

Involvement Network – June 2016

An involvement opportunity

Review of the Trust Carers’ Strategy 2013-16 “Carers as Partners in Care”

Background

University Hospitals Bristol is committed to including and supporting carers as partners in the delivery of safe, effective quality care in the hospital setting. Our vision is that carers will be universally recognised and valued as being fundamental to the delivery of care and services at University Hospitals Bristol. We are committed to providing support which enables carers to be true partners in care. The Trust Carers’ Strategy 2013-2016 “Carers as Partners in Care”, explains how we do this. You can find the Strategy below.

What we would like to gather your views on

We want to make sure we are up to date and that our approach to working with carers as partners in care reflects the needs of carers. To help us, we are asking you to take part in a review of our approach.

The review will take place between June and September 2016. You can tell us what you think about our approach by commenting on the existing strategy and/or by joining us for a discussion about it.

Your feedback

Your views will influence what direction our strategy for the next four years will take and what the priorities will be. To take part, please spend some time reading the existing strategy and think about what really matters to you about carers as partners in care. My contact details are below.

The discussion

We will be discussing your feedback with the people responsible for developing our approach to working with carers at a meeting on 13th September 2016 between 3.30 and 5pm. We do not have a venue fixed for this meeting yet and it is likely to be in central Bristol. You can register your interest in taking part in this meeting by contacting me using my contact details below.

Continued/.....

How to contact me

Please send me your feedback and let me know if you would like to come to the discussion meeting by contacting me:

By email to: tony.watkin@uhbristol.nhs.uk

By post to: Tony Watkin
Patient and Public Involvement Lead
UH Bristol Trust Headquarters
Marlborough Street
Bristol BS1 3NU

By phone: 0117 342 3729 – there is an answer phone on this line.

Please scroll down the page to find the existing Carers' Strategy 2013-2016 – Carers as Partners in Care”

Carers' Strategy 2013-2016 – Carers as Partners in Care

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Document Abstract

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Whilst the principle for including carers in individual patient care and involvement in patient and public involvement activities has long been established in the Trust, further actions are needed to embed the role of carers as partners in care. The purpose of this document is to explain how the Trust will go about this task.

¹ Divide number of words (1226) by 240 for average reading time and add 25% for specialist content.

Document Change Control				
Date of Version	Version Number	Lead for Revisions	Type of Revision	Description of Revision
03/07/2013	1.1	Carole Tookey	Minor	Template
01/10/2013	1.2	Carole Tookey	Minor	Further template revision

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1. Introduction

The Trust Board of Directors is committed to ensuring that the University Hospitals Bristol NHS Foundation Trust is an organisation which works in partnership with carers to ensure that patients receive safe, effective and compassionate care. The Board's ambitions for developing this partnership are set out in this document. The Trust Board of Directors monitors the achievement of its Objectives, and associated risks through the annual cycle of Board Reporting set out in the Board Forward Planner, including the Board Assurance Framework and Risk Register.

2. Purpose and Scope

Carers often feel excluded by clinicians when the cared-for person is admitted to hospital – they may not feel valued or recognised as expert and equal partners in care. It is essential that healthcare organisations involve and support carers of all ages as they enable continuity of care to be provided, leading to an improved patient experience and avoidance of breakdown of discharge arrangements that can in turn lead to hospital readmission.

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Whilst the principle for including carers in individual patient care and involvement in patient and public involvement activities has long been established in the Trust, further actions are needed to embed the role of carers as partners in care. The purpose of this document is to explain how the Trust will go about this task.

Our strategy for carers is underpinned by the Trust's values:

- Respecting Everyone
- Embracing Change
- Recognising Success
- Working Together

This strategy is relevant to anyone who provides care for patients in our hospitals. University Hospitals Bristol also acknowledges that some of its own employees will have caring responsibilities and that they need to be supported to enable them to fulfil this role.

3. Definitions

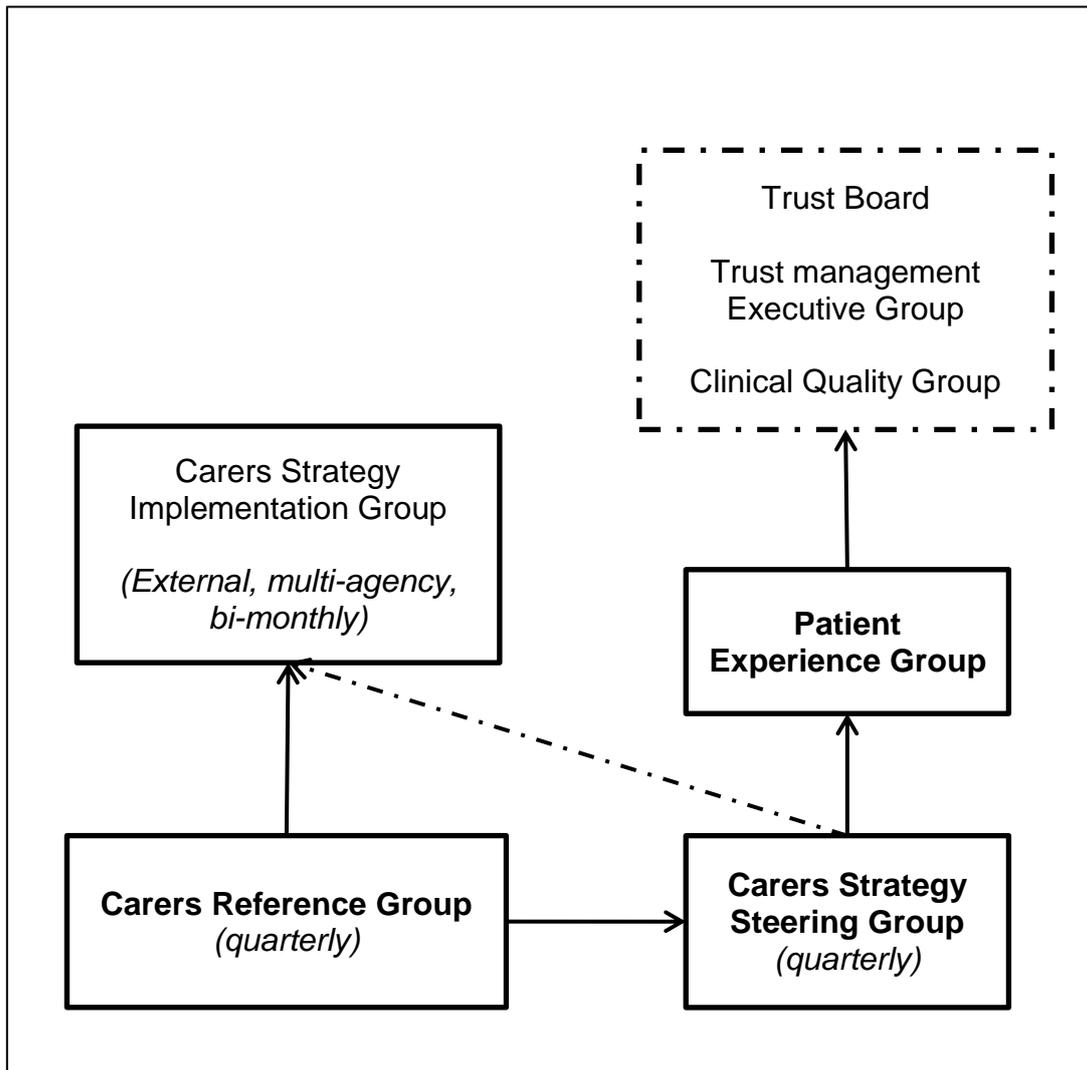
A **carer** is anyone who, without payment, provides help and support to a partner, child, relative, friend or neighbour who could not manage without their help. This could be due to illness, mental health problems, substance misuse, physical and learning disability or old age.

A **young carer** is anyone under 18 whose life is in some way restricted because of the need to take responsibility for the care of someone who is ill, has a disability, is experiencing mental distress or is affected by substance misuse.

A **parent carer** is a parent of a disabled child providing substantial and regular care beyond what is usually expected for a similarly aged child. When a disabled young person reaches age 19, the parent carer does not stop being a parent, but in legal and policy terms is considered to be the carer of an adult.

4. Duties, Roles and Responsibilities

4.1 Reporting structure for UH Bristol Carers Strategy:



4.2 Trust Patient Experience Group

- (a) To approve the strategy
- (b) To approve the annual report
- (c) To receive a report 3 monthly on key issues and update to workplan

4.3 Carers' Strategy Steering Group

- (a) Overall accountability for this project rests with the **Carers Strategy Steering Group**. Successful implementation of this strategy will require a commitment to changing current methods of working and a willingness to explore new approaches.
- (b) Membership of the group covers child and adult services, with representation including matrons, Occupational Therapy, Physiotherapy, the Patient Support and Complaints Team, Discharge Team, Divisions, a carer from the Carers Reference Group (see below), a member of local Carers Support Centre, and Carer Governors.

4.4 Carers' Reference Group

- (a) Another important enabler is the **Carers Reference Group**. This is a group of active carers with an interest in the work of the Trust, committed to improving its services. Members of the group have the opportunity of providing a carer's perspective into relevant Trust activities and to discuss issues of concern to carers in the Trust. The group is represented on the Carers Strategy Implementation Steering Group

4.5 Carers' Strategy Implementation Group

- (a) A multi-agency group which is tasked with overseeing a carers plan for the city of Bristol. The Carers Reference Group also has links with the Bristol Carers Voice group which represents carers in Bristol.

4.6 Acute Trusts Team Manager – Carers' Strategy

- (a) To support the development and implementation of work streams associated with this strategy. This post is shared with North Bristol NHS Trust. The post holder line manages three caseworkers (based at the Bristol Royal Infirmary, Frenchay and Southmead hospitals respectively).

5. What we know about Carers and the impact of Caring

Carers are the main providers of care in the community in the United Kingdom. The economic value of carers' contributions was estimated to be £119 billion per year in 2009/10, 37% higher than the value three years before, and greater than the total budget of the NHS (£98.8 billion for the corresponding period)². In the NHS Bristol area, 35,123 people identified themselves as carers in the 2001 census (almost 10% of the city's population at the time); 7,840 of these carers provided 50 or more hours of care each week and another 3,640 carers provided 20 hours or more of care each week.

Thanks to published research and carer feedback, we know that:

- Many carers do not see themselves as carers but primarily as a parent, child, wife, husband, partner, friend or neighbour
- There is no such thing as a typical carer: people come to the task of caring from different backgrounds and circumstances
- Caring impacts not only on individual carers but also on whole family units
- Some carers will be balancing caring responsibilities with paid employment and many give up paid employment to care
- Many carers tend to be 'hidden' in our communities and are not aware that help and support is available
- Carers may live with the person they care for but many attempt to care from a distance, combining other responsibilities with caring
- Carers are often thrust into a caring role without warning, e.g. following hospitalisation of a family member following a stroke, identification of an illness, or them having an accident

Many carers cope well with their caring responsibilities and require little or no support. However, evidence indicates that caring has an impact on the health of carers. For example, in one study 51% of carers had suffered a physical injury such as a strained back since they began to care and 52% had been treated for stress-related illness since becoming a carer. Carers who provide high levels of unpaid care for sick or disabled relatives and friends are more than twice as likely to suffer from poor health compared to people who do not have caring responsibilities. In the 2001 Census (Office of National Statistics), nearly 21% of carers who provided over 50 hours of care per week said they were in poor health – this compared with 11% of the non-carer population.

It is vital that carers are identified early in their caring role and are provided with appropriate information on the sources of advice and help available to them. We recognise that for a carer or the person they care for, hospital admission is a potential moment of crisis. Early identification, information and support are critical. Too many carers are not aware that support is available.

5.1 Carers' rights

Carers have had the right to recognition since the **Carers (Recognition and Services) Act** was passed in 1995. They have the right to be consulted about their willingness and/or ability to provide or continue to provide care for another person. Carers have had the right to have a Carer's Assessment since the **Carers and Disabled Children Act 2000**.

² *Valuing Carers 2011*, Carers UK

The Carers (Equal Opportunities) Act 2004 places a duty on NHS bodies and local authorities in England and Wales to promote the health and welfare of carers and to inform them of their right to an assessment.

The Work and Families Act 2006 extended the right to request flexible working to employees who care for adults. This built on the introduction (through the **Employment Act 2002**) of the right to request flexible working for parents of children under the age of six (or 18 if the child is disabled).

Awareness of carers' rights can aid staff during admission of a patient or arranging a cared-for patient's discharge home. Identifying and documenting whether a patient has a carer who is willing to continue with or to take on new or greater responsibilities gives staff a greater understanding of the patient's situation and aids decision-making.

UH Bristol staff who are carers will be treated fairly and will have equitable access to advice and support, to recognize the impact their caring role has on them and the potential impact on their health and wellbeing.

5.2 National and local strategic context

The first national strategy for carers was published by the Department of Health in 1999³. This strategy was subsequently updated in 2008 with the publication of *Carers at the heart of 21st century families and communities: a caring system on your side, a life of your own*, which promised that:

- carers will be respected as expert care partners and will have access to the integrated and personalised services they need to support them in their caring role
- carers will be able to have a life of their own alongside their caring role
- carers will be supported so that they are not forced into financial hardship by their caring role
- carers will be supported to stay mentally and physically well and treated with dignity
- children and young people will be protected from inappropriate caring and have the support they need to learn, develop and thrive, to enjoy positive childhoods and to achieve against all the *Every Child Matters* outcomes.

The national strategy was refreshed again in 2010 with the publication of *Recognised, valued and supported: Next steps for the Carers Strategy*. The strategy identified additional actions that the Government would take over the following four years to support its priorities to ensure the best possible outcomes for carers and those they support. This includes:

- supporting those with caring responsibilities to identify themselves as carers at an early stage, recognising the value of their contribution and involving them from the outset both in designing local care provision and in planning individual care packages
- enabling those with caring responsibilities to fulfil their educational and employment potential

³ *Caring about carers: a national strategy for carers*

- personalised support both for carers and those they support, enabling them to have a family and community life
- supporting carers to remain mentally and physically well

In Bristol, a Joint Carers Strategy – not to be confused with this strategy – coordinated by NHS Bristol, reflects the national strategic aims and translates them in to identifiable local actions which are monitored by a Carers Strategy Implementation Group. University Hospitals Bristol is a partner in this work and reports to this group.

Although this strategy is now being formally signed off in 2013, work relating to this strategy has been underway since 2010 and in previous versions of the Strategy. At the outset, the Trust made a commitment to a number of objectives, the current status of which is shown in Appendix D.

An independent evaluation of the Carers Health Development project (i.e. the overarching work being coordinated across Bristol services by NHS Bristol, arising from the Joint Carers Strategy) by the University of the West of England has acknowledged the progress made by UH Bristol to date. Further challenges lie ahead as we seek to implement and embed more of our plans. How we will do this, and by when, is set out in the UH Bristol Carers Action Plan (see Appendix), which also supports the delivery of the South West Hospital Standards in Dementia Care (Standard 2).

6. Strategic Action Plan

This action plan supports the delivery of:

- UH Bristol Carers’ Strategy 2013/2015
- Bristol Joint Carers’ Action Plan 2012/2013
- NHS Bristol local Carers’ Action Plan 2012/2013
- Southwest Hospital Standards in Dementia Care (Standard 2)
- NHS Commissioning Board draft CQUIN 2013/2014 Guidance
- Appropriate recommendations from the Francis Report in relation to carers

A. Carer awareness and identification

Action	By when	By whom	How success will be measured	Review date
Deliver carers awareness training to:		Acute Trust Team Manager Carers Liaison & Development Worker Carers Support Centre staff	Training materials and evaluation Improvement in carer survey feedback	
Emergency Department	June 2013			April 2014
Medical Assessment Unit	June 2013			April 2014
Surgical Assessment Unit	June 2013			April 2014
Admissions Department	June 2013			April 2014
Pre-op Department	June 2013			April 2014
Patient Support & Complaints Team	June 2013			April 2014
Care of Elderly wards	April 2013			April 2014
New staff through induction	Sept 2013			July 2014
Implement e-training module to all staff groups	October 2013	Acute Trust Team Manager Head of Nursing / Trust Carers lead	Evidence from e-training module. Improved carer feedback.	July 2014
Meet with Head of Therapies to develop training package for Allied Health Professionals across Trust	September 2013	Acute Trust Team Manager Head of Therapies Carers Support Centre staff	Evidence of attendance at events Feedback from staff through evaluation forms	July 2014

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Admission paperwork to be updated to identify carers	May 2013	Head of Nursing / Trust carers lead	Paperwork completed will monitor carers who are identified. Feedback from carers will monitor and evaluate impact	April 2014
Explore whether we can identify carers at earlier part of patient pathway, i.e through pre-op assessment	September 2013	Acute Trust Team Manager Carers Liaison & Development worker Trust Carers Lead Pre-op Manager	Paperwork completed will monitor carers who are identified. Feedback from carers	July 2014
Work with areas where complaints or support requests from carers has been highest	September 2013	Acute Trust Team Manager Carers Liaison & Development worker Patient Support & Complaints Team	Reduction in reported number of complaints or support requests	July 2014
Identification and support for staff who are carers, or have a carer	December 2013	Acute Trust Team Manager Head of Nursing/ Trust Carers Lead Head of HR	Human Resources policies and procedures updated to reflect carers. Staff carers charter	October 2014
Staff carers support group to be set up	December 2013	As above	Feedback from support group	October 2014

7. **Appendix A –
Monitoring Table for this Strategy**

Requirement	How	Reported to:	Frequency	Monitored by:
Progress of strategy	Progress reports Feedback from Carers Questionnaires	Carers Strategy Group	Quarterly	Patient Experience Group
Achievement of Strategy	Annual report	Carers Strategy Group	Annual	Patient Experience Group Carer Reference Group Bristol Carers Voice Local Healthwatch

8. Appendix B – Dissemination, Implementation and Training Plan

8.1 The following table sets out the dissemination, implementation and training provisions associated with this Strategy.

Plan Elements	Plan Details
The Dissemination Lead is:	Carole Tookey
This document replaces existing documentation:	Yes
Existing documentation will be replaced by:	Carers' Strategy 2011 – 2015, Carers as Partners in Care
This document is to be disseminated to:	All clinical Divisions
Training is required:	No
The Training Lead is:	NA

Additional Comments
[DITP - Additional Comments]

9. Appendix C – Document Checklist

9.1 The checklist set out in the following table confirms the status of 'diligence actions' required of the 'Document Owner' to meet the standards required of University Hospitals Bristol NHS Foundation Trust Procedural Documents. The 'Approval Authority' will refer to this checklist, and the Equality Impact Assessment, when considering the draft Procedural Document for approval. All criteria must be met.

Checklist Subject	Checklist Requirement	Document Owner's Confirmation
Title	The title is clear and unambiguous:	Yes
	The document type is correct (i.e. Strategy, Policy, Protocol, Procedure, etc.):	Yes
Content	The document uses the approved template:	Yes
	The document contains data protected by any legislation (e.g. 'Personal Data' as defined in the Data Protection Act 2000):	Yes
	All terms used are explained in the 'Definitions' section:	Yes
	Acronyms are kept to the minimum possible:	Yes
	The 'target group' is clear and unambiguous:	Yes
	The 'purpose and scope' of the document is clear:	Yes
Document Owner	The 'Document Owner' is identified:	Yes
Consultation	Consultation with stakeholders (including Staff-side) can be evidenced where appropriate:	Yes
	The following were consulted:	Carers' reference Group Carers' Strategy Steering Group
	Suitable 'expert advice' has been sought where necessary:	Yes
Evidence Base	References are cited:	Yes
Trust Objectives	The document relates to the following Strategic or Corporate Objectives:	[DCL - Trust Objectives]
Equality	The appropriate 'Equality Impact Assessment' or 'Equality Impact Screen' has been conducted for this document:	Yes
Monitoring	Monitoring provisions are defined:	Yes
	There is an audit plan to assess compliance with the provisions set out in this procedural document:	Not Applicable
	The frequency of reviews, and the next review date are	Yes

Checklist Subject	Checklist Requirement	Document Owner's Confirmation
	appropriate for this procedural document:	
Approval	The correct 'Approval Authority' has been selected for this procedural document:	Yes

Additional Comments
[DCL - Additional Comments]

10. Appendix D – Progress to Date

Original Objective	Impact	By when
We will develop a policy and charter for carers.	Carers and staff will have clarity and a shared understanding of carer requirements and involvement during hospital care.	Charter (achieved) Policy (July 2013)
We will recognise and treat carers as key partners and experts in care.	Patient care and experience will improve, through carers being involved in all aspects of care and treatment.	Dec 2013
We will provide an on-line information resource/toolkit for staff.	Staff will be able to provide information and signpost carers appropriately.	July 2013
We will raise awareness of young carers.	Staff will be able to recognise young carers and refer young carers to networks of support.	July 2013
We will establish and maintain a Carers Reference Group.	There will be improved dialogue between carers and healthcare staff.	Achieved
We will maintain a specific resource on our external internet for carers information.	Carers will have access to a range of information about internal and external services and support.	Achieved – review July 2013
We will involve and learn from community carer groups and involve them in this strategy.	Staff will be aware of the range of services available in the community that support carers.	Achieved and ongoing
We will develop a carers support scheme.	Patients and carers will be able to maintain the caring relationship they require during a hospital admission. Carers will be fully included in assessment and care planning processes.	Achieved pilot phase – review April 2013
We will develop specific guidance to support staff carers.	Staff who are carers will be treated fairly and will have equitable access to advice and support. Carers will be informed of their right to an assessment of their support needs as carers under the Community Care and Health Act 2002.	June 2013
We will develop an on-going programme for carer awareness training for staff.	Staff will have an increased understanding of the needs of carers and will be better able to support and signpost carers to specialist services appropriately.	Ongoing

We will embed the identification of carers in our admission protocols.	Carers will be identified when they are admitted to hospital, enabling the implementation of emergency respite protocols. Carers will be fully included in assessment and care planning processes.	May 2013
We will provide specific guidance on information sharing and confidentiality in relation to carers.	Carers will be appropriately involved in patient care and decision making.	Achieved
We will ensure that carers are involved discharge planning and arrangements.	Carers will receive adequate notice of discharge. Carers will be fully prepared for receiving the cared-for person including having access to appropriate aids, equipment, medication and information.	July 2013
We will introduce on-going surveys for obtaining carers feedback.	Staff will have a better understanding of carers' experience and the opportunity to act upon this learning.	Achieved
We will establish a staff carers' network.	Staff who are carers will have access to advice and support.	December 2013
We will work with partner organisations to implement and further develop the Joint Carers Strategy for Bristol.	The Trust will be fully engaged with and at the forefront of delivering the local partnership strategy.	Ongoing
We will actively promote and encourage carers to have a carers' assessment of their needs.	Carers will feel supported to remain in their caring roles.	Ongoing
Carers will be advised and actively encouraged to think about emergency planning for their future health needs etc.	Carers will have thought about and made plans for any future emergencies, providing a thought through solution in advance.	Ongoing

Since this time, there have been numerous important achievements:

- A Strategy Board has been established with Executive and senior nurse leadership
- A Project Worker has been appointed to operationally oversee the work streams associated with the strategy
- Caseworkers have been appointed through funding from Carers' Breaks
- A Carers Reference Group has been established to give carers a voice within the Trust
- A Joint Carers' Charter has been developed in partnership with North Bristol NHS Trust – this outlines both Trusts' commitment to supporting and working with carers
- A carers' information booklet written for carers is being finalised.
- Information about support for carers is now available on the Trust's Connect (intranet) site and on our public-facing internet pages

- Carer awareness training for staff has been designed and delivered in various formats, including 'micro teaches'; a carers awareness training component has also been developed for the Trust's e-learning platform
- New family-friendly guidance has been provided on *HR Web* (intranet site) for staff who are carers
- A Carer Information and Awareness Day was held in 2011 – this event for staff and carers was also attended by representatives from the voluntary sector
- We have gathered information about carers' experiences, including data from the trust's monthly inpatient survey, 'PALS' enquiries and formal complaints – this has highlighted the fact that carers' overall reported experience of care is worse than patients
- Links have been established with the Trust's Dementia Strategy Board
- A video display has been installed in the Emergency Department asking carers to identify themselves to staff
- Admission documentation is being changed to record whether someone is a carer or whether they have a carer
- Relevant content about carers has been included in the Trust's discharge policy
- A new Carers Policy is being developed alongside this document