



# Carers Involvement and Support Bulletin 8

## Last meeting summary 18th February 2016

This was the last meeting of the Carer Involvement CQUIN group as the CQUIN has now come to an end at the end of March 2016.

We had a presentation from TEWV about the carers initiatives that they have introduced over the last 2 years which was really useful and informative. The slides from the presentation can be found on pages 4 and 5. We also heard from a carer who has a son who is currently in Ridgeway and it was great to get a different perspective and to hear her story.

We then did some group work around the journey that people had taken in their services over the course of the 2 year CQUIN and barriers and solutions along the way. We finished off by looking briefly at how services can ensure that they don't lose sight of carer involvement and really embed it into practice long term. The group work can all be found on pages 2 and 3.



### Supporting Carer Involvement CQUIN Agenda

18<sup>th</sup> February 2016 14.00 – 16.00

1. Welcome and Introductions
2. **Presentation** – Sarah Clayton TEWV
3. **Group work** – From Land's End to John O'Groats
  - Implementing a culture shift – road works and rest stops



4. **Group work continued**
5. **Discussion** – The future of Carer Involvement – what next?

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# From Land's End to John O'Groats

## Implementing a Culture shift

### From: St Ives

Unit open day was done

Re-evaluating the carers questionnaire—making it more user friendly and relevant

Skype

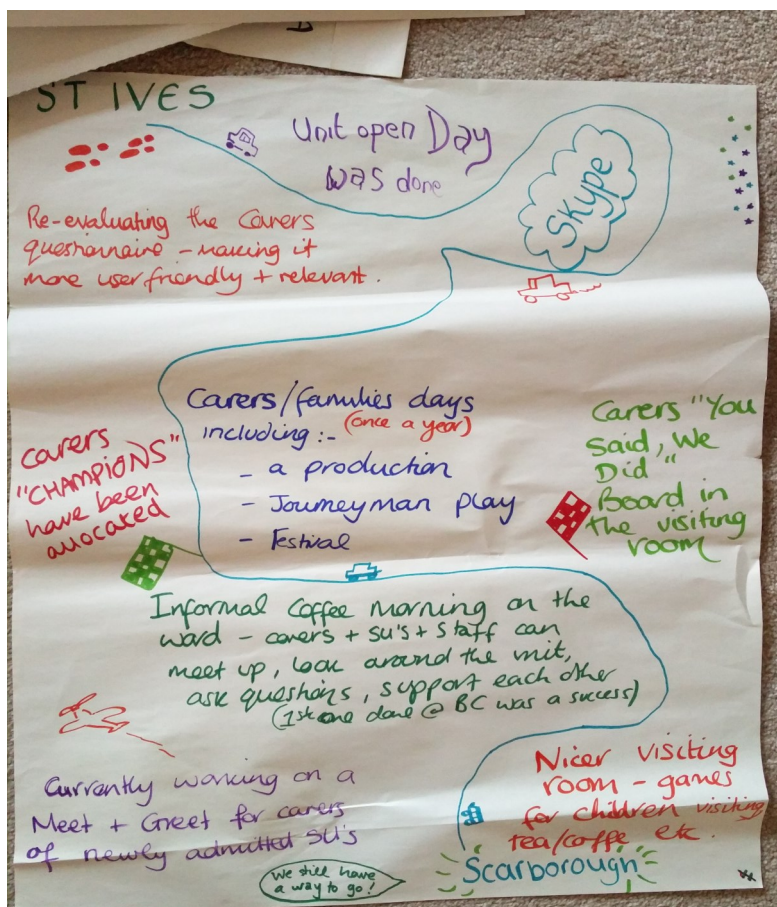
Carers “champions” have been allocated  
Carers/ family days including (once a year):  
a production. Journeyman play. Festival.  
Carers “you said we did” boards in the visiting room

Informal coffee morning on the ward—carers and service users and staff can meet up, look around the unit, ask questions and support each other. 1st one done and was a big success.

Nicer visiting room for children visiting  
Currently working on a meet and greet for carers of newly admitted service users.

We still have a way to go!

### To: Scarborough



### From: Confusion

What happens when?

Asking carers what they think/want

Info leaflets

Carers forum

Attendance

Newsletter

Engage with carers

Invitation to attend events

Attendance

COMMUNICATION

Food and goodies

Fear of change

Common sense confidentiality

MDT invites

Staff training

Policy making

### To: Positive outlook

## From: Cygnet

Carers meeting  
Point of contact  
Building contacts  
Making a home leave accessible  
Input for carers  
Developing leave for less formal visit  
Training staff for visitors questions

## To: Forest Lodge

SIGNET  
CARERS MEETING TO FOREST LODGE  
POINT-CONTACT  
BUILDING CONTACTS  
MAKING HOME LEAVE ACCESSABLE  
INPUT FOR CARERS  
DEVELOPING LEAVE FOR LESS FORMAL VISIT

TRAINING FOR  
STAFF FOR VISITORS  
QUESTIONS

Carers questionnaires  
Carers invited to service user meetings  
All staff on board—training  
More frequent carer meetings  
Discharge planning

- Carers Questionnaires
- Carers invited to S/U meetings
- All staff on board.  
-training
- More frequent carer meetings
- Discharge planning



# Carer Involvement Strategies CQuIn 2014 - 2016



**Sarah Clayton**  
**Patient Engagement Facilitator**  
**Ridgeway, Roseberry Park Hospital**

making a difference together

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## Ridgeway

- Forensic inpatient service for Tees, Esk & Wear Valleys NHS Trust
- Combination of locked rehabilitation, low and medium secure, male and female learning disability and mental health wards
- Around 230 service users



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## Recovery & Outcomes Support Team

- Formed when MSP was introduced as a CQuIn
- Now includes work on many areas associated with recovery, e.g.
  - Service user involvement
  - Recovery College
  - Service user events & fundraising
  - Service improvement, such as RPIW and Kaizen events
  - Reducing restrictive practice
  - CQuIns



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## Carer Involvement and Support

- Prior to the CQuIn (2014-2015):
  - Standard Trust-wide carer surveys
  - No carers' meeting or forum
  - No forensic strategy for carer involvement
  - No formal way of identifying carers
  - No carer-specific information

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## Carer Satisfaction Tool

- Were the existing questions relevant?
  - We didn't think so
  - We explored what was already out there, and found response rates were very low
  - Forensic carers are likely to have different needs and experiences from those in other mental health and learning disability services, e.g.
    - Living a long way away
    - Longer stays in hospital for the service user
  - We decided to conduct a postal survey with 8 questions and option to add comments

## Carer Satisfaction Survey

**Carer Satisfaction Survey**

1) Are you greeted by a member of staff in a friendly way?  
Yes, always  Yes, sometimes  No

2) Do staff treat you with respect and dignity?  
Yes, always  Yes, sometimes  No

3) Do you have the opportunity to speak to staff about the person you care for?  
Yes, always  Yes, sometimes  No

4) Do you receive regular updates in regards to the progression of the person you care for?  
Yes, always  Yes, sometimes  No

5) Do you feel that you are actively involved in decisions about the care and treatment of the person you care for?  
Yes, always  Yes, sometimes  No

6) Were you offered general information about the service?  
Yes  No

7) Do you feel safe when visiting the service?  
Yes  Yes, sometimes  No   
If 'No', what would help you feel safer? E.g. visitor's alarm

8) Do you visit as often as you would like?  
Yes  No   
If 'No' what would help you visit more often? E.g. Reduced travelling distance

Please add any further comments, including your thoughts on how we could improve the service. Feel free to continue on a separate sheet.

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## Responses

- In November 2014, 32 carers responded (18.5%)
- In November 2015, 23 carers responded (15.7%)
  - Response rates are not high, but this is typical for **our** forensic service for this type of survey
  - Results were consistent between the years... overall satisfaction rate (based on positive responses) was 79.5
  - 2014 = 78.3%
  - 2015 = 80.6%
    - Improvement of 2.3%...

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## Responses

- Plenty of room for improvement...
  - Regular updates = 66% (increase of 10% in 2015)
  - Actively involved in decisions = 63.5% (decrease of 3%)
  - General information about the service = 64% (increase of 6%)
  - Do you visit as often as you like = 65% (increase of 8%)

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## Carer Involvement Group (CInG)

- Carer link nurses identified on each ward
- Invited to a monthly meeting
- Agreed by carers and carer link nurses that we would invite carers to alternate meetings
- 6 meeting have now taken place (with carers in attendance)
- Total of 26 carers have attended (9 is the maximum)



# Carer Involvement CQUIN requirements

## Rationale for inclusions as a CQUIN

Carers play a significant role in the lives of service users and can play a large part in supporting an individual's recovery. Maintaining and building on relationships with carers, family and friends when in secure services can be helpful to the recovery of service users.

Carers may also learn from and support each other during and beyond someone's stay in secure care. This CQUIN builds on the carer involvement strategies developed during 2014/15 and requires providers to evaluate the effectiveness of these strategies and further develop ways to involve carers, family and friends at a local and regional level.

## Quarter 2

The provider is to develop an evaluation tool for assessing the impact of the strategies for carer involvement from 2014/15 and use this to further develop involvement of carers, families and friends in their service at a local level.

Such developments would include carers' support groups, psycho-educational support as appropriate, carer involvement in service user events, carer participation in service provision and governance and support for carers experiencing difficulties engaging with the service user.

## Quarter 4

The provider to produce a report that evidences the impact of the activities developed in Q1 and 2 with continued use of the evaluation tool and develop a strategy for continued embedding of these practices into the service.

The report should highlight where the provider has developed carer support structures in conjunction with other services at a regional level to further enhance the positive experiences of carers, family and friends. This would include the development of regular groups to provide mutual support, understanding, learning and feedback for improvements in service provision. There would also be consideration to how this would be achieved for carers geographically distant from the service user.