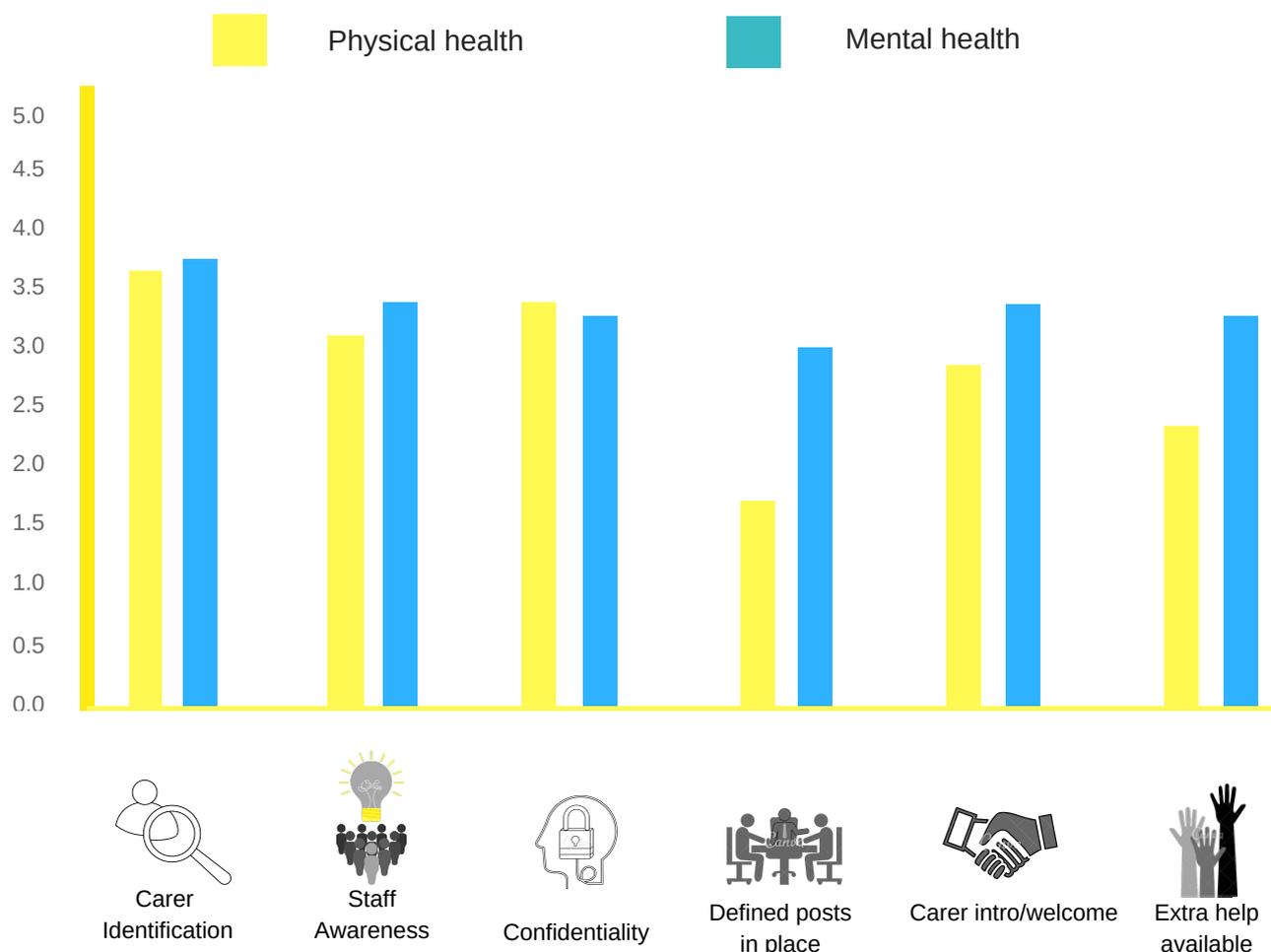
These included a clear definition of the quality responsibilities, aligned with the five Care Quality Commission's (CQC's) five quality domains of Safe, Effective, Caring, Responsive and Well Led, which will be monitored annually.



We are also trying to capture data more efficiently and effectively from teams regarding the work they are doing, which has involved streamlining what was a lengthy, paper-based self-assessment process into an online survey.

There is still much more work to be done across our physical health settings, which is what we expected given that the Triangle of Care was designed for mental health settings.

The below graph illustrates the perceived gap among our physical and mental health settings according to the new online survey they completed:



Reducing this perceived gap will be a big focus for us over the coming year and we look forward to seeing how services assess themselves at the end of next year.

As well as our new Carer Involvement Lead, we have also appointed dedicated patient experience leads for each of our operational directorates. Over the coming year we will look to create similar positions with a focus on carers.

If we are to succeed with our long term ambition of making Oxford Health an organisation that puts carers at the centre of everything we do, we will need to make it central to the culture of trust and the work we do and make it a 'community of practice' among our staff.



To kick this off we held a special event during Carers Week in June 2018, which was followed by a series of local events.

Information is central to the work we do, to ensure our information is clear and easily accessible via a range of sources we have developed a suite of Carer Handbooks. Our initial focus has been focused on inpatient services and over the coming year we will look to have similar leaflets for our community-based settings.

We will also look to utilise online collaboration tools far more to share information and best practice.

By the Autumn we will be rolling out our new online training package for all staff that will put them at the heart of a number of situations and make them better understand how their actions and behaviours can change outcomes and lead to more positive experiences for carers.

To further reinforce our commitment to families, friends and carers we have also signed up to the Oxfordshire Commitment to Carers. This will offer a system wide approach to strengthening our efforts to support and involve carers in the work we do.



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Our Carer Strategy Group is now meeting eight times a year, which includes four formal meetings with carer governor representation. This allows us to better scrutinise the work we are doing and offers a chance to identify other ways we can engage with carers and carer groups outside the trust.

iWantGreatCare is the trust's chosen platform for collating feedback from our patients, service users and their families, friends and carers and has now been rolled out across both our mental and physical health settings.

The amount of feedback we are receiving continues to grow and overall our current standing is very positive, with carers rating the trust at 4.83 out of 5 and 96% likely to recommend the trust to a family member, friend or another carer.

This is the first annual report that we've published as a trust that solely focuses on our carer strategy and the vital role families, friends and carers play in care we provide and the first step on our journey to our goal of reaching three-star Triangle of Care accreditation.



Priorities for the coming year

Ordinarily we would expect to create a new annual plan at this point in the cycle. However, given that a number of key pieces of work are running behind schedule we believe that it makes more sense to do this in the middle of the upcoming year rather than at the beginning.

We are also mindful of the fact that we didn't fully co-produce our plan last time. This was a deliberate decision after discussing it with a range of stakeholders – the strong feedback that we received was that they wanted 'more action and less talking', so this is what we have done.

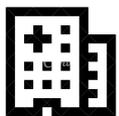
However, the risk inherent in this approach is that we may miss the point as we prioritise the work ahead.

We will therefore at least want to sense-check our priorities with as broad a group of stakeholders as possible before finalising the next stage of our planning.

However, a number of priorities are clear both from the feedback from our survey and as outstanding actions from last year's plan:



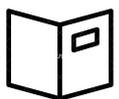
- Focusing on getting more dedicated posts/ring-fenced resources



- Continuing our rollout into physical healthcare services



- Launching our 'community of practice' for carer champions



- Improving the range and quality of literature for family, friends and carers



- Rolling out our new online training tool

We look forward to working with everybody as we continue our improvement journey. Thank you for your support.

Examples of good practice

"On admission, carer details are recorded, and an Outreach Nurse allocated to maintain contact and support. Options are given to receive a Carers Assessment. An information booklet is also given which is written by carers for carers."

- Cotswold House, Eating Disorders Team

"We include a section to identify carers on the initial assessment sheet. Carers questionnaire given to all carers who accompany patients to assessments. We offer Carers Assessment and gather feedback for 'You said we did' at the Carers Forum held monthly."

- Chiltern Adult Mental Health Team

"Carers packs are given on admission, or posted if necessary. Carers are invited to ward reviews and CPA meetings. They are also given opportunities to see the ward team outside of these meetings if required. We use interpreters both face to face and telephone interpreters when carers are not in the UK."

- Allen Ward, Warneford Hospital

"Initial appointment letters contain clear information for carers including a specific information sheet for carers of children with a learning disability. Interpreters are requested to support appointments where English is not the carers' first language and carers are included in all CPA and discharge planning/transition to adult services meetings. There is a link at the bottom of all our letters to the website that also links to our team."

- Learning Disabilities, CAMHS, Swindon



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