

Organisation: Oxford Radcliffe Hospitals NHS Trust

Date: April 2010

Responsibility for actions: Public Involvement & Health Improvement Manager, ORH Patient Services Team.

Priority	Planned County Action Point	What our organisation will do	Risks	2009/10	2010/2011	2011/2012
<p><b>2. Information &amp; communication</b></p> <p>To identify, support and signpost Carers to good quality information and support.</p>	<p>2.1</p> <p>2.3</p>	<p>2.1. Raise the profile of carers' needs and signpost to support, by continuing with IRIS campaign.</p> <p>Identification Record on notes and refer Information to be given Signpost on for support.</p> <p>2.2. Front-line staff know how to signpost, to carers support and information.</p> <p>2.3. Admissions &amp; discharge systems to include carers</p>	<p>Staff changes could reduce staff awareness of carers issues, resulting in carers not being identified.</p>	<p>Ensure profile of carers is raised with matrons, ward managers and dept. heads, so carers are identified on admission.</p> <p>ORH news article and carers information on intranet.</p> <p>Carers notice-boards to be maintained on each site.</p>	<p>All patients to have their caring status recorded.</p> <p>Explore possibility of a PAS code /electronic code for carers.</p>	<p>Review of activity: Request feedback from carers re access to information and support whilst in hospital.</p> <p>Analyse all available ORH information on carers.</p>

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Information & Communication cont.	2.2	2.4. Relevant clear and timely information about carers' services is available.	Lack of information provision.	PALS to maintain information on Carers Centres and carers website, and be able to signpost patients and carers.	Carers Centres & website information to be available on all wards.	Identify gaps in provision of information for carers.
<b>3. Health &amp; wellbeing</b>  To help maintain the emotional and physical health and wellbeing of Carers and their families.	3.2	3.1. Training, information and support are accessible and help empower carers who are employees, in their caring role.	Employees who are carers, may need to work less or experience ill-health if not supported adequately	HR has information to support employees who are carers.	Discuss possibility of a question on carers as employees, and Support offered being included in staff survey.	Identify gaps in the needs of carers who are employees.
	4.2	3.2. Support working carers, through Trust policy on flexible working.		Information on the Family Information Service available on intranet.		

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Health and well being cont.	3.3.3	3.3. Support is made available for carers as they plan for the future, or if they can no longer continue the caring role or for when bereaved.	Re-admission rates are affected by carers unable to cope at home following discharge.	Carers needs to be considered routinely as part of the discharge planning process.  Carers support to be routinely part of the bereavement support process.	Ensure all heads of depts, are aware of the need to discuss on going caring role and the need to give carers the opportunity to opt - out.	Review patient feedback and complaints re carers issues.
	3.4.1	3.4. Young carers are identified and services are targeted to avoid inappropriate caring roles.	Cared for person unable to cope at home	Children's Services to include appropriate questions in the admission process to assist identification of young carers.	Young carers to be given required help to discuss caring role.  <i>South &amp; Vale Young carers project commenced</i>	Review system established to identify young carers on admission and supported appropriately.



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5.Partners in care: Having a voice.	5. 1. 2	5.1. Treat carers as partners in care when caring for a cared for patient, whilst adhering to the NHS confidentiality and Mental Capacity Act duties.	Inadequate provision for patients on discharge if caring needs of patient not considered .	<p>Patient and carer partnership working promoted at all times.</p> <p>All Patient Services Team to be fully aware and promote the Trust's duties to support carers.</p>	<p>Link to public engagement strategy.</p> <p>Review patient experience measures to identify gaps in provision of support and information.</p>	Investigate possibility of a carers question being included in NHS inpatient survey.
	5. 3	5.2 Ensure carers issues are included in publicity.	Carers will feel excluded.	Explore possibility of carers within Trust membership accessing information and support.	ORH News articles on Carers role and support.	Review progress and identify gaps.

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	5.4	5.3 Identify, support and empower carers who have an interest in shaping services and being involved in service developments.	Services not meeting the needs of carers	Ensure carers voices are heard across the organisation and are included in ORH Panel and Trust membership.	Carers to be included in public engagement work.	Identify gaps and pursue wider carer involvement in Trust planning.
<b>6. Equalities</b> Provide equitable services that all carers can access.	6.2	6.1 Ensure alternative formats and interpretation are available for carers as required.	Patients and carers unable to access services and information	Link to Equality and partnership work, so all carers can access information in different formats as required.	Awareness of interpreting services and production of easy read information increased.	Review gaps with respect to carers' access.
	6.3	6.2 Encourage carer involvement in car parking discussions and planning.	Carers needs not considered and experience of accessing hospital services affected.	Continue link between Carers Forum & parking group.	Number of short stay drop off points at hospital entrances reviewed.	Review PALS information, feedback and complaints regarding carers issues and parking

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	6.5	6.3 Develop partnership working with voluntary, community and faith groups to support carers.		Discuss higher profile of carers issues within the Patient Services Team, so all members incorporate raising of carers profile within their work.	Discuss possibility of linking multi-faith chaplaincy work with carers work, and identify actions.	Identified gaps and actions to be progressed.

Progress: A First Contact Form is being developed electronically. Carers identification and needs are included in the form. The timeframe for piloting and subsequent roll out is not clear at present. This will help to improve carer identification and awareness across the Trust.

There are areas of good practice – such as the forms to identify carers on level 7 but this is not across the Trust and will be superseded by the electronic systems.

The Trust application for Foundation Status has been put back.