



Cumbria, Northumberland,  
Tyne and Wear  
NHS Foundation Trust

# COVID-19 Carer Champion Feedback Report



Caring | Discovering | Growing | **Together**

## 1. Purpose of the report

Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust (CNTW) recognises that involving patients, carers and their families in making decisions about their care can help to make their journey to recovery an easier and more positive experience. To underpin this, the Trust remains committed to maintaining and indeed enhancing the network of Carer Champions during the COVID-19 pandemic.

Being a carer for someone living with a severe mental illness can be challenging at the best of times, but the current situation could create additional problems. This report aims to capture the response of Carer Champions and their service areas during these extraordinary times of coronavirus, and how they have maintained contact with carers during this period.

## 2. Carer Champions

Carer Champions are vital to the successful implementation of the Triangle of Care in wards and community teams. Supporting carer engagement and involvement is everyone's responsibility; however, a Carer Champion is a member of staff who is willing to act as a key contact for carer information for the team where they work.

There are over 300 Carer Champions deployed over the 4 localities of the Trust. They ensure that all members of their team are made aware of carer legislation and keep them informed of local carer services and events. They also ensure that their team has sufficient information to enable each member to involve and inform carers in accordance with the principles of 'Working together to support the person you care for'.

Carer Champions were asked to provide the Involvement Team with details of how they and their team have maintained contact with carers in their service areas, as well as any carer and service user views already known, good practice and lessons learned.

**Carer Champions from across CNTW have shared how their teams have supported carers through the COVID-19 pandemic.**

## 3. Central Locality

3.1 There are 127 Carer Champions working across the four Community Business Units (CBU) in the Central Locality (Newcastle and Gateshead): 49 service areas in all within Inpatients, Access, Community and Secure Services.

3.2 Common themes across services, on how they have stayed connected with carers included:

- Regular telephone contact with carers from staff, to update them on service users health and wellbeing and enquire about the carer's health and wellbeing,
- Regular telephone contact between carers and service users,
- Continuation of completing 'getting to know you',
- Newsletters and involvement communications have been emailed to carers,
- Letters and photos sent to carers,
- Easy read communications options made available,
- Use of KIT computers to Skype with family/friends/carers,
- The introduction of iPad's to specific wards allowed service users to maintain contact with family/carers using Skype or Microsoft Teams.

- 3.3 In addition to the common themes there has been considerable bespoke work happening in service areas in order to keep in touch and support carers. Examples:

#### **Learning disability team at Benton House Newcastle**

Working together with Skills for People on a 'Let's keep connected initiative' where they are ringing people to offer support. Additionally they have also been sending out packs from Occupational Therapists (OT's) which offers information, activities and recipes to do while in lockdown.

#### **Older Adults Community Treatment Team**

Staff have also been offering carers face to face visits at home. Where carers have accepted, staff have been undertaking home visits whilst practicing appropriate safety guidance. Staff have continued to sign post carers to other service.

#### **Castleside Inpatient Unit Campus for Ageing and Vitality**

OT's have encouraged relatives to send in photographs and life story work, this has been greatly beneficial. Also 'simulated presence therapy' has been used with a relative videoing a scripted message that can be shared with their loved one.

#### **Willow View, St Nicholas Hospital**

Have also been using facetime and sending photos to carers when service users have requested and keeping them informed through correspondence examples attached below:



Text on  
Template.docx



Draft carers letter  
Update - May 20.docx

### 3.4 **Secure Services**

#### **Lindisfarne Ward**

'Fun facts about Names Day!' A write up of the patient's individual name was completed and forwarded in an envelope with a small envelope inside for the loved one to write back with a write up of their name (incorporating fun facts) both receiving a hello in the post!

'International Biscuit Day' service users made their own biscuits and wrote the recipe down for their loved one with a few fun facts about biscuits and within their postal packet they included a pack of nice biscuits for their family/carers/loved one to enjoy over a cuppa: Keeping in touch!

#### **Wansbeck Ward**

Allowing those on restrictive care plans some extra telephone access to maintain contact with their family and friends.

#### **Cheviot Ward**

Unfortunately there was an outbreak of Covid-19 which resulted in the lock down of the unit for a period. Service users now access the KiT computers to video call their family and friends.

## **Bamburgh Clinic**

Continued to produce regular newsletters and additional Covid-19 Carer's update letters have been circulated, examples attached below:



Covid19 carer update 20042020.doc



Bamburgh Clinic & Tyne MH Newsletter



CNTW Secure Care Newsletter update f

## **4. North Locality**

- 4.1 There are 73 Carer Champions across all 4 Clinical Business Units in the North Locality.
- 4.2 Common themes across services, on how they have stayed connected with carers included:
  - Regular telephone contact with carers from staff, to update them on service users health and wellbeing and enquire about the carer's health and wellbeing,
  - Regular telephone contact between carers and service users,
  - The introduction of IPad's to specific wards allowed service users to maintain contact with family/carers using Skype or Microsoft Teams.
- 4.3 In addition to the common themes there has been considerable bespoke work happening in service areas in order to keep in touch and support carers. Examples:

### **Newton and Kinnersley Rehabilitation Wards**

Online Carer Group established for families and carers of patients on rehabilitation wards. This takes place via Microsoft Teams and lasts for one hour, and provides the carer with assurance in relation to the patients and support for themselves. Following the first meeting at the end of April 2020 some questions arose which might be to other carers, so a summarised communication was formatted, attached below:



Carer Meeting Feedback April 2020

## **CYPS**

Parents were asked if they would like to be sent newsletters. Monthly newsletters with advice and information specifically at people with Autism or Learning disability circulated. Some families have also received activity packs. All parents have been kept informed of restrictions of the service. Offer of Skype /Microsoft teams or One consultation appointments.

## **Ferndene**

Ethics committee agreed for a Young person to meet his parents (carers) face to face recognising social distancing, to go for local walk. Families are contacting each other via letter and sending packages to young people. Young people are encouraged to contact family/carers via phone, letter, and skype.

## **5. North Cumbria**

- 5.1 There are currently 31 Carer Champions across 2 Clinical Business Units in the North Cumbria Locality, 15 in Inpatients and 16 in Community and Access services.

- 5.2 Common themes across services, on how they have stayed connected with carers included:
- The sourcing of IPADS for inpatients to maintain contact with carers and families,
  - Carer needs being considered on discharge and referral made to carer associations when required,
  - Carer needs being considered at each contact.

5.3 In addition to the common themes other comments included:

**Carlisle OA Community Team**

Inpatients received IPADs for patients to use to keep in contact with their carers and family however they arrived a little too late.

**Hadrian Unit (Inpatient)**

Carers continued to be offered routine contact support – referral for carer assessment where required and ensuring carer needs were considered in discharge planning of the patient – i.e. considering additional support to reduce carer strain and considering carer shielding needs.

**Adult Community Team**

Carer support being offered and considered on all contact with service users and carers.

**Eden OA Community Team** – carer lead had been redeployed to inpatient units – no clear detail of how carer needs were being met during this absence.

## 6. South Locality

6.1 There are 142 Carer Champions across the 4 Clinical Business Units within the South Locality (Sunderland and South Tyneside): Access, Inpatients, Community and Neurological and Specialist Services.

- 6.2 Common themes across services, on how they have stayed connected with carers included:
- Telephone contact as an alternative to face to face due to self-isolation,
  - Regular telephone contact with carers from staff, to update them on service users health and wellbeing and enquire about the carer's health and wellbeing,
  - Regular telephone contact between carers and service users,
  - During each contact, ensure our carers understand how to get in touch with the team,
  - The introduction of IPad's to specific wards allowed service users to maintain contact with family/carers using Skype or Microsoft Teams.

6.3 In addition to the common themes there has been considerable bespoke work happening in service areas in order to keep in touch and support carers. Examples:

**Wear Recovery/Humankind Caring Changes**

Wear Recovery are working within the partnership and with Caring Changes to create information displays of carer services within each hub and include some quotes from carers

feedback and experience with COVID 19. Displaying them within the area that clients are continuing to access within service daily in order to trigger discussion in relation to carer support and referral with both clients and staff.

Developed some posters/information to display and promote Carers Week in each of 3 Wear Recovery hubs for visitors and staff to see. Added Caring Changes voice to the Carers Week Wall on the website – Carers Week 2020.

### **Veterans**

Complete carer's form and signpost carers on to services if they need support which may include mental health services and veteran voluntary services. Collating information to pass on to carers around what services are available to them in order to develop a carer's information pack.

### **Sunderland South Community**

Ensuring carers are aware of the Crisis Team's phone number should they need to get in touch out of office hours. Offering referrals to the Carer's Centre over the telephone and making a cold call if we cannot get in touch with service user or carer.

### **Sunderland Older Peoples CTT**

Occupational Therapist created a Carers pack with details of statutory and voluntary support and an activity pack. Any carers who struggled to get out, where offered a food box was started (staff brought groceries in to enable patients and carers to receive groceries from us until support could be put in by Social Services or the Voluntary agencies).

### **Brooke House**

Assistance is given to the patients who have internet access on their mobiles to use social media i.e. WhatsApp to ensure they can speak to their carer/relatives via video link.

### **Cleadon**

Peer Supporter has encouraged involvement and maintaining links with carers, relatives have direct number to contact ward phone. Facilitated some visits allowing family/carer to look through door with service user for reassurance.

### **Longview**

Service users sent postcards to their carers/families and will look at repeating this activity as went down really well.

### **Mowbray**

Peer Supporter has been ringing carers to see how they are doing as well as updating them on how service users are. Some carers have been ringing Peer Supporter for chat, particularly people who are self-isolating and not seeing anyone. Activity implemented where service users created cards with messages for their carers/families with pictures included which were then sent to their families.

### **Roker**

On Roker every patient was COVID positive which made it hard to maintain carer relationships with some families unable to use skype. Staff therefore used facetime via their personal mobile phones which was documented on care plan and have been contacting all families and feeding back. Ward mobile is used for service users to speak to their families however again

this could be improved with an updated mobile i.e. smartphone therefore used iPads have been utilised more.

### **Sunderland & South Tyneside Crisis tea**

Business as usual throughout Covid-19, continuing with 1:1 face to face contact with carers (where safe and appropriate to do so). For those who have identified they would like telephone contact as an alternative due to self-isolation we have maintained carer involvement through telephone appointments.

Amended progress note proforma which is completed at every contact in home treatment. New prompt added to remind clinicians to ensure carers are still being supported and have a separate contact with carers to ensure we still proactively seek their views and involvement and offer support. This has been shared with other crisis teams in the Clinical Standards Group and is Trust wide.

### **Initial Response Service – Planned Care Perspective**

Clinicians to log any themes noted in calls to family members who are referring service users into mental health services. For example what are carers finding difficult, are they being supported if not why and how are they coping during lockdown. A recent example is a mother who referred daughter to mental health services, mother was struggling with anxiety as a result of her daughter's deterioration. Discussed how she is supported and talked about her role as carer which she enjoyed as appeared to feel more included. Change to the proforma for triage notes to ensure any carer contact is highlighted and shared with team.

## **7. Additional feedback from staff, service users and carers**

### Staff feedback

- Patients dealt with this change remarkably well and continued to remain in contact with their carers via telephone.
- Carers and patients were encouraged to send letters/parcels to each other, paper hugs with messages were sent.
- Multi-disciplinary teams (MDT) held (via Teams) to discuss any communication issues patients and carers may have, that may need input from Speech and language therapy.
- Staff have suggested contact methods such as WhatsApp and Messenger would be much better as many people are unable to use skype for varying reasons.

### Patient's feedback

- Disappointed that visits could not go ahead.
- Disappointed that no facilities (KiT) to use Skype on the ward during lockdown.
- Felt supported to maintain contact with carers via telephone and provide carers with relevant information available during this difficult time.
- Supported to isolate when I was unable to do this myself.
- Enjoyed the activities that were made available during this time.

### Carer's feedback

- Initially information could have been better, but understood that this is a stressful time and that everyone was learning as it was happening. Information was given but maybe not in a timely manner.

- Felt that they had been given the opportunity to ask questions and were given answers.
- Did not think that the facilities for isolated patient were sufficient as no ensuite in bedroom available on this ward.
- Enjoyed receiving letters from their loved one.
- Inpatients received iPads for patients to use to keep in contact with their carers and family but felt this came a little too late and uncertainty of how carers at other end could use this level of technology.
- Although reassured they could contact the ward, they (the Ward) felt carer contact was reduced as carer stated – ‘carers felt they couldn’t contact them for fear of being too busy’.

## 8. Lessons learned

This report reflects **staff** views, based upon their own experience and the carer feedback the services themselves received, on how their services reacted during the pandemic, in order to maintain contact and provide support to carers. One of the themes in returns was that adaptations could have been more quickly managed, it should be noted that there may be mitigating reasons for this, however those explanations are not included in this report.

Prompter action required to ensure carers felt able to reach out for support and were able access technology to contact their loved ones in inpatient units.

Services should have a clear dedicated role for carer support/contact – specifically where a carer lead is redeployed.

Quick win for wards to keep in contact with carers could be a ward smartphone. Calls could be made using Facetime, Hangouts, WhatsApp etc. direct without having to plan meetings via email would be beneficial going forward after the current situation has finished.

## 9. Conclusion

Trust is committed to maintaining and enhancing a network of Carer Champions covering all In-Patient and Community Services. The network is coordinated by Clinical Managers, Community Modern Matrons, and supported by the Patient and Carer Involvement Facilitators.

Supporting and engaging with the carers of service users is the responsibility of all staff, with our Carer Champions playing a vital part in the successful implementation of the Triangle of Care.

They have found many creative ways to keep service users and their carers connected; on ‘International Biscuit Day’, patients on Lindisfarne Ward in Newcastle made their own biscuits, and wrote the recipe down for their loved one. They were helped to send these home to their carer, along with a pack biscuits for their carer or family to enjoy.

Services have also continued to provide their usual support, referring carers for carer assessments, and making sure their needs are considered when planning a patient’s return home from a service. They have been speaking to carers regularly over the phone, offering updates on their loved ones’ health and progress, and also checking on the carer’s own wellbeing. Many of the Champions have become an important contact for carers to express



their feelings to and chat with when feeling lonely, especially those who have had to self-isolate or are shielding.

Services have ensured that people on wards can connect with their carers through phone calls, video chats and recorded messages. Wards have received tablet computers thanks to the fundraising by Captain Tom Moore, which have made a big difference in ensuring that patients have been able to make video calls and use online messaging services. Newton and Kinnersley Rehabilitation Wards in Northumberland have even established a regular online carers' support group, using video conferencing to bring people together.

Several teams have also encouraged people to stay in touch using letters, postcards, and photos of what they have been doing. Some have made and decorated cards with messages for their carer or family. This has proved to be very therapeutic for many, and a welcome fun activity during lockdown when so many other things have been restricted.

For those patients and carers who are not staying on wards, support packs have been sent out by staff. These have included advice on managing particular health conditions, information about where carers can seek extra support if needed, as well as lots of fun activities, recipes and puzzles to keep people entertained.

It is clear from Carer Champion feedback that whilst there were considerable similarities in approach across services, areas delivered different levels of support and some were less quick to adapt.

Carer views will of course provide an alternative perspectives on the Trust's adaptiveness and the support given to them. A carer's survey is therefore required to establish if the needs of carer were fully addressed during the COVID -19 response.