

NOTTINGHAM UNIVERSITY HOSPITALS NHS TRUST
Documentation Control
 Carers' Policy

Reference	GG/CM/043
Approving Body	Chief Nurse
Date Approved	April 2018
Implementation Date	April 2018
Version	5
Summary of Changes from Previous Version	4.1 Revision of definitions to include paid carers Appendix 1B Inclusion on section on paid carers Appendix 1C Inclusion of Ward Induction for carers. Appendix 1D Inclusion of information sheet for carers #endPjparalysis
Supersedes	4
Consultation Undertaken	Patient Partnership Group (PPG) Patient Public Involvement (PPI) Steering Group Divisions and Corporate Directorates Nursing and Midwifery Board and Carers
Date of Completion of Equality Impact Assessment	31/1/2018
Date of Completion of We Are Here for You Assessment	31/1/2018
Date of Environmental Impact Assessment (if applicable)	31/1/2018
Legal and/or Accreditation Implications	Care Quality Commission Fundamental Standards April 2015 Equality Act 2010 Health and Social Care Act 2012 NHS Constitution 2013 Mental Capacity Act 2005 Code of Practice and Multi-agency Mental Capacity Act Policy 2010 Care Act 2014 United Nations Convention on the Rights of Persons with Disabilities 2008.
Target Audience	All staff
Review Date	April 2021
Lead Executive	Mandie Sunderland, Chief Nurse
Author/Lead Manager	Katie Moore, Head of Patient and Public Involvement
Further Guidance/Information	Katie Moore, Head of Patient Public Involvement ext. 76029

CONTENTS

Paragraph	Title	Page
1.	Introduction	3
2.	Executive Summary	3
3.	Policy Statement	3
4.	Definitions	4
5.	Roles and Responsibilities	4
6.	Policy and/or Procedural Requirements	6
7.	Training, Implementation and Resources	7
8.	Impact Assessments	7
9.	Monitoring Matrix	9
10.	Relevant Legislation, National Guidance and Associated NUH Documents	10
Appendix (1)	Carers' Toolkit	11
Appendix (2)	Carers' Policy on a page poster	30
Appendix (3)	Equality Impact Assessment	31
Appendix (4)	Environmental Impact Assessment	33
Appendix (5)	Here For You Assessment	34
Appendix (6)	Certification Of Employee Awareness	36

1.0	Introduction
-----	--------------

1.1	<p>This policy:</p> <p>Promotes the recognition, identification, support to and inclusion of carers in the care of patients and decisions affecting a patient's care whilst in hospital.</p> <p>Provides a framework to enable staff to work in partnership with carers and support them to undertake their caring role and maintain their wellbeing.</p>
-----	---

2.0	Executive Summary
-----	-------------------

2.1	<p>To facilitate a good patient experience, staff need to work in partnership with patients and carers.</p> <p>Staff need to enable carers to feel safe, cared for and confident. To do this they will identify, involve and support carers.</p> <p>The boundaries of what is safe for a carer to do in a hospital setting should be openly discussed, agreed and documented in the patient's notes. Staff should use their professional judgment to negotiate whether it will be appropriate for the carer to assist.</p> <p>The Registered Nurse or Midwife should ensure that carers are aware of any specific care needs of the patient including infection control and manual handling before agreeing their involvement. At all times, consideration should be given to the patient's needs and wishes. All agreed care to be delivered by carers needs to be documented and the patient's plan of care evaluated, with clarity on the specific roles and responsibilities of the carer and those of the health professionals.</p> <p>While the Registered Nurse or Midwife is responsible for the care and safety of the patient at all times. Carers may assist in the areas suggested below and as deemed appropriate by the Registered Nurse or Midwife .This list is not exhaustive: care planning/review, personal care and bathing, supporting/monitoring nutritional and fluid intake.</p>
-----	--

3.0	Policy Statement
-----	------------------

3.1	<p>This policy sets out a framework so that:</p> <p>All carers will be identified, involved, respected, trained as appropriate and treated as partners in care, throughout a patient's pathway including the discharge process.</p>
-----	---

	All carers who are employees will be assisted to maintain a balance between paid work and caring responsibilities to promote their health and well-being. Please refer to the Work Life Balance Policy and Procedures.
--	--

4.0	Definitions
-----	-------------

4.1	<p>Unpaid carers - are people who care for ill, frail or disabled friends or family members in an unpaid capacity. Carers can come from all backgrounds, cultures and be of any age or gender.</p> <p>Paid carers- throughout the community there are various patients who are supported to maintain independent living with paid carers; either self-funded or as part of a care package from social services and/or health. Paid carers will therefore be of working age. Most are not required to support patients during their time in hospital. However, some may need to continue supporting patients in hospital, particularly patients with additional or complex needs. The involvement of paid carers needs to be considered and agreed at the time of admission and reviewed appropriately.</p>
-----	--

5.0	Roles and Responsibilities
-----	----------------------------

5.1	<p>Committees</p> <p>The Trust Board will;</p> <ul style="list-style-type: none"> • Champion working in partnership with carers by promoting the recognition, identification, support and inclusion of carers in the care of patients and decisions affecting a patient's care whilst in hospital. <p>The Quality Assurance Committee (QUAC) will;</p> <ul style="list-style-type: none"> • Provide the Trust Board with assurance about the effectiveness of involvement of carers. • Critically evaluate reports on each division's effectiveness in involving carers across the range of all its services and communities. <p>The Senior Management Team will;</p> <ul style="list-style-type: none"> • Ensure that carer involvement is given consideration in developing all Trust projects and developments. • Ensure appropriate frameworks are in place for staff to carry out their duties to involve carers. <p>The PPI Steering Group (PPISG) will;</p> <ul style="list-style-type: none"> • Develop and implement the Carers' Policy. • Monitor and evaluate the implementation of the Carers' Policy through
-----	--

	<p>divisional work plans.</p> <p>The Divisional teams will work with their Divisional PPI lead to;</p> <ul style="list-style-type: none"> • Develop carer support appropriate to the needs of their service. • Develop systems to ensure carers from the diverse communities they serve are valued, recognised and involved as partners in care. • Ensure systems are in place for their division to implement the Carers' Policy, including an annual plan of work. • Monitor and evaluate monthly carer activity in their area, reporting outcomes to QUAC and Senior Management Team.
--	--

5.2	<p>Individual Officers</p> <p>The Chief Executive will:</p> <ul style="list-style-type: none"> • Be responsible for ensuring that the Trust works in partnership with carers. <p>The Chief Nurse will:</p> <ul style="list-style-type: none"> • Be the Executive Director Lead responsible for carer involvement <p>The Medical Director will:</p> <ul style="list-style-type: none"> • Provide leadership and guidance to medical staff on carer involvement <p>The Head of Patient Public Involvement will:</p> <ul style="list-style-type: none"> • Ensure that effective relationships continually develop with relevant carer groups in the community. • Develop mechanisms that ensure carers views are integral to the development of services at the Trust. <p>The Divisional PPI lead will:</p> <ul style="list-style-type: none"> • Champion the implementation of Carers' Policy at divisional level • Report to PPI Steering Group and Divisional Management team. • Act as the accountable divisional link to the PPISG for divisional performance on carers. <p>Departmental Mangers, Clinical Nurse Specialists, Practice Development Nurses, Matrons and Ward Managers will:</p> <ul style="list-style-type: none"> • Ensure that all staff, within their work areas, work in partnership with carers and within the scope of this policy. They must guarantee their staff understand this policy and apply it into their practice. <p>Nursing, Midwifery, Medical Staff And Allied Health Professionals will:</p> <ul style="list-style-type: none"> • Identify, involve, support and signpost carers. • Encourage carers (with the patient's consent) to contribute to the patient's nursing/medical/therapy assessment and care plan.
-----	--

	<p>All Staff will:</p> <ul style="list-style-type: none"> Identify, involve, support and signpost carers.
6.0	Policy and/or Procedural Requirements

6.1 To facilitate a good patient experience, staff need to work in partnership with patients and carers.

To:

Identify Carers

- Carers of patients or carers who are patients need to be identified as soon as possible in an episode of care.
- Carer details need to be recorded within the medical, nursing, therapy patient record.

↓

Involve Carers

- Carers need to be treated as partners in the care of a patient so that with the patient's permission, carers can be included in discussions about all plans for current and future care.
- The patient's consent (or otherwise) regarding the disclosure of personal information to a carer about his / her diagnosis, treatment and care needs must be documented.
- All reasonable adjustments will need to be made for carers who have specific needs e.g. those do not speak English, have a learning disability or physical disability or both so they can be fully involved and informed about a patient's care.
- Carers should be given the opportunity to complete About Me' /Carer Involvement sheet and offered flexible visiting/ Carers' Passport as appropriate.
- Carers should be asked to complete the carers survey.
- Carers should be given the opportunity to be involved in the planning and day to day evaluation of services provided by the Trust.

↓

Supporting and Signpost Carers

- Carers will need to be supported to be involved in key decisions and express any fears and concerns about their caring role.
- Carers need to be signposted to the information in the bedside folder or issued with the Trust information card 'Caring for Carers' giving them information on where to gain further information and support within and outside Trust.

	For further guidance on how to identify, involve, support and signpost carers, please refer to the Caring for Carers' Toolkit – Appendix 1
--	--

7.0	Training and Implementation
-----	-----------------------------

7.1	<p>Training A copy of the Trust's Carers' Policy will be readily accessible to all members of staff. New members of staff being told how it can be accessed. It as part of the Trust induction.</p> <p>Carers' Policy poster quick reference guide summarising key points for staff on what they need to do to implement the policy will be available on the PPI intranet site - Appendix 2.</p> <p>The Head of PPI will work with the PPISG and the PPI leads in each division to offer support and advice around carers.</p> <p>All staff should be offered an opportunity to express a special interest in the Trust's carer activities and if appropriate, be contacted by their divisional PPI Lead in order to capture and utilise this special interest.</p>
-----	--

7.2	<p>Implementation Divisional PPI leads in conjunction with their teams will be held accountable for ensuring that this policy is implemented across their division.</p> <p>Progress in implementing this policy will be monitored through divisional monthly feedback reports monitored at PPISG.</p> <p>A range of policy implementation monitoring tools will be utilized by the PPISG, including documentation audits and staff, patient and carer feedback.</p>
-----	--

7.3	<p>Resources Divisions are required to identify appropriate resources to enable them to work in partnership with carers as specified in this policy.</p>
-----	---

8.0	Trust Impact Assessments
-----	--------------------------

8.1	<p>Equality Impact Assessment An equality impact assessment has been undertaken on this document (Appendix 3) and has not indicated that any additional considerations are necessary.</p>
-----	--

8.2	Environmental Impact Assessment An Environmental impact assessment has been undertaken on this document (Appendix 4) and has not indicated that any additional considerations are necessary.
-----	--

8.3	Here For You Assessment A Here For You assessment has been undertaken on this document (Appendix 5) and has not indicated the need for additional considerations.
-----	---

9.0	Policy / Procedure Monitoring Matrix
-----	--------------------------------------

Minimum requirement to be monitored	Responsible individual/ group/ committee	Process for monitoring e.g. audit	Frequency of monitoring	Responsible individual/ group/ committee for review of results	Responsible individual/ group/ committee for development of action plan	Responsible individual/ group/ committee for monitoring of action plan
Compliance with Implementing Policy	Divisional Team	Report	Monthly	Patient Public Involvement Steering Group	Divisional PPI Lead	Patient Public Involvement Steering Group
Results of Carer Surveys	Divisional Team	Report	Monthly	Divisional Team	Divisional PPI Lead	QUAC

10.0	Relevant Legislation, National Guidance and Associated NUH Documents
------	--

10.0	<p>Legislation</p> <p>Care Act 2014 Equality Act 2010 Mental Capacity Act 2005</p> <p>National Guidance NHS England commitment to Carers May 2016 National Strategy for Carers 2008 Care Quality Commission Fundamental Standards of Care NHS Constitution 2013</p> <p>Associated NUH Documents</p> <p>Equal Opportunities Policy – HRE&D001 Information Governance Policy GGNF001 Management of Complaints, Concerns, Comments and Compliments Policy GG/CM/002 Patient and Public Involvement (PPI) Handbook Patient Information Policy and Procedure GGCM003 Patient Advice and Liaison Service Policy- GGCM004 Safeguarding Vulnerable Adults Policy CLCH007 Safeguarding Children Policy and Young People Policy CLCH007 Consent to Examination and Treatment Policy CLCG020 Work-Life Balance Policy and Procedures HRWLB001 Enhanced Supervision Policy</p>
------	--

Caring for Carers' Toolkit



Identification of Carers

The carer needs to be identified as soon as possible in an episode of care. This is so that their role in supporting the patient can be acknowledged from the outset and their needs addressed within the plan of care. There may be a range of family members performing a caring role. All carers should be taken into consideration.

Ideally the patient should identify the carer to staff. However if the patient lacks the mental capacity to do so, then staff may need to approach visitors, social services or the patient's GP to gain information on the care arrangements in the patient's home.

The patient's consent (or otherwise) regarding the disclosure of personal information about their diagnosis, treatment and care needs must be documented. For more information and guidance on the issues of consent please refer to the Trust's Consent to Examination and Treatment Policy

- The carer's status should be reviewed during the patient's stay in hospital. An episode in hospital may lead to a patient requiring care and support for the first time. If there is an existing carer relationship, the level of dependency of their patient may have been exacerbated by this illness or treatment. Whether the carer is willing to assume, maintain or take on additional caring responsibilities should be clearly documented.
- Staff should confirm that carers are willing to take on, or continue the caring relationship. Such conversation should take place in private and away from the patient, as sometimes patients may nominate a person as their carer without prior discussion.
- Carers may not always perceive themselves as carers and may just consider themselves as partners, relatives or friends. Staff should help carers to recognise the extent of their involvement and commitment so that their needs as carers can be assessed and supported.
- Young carers - A young carer is someone aged 18 or under who helps look after a relative who has a condition, such as a disability, illness, mental health condition, or a drug or alcohol problem. Young carers will need to be supported differently from adult carers and would benefit from a different kind of support, staff need to be aware of this and refer appropriately.
<http://www.nhs.uk/CarersDirect/young/Pages/Youngcarers'home.aspx>
- Patients as carers- When the patient admitted is a carer for planned admissions, health/social services should already be aware of the admission and alternative arrangements for the provision of care to the carer should have been arranged. Where this is not the case, staff should contact health/social services to agree a way forward. Staff should also contact health/social services if the carer is admitted to NUH through an emergency route to agree a way forward. In any case, the carer should not be turned away from NUH until appropriate arrangements for their care

have been made. Carer details must be recorded in the nursing, medical allied health care professional and electronic patient records.

- Parents as carers - See Appendix A.
- Paid carers - See Appendix B.

Information for Carers

- Carers require information on how the Trust will provide them with recognition, communicate information, work in partnership and support their role. They also require specific information on the condition and progress of the patient for whom they provide care.
- Disclosure of personal information about the patient may be made only with the patient's consent. It should be recognised that patients may change their mind and agree or refuse consent at any time.
- The patient's consent (or otherwise) regarding the disclosure of personal information about his / her diagnosis, treatment and care needs must be documented
- If it is thought that the patient is incapable of making this decision the Health Professional should perform a two stage capacity test in accordance with the Mental Capacity Act 2005. If the patient does lack capacity, the decision to give information to the carer should be made after considering whether it would be in the patient's best interest (this would normally be the case). Please refer to the Mental Capacity Act 2005 Code of Practice and Multi-agency Mental Capacity Act Policy 2010.
- If in the multidisciplinary team's opinion, the patient's best interests are served by disclosing personal information to a carer to provide care, or to enable the carer to assess whether he or she is able to provide the required care, then that disclosure may be made and the decision recorded in the patient's records.
- Deciding if a person has the mental competence or capacity to make this decision has legal implications. There are many shades of capacity to make decisions, for example, a person may have the capacity to make a will, but not be able to manage his or her financial affairs. The multidisciplinary team would need to assess the patient's competence or capacity. The Trust has a mental capacity policy. If the multidisciplinary team agrees that a patient does not have the capacity to give his or her consent to the disclosure of personal information to the carer, then this must be documented. For more information and guidance on the issue of consent, please refer to the Trust's Consent to Examination and Treatment Policy.
- When there is more than one carer it is important to have an identified main carer to communicate with who can cascade information to the rest of the carers/family.

Subject to the conditions above the carers should be provided with Information about;

- Induction to relevant ward staff, routines and procedures – Appendix C.
- Medical condition at present, including diagnosis and prognosis.
- The patient's likely continuing care needs.
- The discharge plan.
- How to get help and support via a carer's assessment from Social Services.
- Necessary training on lifting and handling, feeding, personal hygiene if this is a task they will be required to undertake when the patient returns home.
- Information and support to enable timely discharge/transfer of care arrangements, informing the carer of referrals made.
- Their right of access to signers/interpreters if required.
- Promoting independence/self-care – Appendix D.

All carers should be sign posted to the information in the bedside folders or given the Trust's 'Caring for Carers' information card providing information about where to access support – Appendix E.

Choices for Carers

Carers are entitled to exercise choice within their role as a carer. They must be provided with time to make choices about:

- Taking on the role and responsibilities of main carer.
- Whether to continue caring.
- What level of responsibility to accept, recognising personal boundaries and constraints?
- What training and information they require
- The carers status and willingness and ability to care for a patient should be reviewed throughout the hospital stay. Often a partner, relative or friend will accept responsibility for a patient who was previously independent. Sometimes an existing carer may refuse to take on greater responsibilities or continue in the caring role. This information should be clearly documented in the patient's nursing assessment. Any changes need to be documented and factored into the patient's discharge plan.

Carers Assessment

Carers have a right to a carer's assessment which is undertaken by the local authority. The assessment is of their needs in relation to their caring role. Please advise carers of this and refer appropriately.

Partners in Care

The Trust recognises that carers have a unique expertise and skill in understanding the needs of the person in their care and staff are encouraged to listen to and respect their views.

Where carers wish to continue to deliver care to the patient during their stay in hospital an open discussion must take place between staff and the carer. Agreements should be

reached on the boundaries of what is expected of hospital staff and what is safe for a carer to do in a hospital setting. This should be documented on the carer Involvement page of the "About Me" document, patient care plans and notes.

The carer should be viewed as partners in care at all stages of the patient's journey but particularly when planning for discharge home. They should be involved in making decisions and not just informed of what is to occur.

Staff should not make assumptions about carers based on their gender, religion, and ethnicity sexual orientation gender, relationship to the patient or a previous professional role within a healthcare setting. Carers must always be asked if they are willing or able to cope with any or all of the caring responsibilities.

For patients with dementia and or those patients admitted with a delirium, or have some other cognitive impairment or other frail elderly patients the carer should be asked to complete all sections of the 'About Me' booklet. This booklet has been developed to enable staff to work in partnership with patients and carers so patients and carers can feel safe, cared for and confident in care and treatment at the hospital. It helps to define the partnership between the carer and the Trust staff and should provide clarity about what responsibilities the hospital staff and the carer will exercise in caring for the patient. Appendix F.

Patients with learning disabilities should be referred to the Acute Liaison Learning Disabilities Team so they can ensure carer involvement and carer support throughout the patients' hospital stay.

Discharge Planning

The carer should be involved at all stages of planning for the discharge of the patient. This involvement should include:

- Estimating the date of discharge and sharing this with the carer from the outset
- Discussing and agreeing practical preparation for the discharge home.
- Agreeing the date and time of discharge and giving the carer sufficient notice of discharge
- Ensuring that any equipment or alterations to support safe discharge are in place before it takes place.
- Providing the carer with sufficient information to safely care for the patient, including information on medication, equipment, patient handling and changes in the patient's condition that affects the patients care needs.
- How to access support and information after discharge.
- Details of follow-up appointment.

Support for Carers

The carers own needs must be recognised and in particular staff should take into account:

- Whether the carer has other commitments, including work.
- The carer's cultural, racial or religious background that might affect perception of the caring role.
- Relationship of the carer to the patient.
- The carer's ability to manage the role.
- Frailty or disability of the carer.
- Age of the carer.
- Issues relating to access/service provision/housing.

Carers should be:

- Given an induction in to ward routines, staff and relevant procedures including fire and infection control (Appendix C)
- Offered flexible visiting and access to the ward and as appropriate a Carer Passport (Adult Inpatient Wards only) (Appendix G)
- Offered training in nursing or patient handling techniques prior to discharge, if assessed as appropriate by relevant member of the team.
- Provided with information on the local carers' organisation.
- Encouraged to have a carer assessment via Social Services to facilitate advice on what benefits are available such as attendance allowance, disability living allowance or carer's allowance.
- Provided with information on the support available from PALS, also made aware of the complaints procedure.
- Provided with information about facilities for overnight stays which may be available depending on the ward and department. They should be made as comfortable as possible. Where possible and appropriate carers' should be encouraged to return home overnight. This is to safeguard the carer's health and well-being.
- Able to leave the ward in the knowledge that the person that they care for will receive the appropriate support in their absence.
- Able to give their feedback and views in a variety of ways including surveys, 1: 1 conversations and focus groups/meetings.
- Able to book transport. If patients are required to attend follow-up appointments and qualify for transport, carers will need to check if they are eligible to accompany the patient. This should be done at the time of booking the transport. It should be noted that carers may only be provided with transport as an escort to the patient, if they have particular skills needed by the patient or support is needed on the journey. This might be appropriate if the main carer is accompanying a patient with physical or mental incapacity, a child, or to act as a translator. If the carer accompanies the patient to another care setting, the transport may not bring the carer back to the carer's locality. Carers need to ensure they can do this for themselves.

Parents as Carers

It is important to find out if the parents caring responsibilities are new or well established. New carers often have different concerns and needs compared to those of established carers.

The disclosure of a young child's personal health information including a realistic assessment of his or her continuing needs to his or her parents is normally straightforward.

Personal information concerning a child under 16 can be given to his or her parents or legal guardians where the child either consents or is thought not to have sufficient competence to make decisions with regard to the provision of such information on their own behalf.

In cases where a child under 16 is adjudged to be "Gillick" competent (i.e. is adjudged to have a sufficient degree of intelligence and maturity to understand the treatment(s) concerned and the consequences of any decisions made with regard to the treatment(s) and where such a child refuses his or her consent to the sharing of information with his or her parents or legal guardians, then such a refusal must be respected.

In cases where there is any doubt as to whether a child is "Gillick" competent or not an appropriately experienced professional should be requested to examine the child and provide their opinion as to the competence of that child.

Parents as carers for their child need information about their child's care requirements to successfully plan managing their caring responsibilities and skills at home. Well-informed staff and good communication between the various parties can normally resolve any conflict between the young person and those of his or her carers.

Fathers who have never been married to the child's mother will only have parental responsibility if they have acquired it through a court order or parental responsibility agreement.

For births registered in England & Wales) a father, however, has this responsibility only if he is married to the mother when the child is born or has acquired legal responsibility for his child through one of these three routes:

- (From 1 December 2003) by jointly registering the birth of the child with the mother
- By a parental responsibility agreement with the mother
- By a parental responsibility order, made by a court

For births registered in Scotland: a father has parental responsibility if he is married to the mother when the child is conceived, or any time after that date. An unmarried father has parental responsibility if he is named on the child's birth certificate (from 4 May 2006). Alternatively, unmarried fathers can also be named following a re-registration of the birth.

For births registered in Northern Ireland: A father has parental responsibility if he is married to the mother at the time of the child's birth. If a father marries the mother after the child's birth, he has parental responsibility if he lives in Northern Ireland at the time of the marriage. An unmarried father has parental responsibility if he is named, or becomes named, on the child's birth certificate from 15 April 2002.

Living with the mother, even for a long time, does not give a father parental responsibility and if the parents are not married, parental responsibility does not always pass to the natural father if the mother dies.

The parent with parental responsibility would make the decisions. If they had joint parental responsibility and were living separate (in case of divorce for example) then they would both need to be involved. If there was any dispute then specialist advice should be sought.

In cases of young people and adults with learning disabilities, the carers may still need information. Every effort must be made to involve the patient in decisions about their care and any disclosure of their personal health information to their parents / guardian. This may require pictorial aids to communication or other reasonable adjustments. Contact with the acute liaison learning disability team should be made to ensure the adult with a learning disability is given every opportunity to be involved in decision making about their care.

Parents should be welcomed to spend time on the ward with their child during their stay in hospital as appropriate (please note Carer's Passport is not required on Children's Wards)

It is recognised that some patients will continue to receive support from paid carers whilst on the ward. These patients may include people with a learning disability or enduring mental health needs.

Examples of paid carers would be registered nurses employed by another organisation, support workers, care workers and shared lives workers. These paid carers will usually be funded by the local authority or continuing healthcare.

Ward Sisters/Charge Nurses must make an assessment of the patient's ongoing needs in hospital and assess what role paid carers have in this care. If the patient still requires the usual level of support provided by the paid carer, this should be negotiated with the care-provider organisation and the commissioners of this service. Patients in receipt of Direct Payments for their paid carers may wish to continue this level of care whilst in hospital and can do so using their usual funding, with the agreement of the Ward Sister/Charge Nurse.

For all patients who require the continuation of paid carers in hospital, the patient plan of care should be escalated to the Matron. A discussion should be had with all parties to ensure that the needs of the patient are reviewed and clarified and the continued support from paid carers agreed. It is anticipated that this should be within the commissioned service normally provided for the individual – with no added financial cost.

Where there is a need for additional paid carer hours whilst the patient is in hospital - this must be agreed or refused and documented. The cost of extra paid carer support, in addition to the usual community contract will usually be met by the Division and agreed by the matron/divisional manager. For all out of hour's situations the site manager must be informed.

The ward sister/charge nurse or Matron must discuss with the paid carer their specific arrangements for funding of meals, travel and parking costs.

The ward sister/charge nurse is responsible for ensuring that the level of support for each patient is regularly reviewed in response to the changing needs of the individual. The nursing team will need to liaise with paid carers throughout the admission to monitor this.

Where a patient may require increased level of care this may not be included in their current funded contract, the ward sister/charge nurse or Matron will assess if this can be fulfilled by the existing ward staff or by booking additional staff. In some cases it may be more appropriate for the patient's regular paid carers to provide this care however this will need to be agreed by all and how the ward will be invoiced.

Each ward is responsible for completing a detailed care plan for all paid carers who are providing support and care to patients on the ward. A copy of the care plan should be given to the Provider organisation for the paid carers.

Induction - where paid carers are providing support on the ward an induction should be provided. Professional conduct of paid carers must be established, such as access to the ward, need to wear and see ID badges, how they could escalate concerns or call for help for the patient. Carers' induction (Appendix C)

Carers Ward Induction

The Trust has responsibility for the patient care and safety when they are in the hospital. If care responsibilities are to be shared with unpaid or paid carers, then all parties need to understand expectations, safety, and what duties carers will be permitted to assist with in accordance with hospital policies in essence. there needs to be a comprehensive discussion about:

- Who does what, when, and under what circumstances?
- Health & Safety; e.g. infection control, safe to perform the tasks asked of them, safe to use equipment supplied by the hospital, falls preventions etc.
- Supervision of staff when completing care tasks.
- Tasks that care staff can not do (e.g. can non NUH staff give medication, if so under what circumstances)
- Other requirements such as sharing and recording information.

Ward Name:
Date:

Unpaid carer name
Paid care name

Contact number
Contact number

Please affix patient label
Name:
DOB:
Hospital / NHS Number

Task	Discussed with Carer	Notes
About me		
Carers passport		
Location of Fire Exits / Fire Evacuation Procedure		
Infection Control information / requirements.		
Tour of Ward – Toilets (patient & visitors) / Rest Area/Access to Food & Drink Making facility/ Supplies/etc. Comfortable Chair/Z-Bed/Bedside folder		
Ward Round / Routine		
Promoting activity / independence / #endPjparalysis carers information.		
Asking Questions / Raising Concerns		
I.D / Name badge		

Confirm that induction was given / received:

Print Name of Hospital Staff:	Designation	Signed	Date
Print Name of Carer:	Relationship	Signed	Date

#end paralysis

get up get dressed be active

"We know that if patients stay inactive in hospital for too long, they may have a higher risk of infection, lose mobility, fitness and strength, and stay in hospital longer."

Ann-Marie Riley, Deputy Chief Nurse, NUH

Let's work together to keep your relatives and friends as active as possible.

Why?

- Preserves individuality and dignity
- Prevents muscle and strength loss
- Maintains a normal routine
- Keeps them in touch with the outside world
- A quicker recovery
- Returns them home as soon as possible



How?

- Bring in comfortable clothes, well-fitting shoes, toiletries, hearing aids, reading glasses and activities for your relatives and friends
- Encourage your relatives and friends to:
 - Get up and be as active as possible, by moving around the ward, and using day rooms where possible
 - Do as much as they can for themselves
 - Make sure they are eat and drink regularly even if its little and often. When recovering from illness or surgery, higher energy foods may be more appropriate especially if appetite is poor
 - Keep mentally active by staying in touch with life outside the hospital like reading a newspaper, watching TV, listening to the radio and talking with friends and family
 - Help them to stop smoking, if appropriate

Look after yourself – try not to do everything. Encourage other relatives and friends to make visits as well. Talk to our staff and visit www.nuh.nhs.uk/patients-and-visitors/patients-and-carers/carers/ for more information.

Carers' information

We are here for you



Nottingham University Hospitals NHS Trust

Caring for carers at NUH

Ask



We will **ask** you if you are a carer or if someone cares for you. If we don't please tell us.

Involve



We will **involve** you when you are in hospital and when you leave. We will listen and act on your feedback.

Support



We will tell you about other help and **support** you can get.



Nottingham Hospitals Charity
At the heart of your care

We are here for you

Where can carers get more help and support?

Nottingham University Hospitals NHS Trust
Talk to our staff or contact our PALS Team

 **0800 183 0204**

Carers Direct
 **0808 8020 202**

Carers Federation
 **0115 9629311**

Carers UK
 **0808 8087 777**

 **PALS@nuh.nhs.uk**

 **www.nhs.uk/carersdirect**

 **www.carersfederation.co.uk**

 **www.carersuk.org**



NUH02339S

Please affix patient label

Name:

DOB:

Hospital / NHS Number:

About Me

Appendix F

This form has been developed to help staff get to know your relative / friend, to communicate better with them and help them feel safe and secure whilst in hospital. The information you provide will be kept at the end of their bed.

<p>I like to be called:</p>
<p>Significant people in your friend or family members life are;</p> <p>Husband/wife/partner: Other family (name and relationship to them):</p> <p>Carers:</p> <p>Friends:</p> <p>Pets:</p> <p>Bereavements:</p>
<p>My life so far:</p> <p>Significant events in my life:</p> <p>Jobs I have had:</p> <p>Holiday and day trip memories:</p> <p>My interests / hobbies</p> <p>Favourite music/songs:</p> <p>Things important to my identity:</p>
<p>Memories that make me feel happy:</p> <p>Things and people I like to talk about:</p> <p>It helps me feel calm when I:</p> <p>It helps me feel calm when other people:</p> <p>Possessions / objects I like to keep with me that help me feel secure.</p>

Questions I might ask repeatedly: (e.g. people I might ask for, things I might look for)

Answers that may help me:

Things I might do repeatedly:

Things that may help distract me:

I may be in pain if:

It helps my pain if:

If I cannot verbalise my pain please use the PAINAD assessment tool.

Important aspects of my daily routine: (e.g. sleep patterns, how I take my medication)

I usually occupy my time by:

Day:

Night:

The person who knows me best is, (relative/friend)

Is this you?

Eating and Drinking
I require assistance/supervision with eating (e.g. cutting up food, loading cutlery, I eat slowly/fast)
I require special equipment to assist me when eating (e.g. plate guard, beaker with lid, adapted cutlery)
My eating Habits (e.g. overfilling or cramming the mouth, eating non-food items, difficulty sitting for duration of the meal, becoming distracted, disliking to eat with others, prefers to eat with fingers or prefers to eat food in a certain order)
I wear/ do not wear dentures to eat? I have brought my dentures into hospital with me.
I require assistance /supervision with drinking (e.g. I need encouraging to drink, I need an adapted cup)
My drinks need to be thickened? (e.g. Syrup consistency / custard consistency) I like to drink? (tea/coffee/squash/water etc.) My preferred bedtime drink is:
I am allergic/ intolerant of (e.g. Nuts, milk, gluten, eggs)
I have a special diet (e.g. diabetic, soft, puree, fork mashable, low-fat, nut free)
My favourite foods are:
Food I dislike:
My preferred portion size is:

Carer/Relative/Friend Involvement Sheet

Please note:

- The patients consent (or otherwise) regarding the disclosure of personal information and involvement in their care must be gained and documented in their care plan.
- All personal care is the responsibility of the hospital staff, however if you would like to be involved in any areas of care, please let us know.

Would you like to be involved in your relative/friend's care while they are in hospital?
If yes, how would you like to be involved? (e.g. assisting with meals, helping with washing and dressing, night times)

Please give any information about your relative/friend's condition that would be helpful for you to share with staff.

Would you be happy for hospital staff to call you to provide support if necessary?
(e.g. if your relative/friend became distressed, if they asked for you)

During the day. (e.g. between what times)

During the night. (e.g. between what times)

What is the best way to consult you about the decisions regarding your relative/friends care, treatment and discharge?

Are there any legal or other issues you think staff need to be aware of? (e.g. lasting power of attorney for health and wellbeing/ lasting power of attorney for property and affairs / advanced directives)

Do you need any further information about arrangements for visiting or staying on the ward, or remaining with your relative/friend during treatments? E.g. catering and car parking.

Are there any specific issues you would like us to know about that may be impacting on your role as a carer?

If you have concerns about the patient or your own treatment as a carer, you can get help and support from:

- Talk to our staff or contact our PALs Team 0800 183 0204 PALs@nuh.nhs.uk
- Nottinghamshire Carers Hub 0115 8248824 <http://www.carerstrustem.org/hubc>

Carer's Passport – Carer Guide

Appendix G



Talk to our staff:

Ward:

Ext:

Or contact our **PALS Team**

 0800 183 0204

 PALS@nuh.nhs.uk

Welcome to your **Carer's Passport** – this enables you to visit at any time, and to be the main contact person regarding your friend or relative's care. Alongside this card there is an 'About Me' document that you will be asked to fill in that gives additional information about your friend or relative to help staff to know them better, and to record how and when you want to be involved.

Why do we have passports?

- We are responding to feedback about communication and carer involvement
- We hope it will result in enhanced communication about plans, decrease repeated conversations and offer support at difficult times, ward rounds, meal times, overnight etc.

What do I need to do?

- If you want to be involved in caring for your friend or relative, agree with staff and your friend/relative how and when you will be involved in their care.
- Complete an 'About Me' document, which staff will provide for you (please note that in some cases you will only need to complete the carer involvement section of the document)
- When arriving on the ward always check with staff at the start of each visit to see if there are any changes, and to agree your involvement on that visit. Update staff during and at the end of your visit of any care you have given or any queries you may have.
- Do not give any care that has not been agreed, or do anything you have not been trained to do to your friend or relative, or any other patients.
- Familiarise yourself with ward routines and information such as ward rounds, how to purchase concessionary car parking, catering facilities etc. by asking staff, and by reading any relevant information on the ward, in bedside folder, or on our website: www.nuh.nhs.uk/patients-and-visitors/visitors-and-carers
- Take regular breaks, get some rest and ask staff for help and support when you need it.

Carer's Passport – Staff Guide



Welcome to the **Carer's Passport** – this enables carers to visit at any time, and to be the main contact person regarding their friend or relative's care. Alongside this card there is an 'About Me' document that staff need to ask carers to fill in – this gives additional information about their friend or relative to help staff to know them better and record how and when they want to be involved. It is important to note that not all carers will want to be involved and may want to take a break.

Staff guide to the Carer's Passport

Why do carers have passports?

- We are responding to feedback about communication and carer involvement
- We hope it will result in enhanced communication about plans, decrease repeated conversations and offer support at difficult times, ward rounds, meal times, overnight etc.

What do I need to do?

- Identify one main carer (with the patient's consent) when a patient is admitted to the ward. Clarify main carer's contact details and if and when they are prepared to be contacted. Record their details in the admission booklet.
- Ask main carer to complete the 'About Me' document, in particular the carer's section, identifying if, how and when they want to be involved. Agree and document carer involvement in the relevant nursing, medical allied health care professional paper/electronic patient records including any training. Update staff on the agreed carer involvement at nursing hand overs, MDT huddles, ward rounds, case conferences etc.
- Give the carer the passport and sign post them to any relevant information on your ward, bedside folder, and website, such as how to purchase concessionary car parking, catering facilities etc.
- Named carer can visit anytime – visiting hours apply to other members of family and friends
- Regularly review carer involvement daily with carer and patient

Carers' Policy

Carers are people who care unpaid for friends or family members who are ill, frail or disabled. Carers can come from all backgrounds, cultures and be of any age or gender.



- To facilitate a good patient experience, staff need to work in partnership with patients and carers
- Staff need to enable carers to feel safe, cared for and confident by:

Identifying Carers

- Carers of patients or carers who are patients need to be identified as soon as possible in an episode of care.
- Carer details need to be recorded within the medical, nursing, therapy patient record.

**Involving Carers**

- Carers need to be treated as partners in the care of a patient so that with the patient's permission, carers can be included in discussions about all plans for current and future care.
- The patient's consent (or otherwise) regarding the disclosure of personal information to a carer about his / her diagnosis, treatment and care needs must be documented.
- All reasonable adjustments will need to be made for carers who have specific needs e.g. those do not speak English, have a learning disability or physical disability or both so they can be fully involved and informed about a patient's care.
- Carers should be given the opportunity to complete About Me' /Carer Involvement sheet and offered flexible visiting/ Carers' Passport as appropriate.
- Carers should be asked to complete the carers survey.
- Carers should be given the opportunity to be involved in the planning and day to day evaluation of services provided by the Trust.

**Supporting and Signposting Carers**

- Carers need to be supported to be involved in key decisions and express any fears and concerns about their caring role.
- Carers need to be signposted to the information in the bedside folder or issued with the Trust information card 'Caring for Carers' at Nottingham University Hospitals' which gives them further information and support within and outside the Trust.

Equality Impact Assessment (EQIA) Form

Q1. Date of Assessment: 31 st January 2018			
Q2. For the policy and its implementation answer the questions a – c below against each characteristic (if relevant consider breaking the policy or implementation down into areas)			
Protected Characteristic	a) Using data and supporting information, what issues, needs or barriers could the protected characteristic groups experience? I.e. are there any known health inequality or access issues to consider?	b) What is already in place in the policy or its implementation to address any inequalities or barriers to access including under representation at clinics, screening	c) Please state any barriers that still need to be addressed and any proposed actions to eliminate inequality
The area of policy or its implementation being assessed:			
Race and Ethnicity	No further changes to draft policy required		
Gender	No further changes to draft policy required		
Age	No further changes to draft policy required		
Religion	No further changes to draft policy required		
Disability	No further changes to draft policy required		
Sexuality	No further changes to draft policy required		
Pregnancy and Maternity	No further changes to draft policy required		
Gender Reassignment	No further changes to draft policy required		
Marriage and Civil Partnership	No further changes to draft policy required		
Socio-Economic Factors (i.e. living in a poorer neighbourhood / social deprivation)	No further changes to draft policy required		

Area of service/strategy/function

Q3. What consultation with protected characteristic groups inc. patient groups have you carried out? Consultation has been undertaken with Patient Partnership Group, members and carers.			
Q4. What data or information did you use in support of this EQIA? Feedback from national and local surveys , audits and feedback from patient groups			
Q.5 As far as you are aware are there any Human Rights issues be taken into account such as arising from surveys, questionnaires, comments, concerns, complaints or compliments? No			
Q.6 What future actions needed to be undertaken to meet the needs and overcome barriers of the groups identified or to create confidence that the policy and its implementation is not discriminating against any groups.			
	By Whom	By When	Resources required
Q7. Review date	April 2021		

Environmental Impact Assessment

The purpose of an environmental impact assessment is to identify the environmental impact of policies, assess the significance of the consequences and, if required, reduce and mitigate the effect by either, a) amend the policy b) implement mitigating actions.

Area of impact	Environmental Risk/Impacts to consider	Action Taken (where necessary)
Waste and materials	<ul style="list-style-type: none"> • Is the policy encouraging using more materials/supplies? • Is the policy likely to increase the waste produced? • Does the policy fail to utilise opportunities for introduction/replacement of materials that can be recycled? No 	
Soil/Land	<ul style="list-style-type: none"> • Is the policy likely to promote the use of substances dangerous to the land if released (e.g. lubricants, liquid chemicals) <p>Does the policy fail to consider the need to provide adequate containment for these substances? (E.g. bunded containers, etc.) No</p>	
Water	<ul style="list-style-type: none"> • Is the policy likely to result in an increase of water usage? (estimate quantities) • Is the policy likely to result in water being polluted? (e.g. dangerous chemicals being introduced in the water) • Does the policy fail to include a mitigating procedure? (e.g. modify procedure to prevent water from being polluted; polluted water containment for adequate disposal) No 	
Air	<ul style="list-style-type: none"> • Is the policy likely to result in the introduction of procedures and equipment with resulting emissions to air? (E.g. use of a furnaces; combustion of fuels, emission or particles to the atmosphere, etc.) • Does the policy fail to include a procedure to mitigate the effects? • Does the policy fail to require compliance with the limits of emission imposed by the relevant regulations? No 	
Energy	<ul style="list-style-type: none"> • Does the policy result in an increase in energy consumption levels in the Trust? (estimate quantities) No 	
Nuisances	<ul style="list-style-type: none"> • Would the policy result in the creation of nuisances such as noise or odour (for staff, patients, visitors, neighbours and other relevant stakeholders)? No 	



We Are Here for You Policy and Trust-wide Procedure Compliance Toolkit

The We Are Here For You service standards have been developed together with more than 1,000 staff and patients. They can help us to be more consistent in what we do and say to help people to feel cared for, safe and confident in their treatment. The standards apply to how we behave not only with patients and visitors, but with all of our colleagues too. They apply to all of us, every day, in everything that we do. Therefore, their inclusion in Policies and Trust-wide Procedures is essential to embed them in our organization.

Please rate each value from 1 – 3 (1 being not at all, 2 being affected and 3 being very affected)

Value	Score (1-3)
1. Polite and Respectful Whatever our role we are polite, welcoming and positive in the face of adversity, and are always respectful of people's individuality, privacy and dignity.	3
2. Communicate and Listen We take the time to listen, asking open questions, to hear what people say; and keep people informed of what's happening; providing smooth handovers.	3
3. Helpful and Kind All of us keep our 'eyes open' for (and don't 'avoid') people who need help; we take ownership of delivering the help and can be relied on.	3
4. Vigilant (patients are safe) Every one of us is vigilant across all aspects of safety, practices hand hygiene & demonstrates attention to detail for a clean and tidy environment everywhere.	3
5. On Stage (patients feel safe) We imagine anywhere that patients could see or hear us as a 'stage'. Whenever we are 'on stage' we look and behave professionally, acting as an ambassador for the Trust, so patients, families and carers feel safe, and are never unduly worried.	3
6. Speak Up (patients stay safe) We are confident to speak up if colleagues don't meet these standards, we are appreciative when they do, and are open to 'positive challenge' by colleagues	3
7. Informative We involve people as partners in their own care, helping them to be clear about their condition, choices, care plan and how they might feel. We answer their questions without jargon. We do the same when delivering services to colleagues.	3

8. Timely We appreciate that other people's time is valuable, and offer a responsive service, to keep waiting to a minimum, with convenient appointments, helping patients get better quicker and spend only appropriate time in hospital.	3
9. Compassionate We understand the important role that patients' and family's feelings play in helping them feel better. We are considerate of patients' pain, and compassionate, gentle and reassuring with patients and colleagues.	3
10. Accountable Take responsibility for our own actions and results	3
11. Best Use of Time and Resources Simplify processes and eliminate waste, while improving quality	3
12. Improve Our best gets better. Working in teams to innovate and to solve patient frustrations	3
TOTAL	36

CERTIFICATION OF EMPLOYEE AWARENESS

Document Title	Carers' Policy
Version (number)	5
Version (date)	April 2018

I hereby certify that I have:

- Identified (by reference to the document control sheet of the above policy/ procedure) the staff groups within my area of responsibility to whom this policy / procedure applies.
- Made arrangements to ensure that such members of staff have the opportunity to be aware of the existence of this document and have the means to access, read and understand it.

Signature	
Print name	
Date	
Division/ Directorate	

The manager completing this certification should retain it for audit and/or other purposes for a period of six years (even if subsequent versions of the document are implemented). The suggested level of certification is;

- Clinical Divisions – Divisional Team Member or Deputy.
- Corporate Directors - Deputy Director or equivalent.

The manager may, at their discretion, also require that subordinate levels of their Division / department utilize this form in a similar way, but this would always be an additional (not replacement) action.