

Trust Carers Policy

A policy recommended for use

In: All Clinical settings

By: Staff responsible

For: Healthcare Practitioners, all users of the service

Key Words: Carers, Patients, Inpatients, Young Carers

Linked to: Discharge and Transfer Policy, Preferred Choice Policy, Self/Carer Administration of Medicine

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A Thompson (Chairman), 11th July 2013

Carers Friendly Hospital Advisory Group

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Equality Impact Assessment

This document has been reviewed in line with the Trust's Equality Impact Assessment guidance and no detriment was identified. This policy applies to all regardless of protected characteristic - age, sex, disability, gender-re-assignment, race, religion/belief, sexual orientation, marriage/civil partnership and pregnancy and maternity.

Dissemination and Access

This document can only be considered valid when viewed via the East & North Hertfordshire NHS Trust Knowledge Centre. If this document is printed in hard copy, or saved at another location, you must check that it matches the version on the Knowledge Centre.

Associated Documentation

This policy should be implemented whilst also taking into consideration other related Trust Policy, Acts or guidelines

- Mental Capacity Act
http://nhs-ayot/sorce/docs/dt34761v/11742_0/CP113%20Mental%20Capacity%20Act%20Policy%20%28Hertfordshire%29%20Sept%202011.pdf
- Deprivation of Liberty safeguards
http://nhs-ayot/sorce/docs/dt34761v/11743_0/CP%20117%20DoLS%20Policy%20Sept%202011.pdf
- Preferred Choice Policy (located with the Integrated Discharge Team)
- Consent to Examination or Treatment Policy [Patient Safety Consent](#)
- Discharge & Transfer Policy
- http://nhs-ayot/sorce/docs/dt34761v/11693_0/CSEC023%20Discharge%20and%20Transfer%20Policy%202012.pdf
- Policy for the transition of children and young people from paediatric to adult services [Knowledge Centre..](#)
- Safeguarding Adults from abuse
http://nhs-ayot/sorce/docs/dt34761v/15431_0/CSEC%202021%20v5%20Safeguarding%20Adults%20from%20abuse.pdf
- The care of adult patient with learning disabilities
http://nhs-ayot/sorce/docs/dt34761v/11016_0/CP%20137%20Learning%20Disability%20Policy%20final%20October%202010.pdf

Review

This document will be reviewed within three years of issue, or sooner in light of new evidence.

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Section 1 – Introduction

1.1 Policy Statement and Rationale

East and North Hertfordshire NHS Trust recognises the vital role carers play in ensuring the health and wellbeing of those they care for. The Trust is committed to ensuring a partnership approach is adopted when working with carers. The carer's role, expertise and understanding of the patient's needs will be recognised and taken into account when planning patient's care, treatment and discharge.

1.2 Key Principles

The Trust accepts that it has a responsibility to recognise the needs of all carers both adult and young carer, particularly in relation to accessing of information, advice and training. Support will be given to enable them to cope with their role as a carer. The Trust recognises that all carers hold key knowledge of the patient that could assist staff to understand the patients' needs.

This policy also recognises that carers themselves may be admitted as patients and will require advice and support about their expected recovery. This may have implications on their future caring responsibilities, and support will be given to help them make interim arrangements for the on-going care of the person for whom they care for.

1.3 Background information

The government has increasingly recognised the contribution that carers make to society and has developed legislation and strategies to recognise their rights:

- The NHS Outcomes Framework 2013/2014 sets out an agenda enhancing the quality of life for carers and helps people to recover from their period of illness. This should ensure that people have a positive experience of care.
- Caring for Carers: a national strategy for Carers was published in 1999. This was reviewed in 2010, after consultation. A new strategy was published called Recognised, Valued and Support: next steps for the Carers. This strategy sets out the Governments priorities for carers and identifies the actions that would be taken to ensure the best possible outcome for carers and those they support.
- The Association of Directors of social services (ADASS) review, in February 2010, identified the importance of a continuing need to acknowledge the value of carers, and the benefit their experience can have in the hospital discharge process. It emphasizes the positive impact this can have on the carer's experience. Satisfaction rises if they feel recognised, valued, informed and supported in the care planning and discharge process. This, in turn, decreases the likely hood of readmission to hospital.
- The draft 'Care and Support Bill' provides a comprehensive reform of social care legislation. For the first time carers will be entitled to support to help them with their caring role, and to help them balance caring with the rest of their life.
- In light of the Francis Report into the failings at Mid Staffordshire NHS Trust we want to ensure more robust measures are taken at East and North Hertfordshire

NHS Trust. Excellence for the Trust can be reflected in experiences for patients, families and their carers. The Patient and Carers Experience Strategy 2012-2015 sets out the East and North Hertfordshire NHS Trust ambitions. Within the ambitions it ensures the views of patients and carers are properly met. This will be achieved by listening and responding to the views of patients and carers.

1.4 Definitions

A family carer is defined as someone of any age who spends time looking after a relative, child, partner or friend who is frail, ill or who has a physical disability, learning disability or mental health problem.

This care is unpaid, and for the purpose of this policy, does not include people who work as volunteers or paid carers, unless they are considered to be the only contact and therefore have a duty to care. These people should be referred to as 'care worker' or 'support worker'.

Family carers can come from all backgrounds, cultures and be of any age or gender. A young carer is a child or person under the age of 18 who carries out significant caring tasks or who assumes a level of responsibility for another person, which would normally be undertaken by another adult.

Many people who are carer's do not necessarily recognise themselves as such. They are parents, children, partners or neighbours who are simply doing what is needed, and what they consider to be their duty or responsibility. Such people may not realise that support is available to them in their caring role.

The main carer is the named carer who will be invited to sign the main carer agreement.

Section 2 – Duties and Responsibilities

2.1 Chief Executive

The Chief Executive is the officer accountable for all the matters relating to the service provided by the hospitals. They have overall accountability and responsibility for ensuring the Trust meets its statutory and legal requirements and adheres to guidance issued by the Department of Health.

2.2 Director of Operations

The Director of Operation supports the mitigation of risks, quality and ensures that clinical Divisions implement the Cares Policy

2.3 Director of Nursing and Patient Experience

The Director of Nursing and Patient Experience is accountable to the Chief Executive and has the delegated responsibility for quality and patient experience.

2.4 Medical Director

The Medical Director provides leadership and guidance to medical staff on patient experience, quality of care, safety and promotes carers as partners in care.

2.5 Carers Lead

The Carers Lead has delegated responsibility from the Director of Nursing and Patient Experience for measuring and reporting on the carer experience and compliance with this policy. The Carer Lead will ensure this policy is widely implemented across the Trust, with staff and carers. They have the responsibility for monitoring effectiveness and reporting to the Patient Experience Committee and Carers Friendly Hospital advisory project group.

2.6 Departmental Managers, Nursing Services Manager, Practice Standards Matrons and Ward Managers

Managers, NSM's/PSM and Ward Managers are all jointly responsible for ensuring that all staff, within their work areas, work within the scope of this policy. They must guarantee their staff understand this policy and apply it into their practice.

2.7 Nursing, Midwifery & Medical Staff

Nursing, Midwifery and Medical staff are expected to recognise the value of the main carer's role and expert knowledge. They should be encouraged to contribute to the patient's nursing/medical assessment and care plan. They should acknowledge the importance of the presence of carer within the family in reducing the patient's anxiety, and ensuring continuity of care. They have a responsibility to recognise that main carers may also require an assessment of their needs and have the right to refuse to take on or resume caring responsibilities. They should ensure that carers are fully consulted and involved in planning the discharge of the patient.

2.8 Allied Health Professionals

Allied Health Professionals must ensure that where the need for therapy intervention is identified, not only the patient, but also the patient's relative/main carer are involved in the assessment process. They should identify when the main carer will require additional knowledge and skills to care for the patient post discharge and facilitate meeting this identified need.

2.9 All Employees

All employees must recognise and support family carers as experts and partners in caring for patients.

2.10 Carers

Carers should be supported to share their expertise of the patient with healthcare professionals an episode of care. Concerns should be raised to relevant staff if they are unhappy with the care or arrangements. Carers must ensure they are taking responsibility for their own health needs and health and safety.

2.11 Patient Experience Committee and Carers Friendly Hospital Advisory Group

Patient Experience Committee and Carers Friendly Hospital Advisory Group are responsible for approving this policy, overseeing its implementation and monitoring its effectiveness.

Section 3 – Working with Carers

3.1 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 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 they 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.

If a patient denies the role of the carer, staff should try and determine the cause of this denial as it may indicate a position of vulnerability. This could raise concern about the strain this is causing for the carer or a denial of the patient's need for support. Each of these reasons would require a different response from staff.

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 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. See appendix 1 for young Carers factsheet.

Carer details must be recorded in the patient's nursing and medical notes and recorded on PAS in the carers section.

3.2 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.

If the patient is found not to have mental capacity to make such a decision the Trust has a duty to act in the patient's best interest. In most cases we would expect the main carer to be fully involved if this were the case. If the multi-disciplinary team consider the patient's best interest are served by disclosing personal information to the main carer to assess whether he or she is able to provide the required care, then disclosure can be made and

the decision recorded in the patient's medical records along with the mental capacity assessment and best interest decision form. Please refer to the Trust's policy on Consent and Mental Capacity [Patient Safety Consent](#)

Staff need to enquire if the patient has a Lasting Power of Attorney (LPA) for health and welfare, as this person could be different to the main carer. Permission must be gained from the LPA to disclose information to the main carer. If the patient has an LPA a copy should be provided as confirmation and clarity that they are registered with the office of the public guardian. Please refer to the mental capacity act.

http://nhs-ayot/sorce/apps/drawers/folders/asp/show_doc_docs%20-%20new.aspx?alpha_sort=&colour=&folder_id=2348.

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:

- Medical condition at present, including diagnosis and prognosis.
- The patient's likely continuing care needs.
- The discharge plan, and given a "planning your discharge from hospital" booklet or for Learning Disabilities the easy read version.
- 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.
- Relevant legislation regarding learning disabilities.

All carers should be given the Trusts' information for Carers leaflet providing information about their rights and how they can access support (appendix 2)

This includes:

- The right to a carer's assessment from Social Services
- The right to recognition and support
- The right to refuse to take on the responsibility of caring for the patient after discharge.
- The right to access signers or interpreters if required.
- Information on sources of support such as carer organisations or self-help groups.
- How to challenge decisions and access the Patient Advice and Liaison Service (PALS)
- How feedback on their experiences will positively support the Trust in developing its services for carers.

Patients supported by carers should be referred to Carers in Hertfordshire in the first instance. This is especially for young carers and parent carers so they can guide carers through the process and provide information appropriately on:

- The financial implications of the caring role
- Support services available, including both those that are free and those that are charged for.
- Services available via Social Services.
- Support available such as respite care.

3.3 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?

3.4 Carers Assessment

Carers have a right to a carer's assessment which is undertaken by a Social Worker from their local authority. The assessment is of their needs in relation to their caring role.

Staff should ensure that carers are provided with information on how a carer's assessment may support them. Information is provided by the responsible Social Services Team, and at Mount Vernon Cancer Centre, the Macmillan Social Work Team.

Young carers should be referred to Children's Services, Targeted Advice Services Young Carers Team for an assessment of their needs.

Whilst carers have the right to a carer's assessment, they may benefit much more from a direct referral to Carers in Hertfordshire. Early intervention is important to get carers the support they need. They may be more inclined to accept support from a Voluntary Organisation than from Social Services.

If the carer declines an assessment at the time but wants support and advice then a referral to Carers in Hertfordshire should be made allowing the carer access to support service as they wish, see appendix 3

3.5 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 family carer to do in a hospital setting. This should be documented in a Carers agreement (appendix 4)

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, 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 the carer should be asked to complete the "This is me" profile. For patients with learning disabilities carers should bring in the patients purple folder, if they have one. Red folders are also used by the Integrated Community Teams (Community Nurses, District Nurses & Community Matrons). Carers should be asked to bring them into the hospital. This is to support care when the carers are not available. Staff must ensure purple and red folders also return home with the patient when discharged.

3.6 Carer Agreement

A Carer's Agreement is a written agreement drawn up by the nursing and rehabilitation staff with the full involvement of the main carer, and where possible the patient. 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. It should include:

- Consideration for religious beliefs

- When the carer can visit the ward and/or stay. If the ward has an infectious outbreak consult with infection control on the restriction necessary
- What carer benefits the Trust is offering, eg catering discount voucher and concessionary parking.
- Their relationship in relation to the other patients on the ward.
- What aspects of personal care will be provided by the carer?
- What aspects of personal care will be provided by hospital staff?
- Whether the carer can be involved in feeding the patient or administering medications
- Whether they should be present when the patient is examined, receiving treatment or in consultation with the doctor.
- What information about the patient's condition should they report to staff?
- The extent to which they will be involved in decision-making regarding the patient's care, treatment and discharge.
- Who they should speak to if he or she has concern about the patient or his or her own treatment as a carer.

The Carer's agreement will inform the care plan for the patient. At any time the carer may request that he or she changes his or her personal level of involvement with the patient's care.

3.7 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 family 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 discharge 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 patient's care needs.
- How to access support and information after discharge.
- Details of follow-up appointment.

3.8 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 Carers 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:

- Recognised carers who will need flexible access to the ward
- Offered training in nursing or patient handling techniques prior to discharge, if assessed as appropriate.
- Provided with information on the local Carers Organisation and Community Services, this will depend on where the Carer lives (see appendix 5)

- Encouraged to have a carer's 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 the Carer's Welcome Pack on the ward which includes Carers information leaflet, Carers passport, and contact details of Voluntary Organisations which support Carers.
- Encouraged to complete a Carers agreement (appendix 3)
- 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.
- Carers need to be able to leave the ward in the knowledge that the person that they care for will receive the appropriate support in their absence.
- How to get access to the Hospital outside of normal hours eg via A&E, location of toilets, access to staff discounted refreshments and discounted parking.
- Provided with beverages on the ward.
- When patients are on the Liverpool Care Pathway, recheck the carer's needs and support.
- Given the opportunity to assist with last Offices.

The Trust will actively seek the views of carers and local support groups to inform both policy development and the strategic development of services.

3.11 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.

Section 4 – Training & Education

The Trust will ensure a regular programme of carer awareness training is put in place for frontline staff to include, among other topics, information on involving carer's as expert partners. This will also develop the processes and policies to provide a responsive service that meets those needs.

Section 5 –Monitoring Compliance & Effectiveness

The effectiveness and compliance of this policy will be monitored through audit practice on the following:

- Feedback from user group
- Feedback from external partners
- Complaints relating to carer experience

- Number of referrals to Voluntary Organisations of support, eg Carers in Hertfordshire/Bedfordshire
- Use of the Carer Agreement
- Feedback from carers survey

Responsibility for this audit activity will rest with the Carers Lead. Any recommendations from the audit will be implemented and reflected in this policy. The Carers lead is also responsible for ensuring the policy is kept in date and reflects current practice. The policy will be reviewed annually unless substantial changes in practice occur in which case the policy will be reviewed and updated as necessary.

Section 6 – References and recommended reading

Department of Health (2012) The NHS Outcomes Framework 2013/2014
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/127106/121109-NHS-Outcomes-Framework-2013-14.pdf.pdf

Caring for Carers: a National Strategy for Carers (1999)

Association of Directors of Social Services (2010) Carers as partners in hospital discharge

The Mid Staffordshire NHS Foundation Trust Public inquiry (2013) Robert Francis QC
www.midstaffpublicinquiry.com

Recognised, valued and supported: next steps for the Carers Strategy (2010) DOH

Health and Wellbeing Strategy
www.hertsdirect.org/hwb

East and North Hertfordshire NHS Trust: Patient and Carer Experience Strategy 2012-2015.

Department of Health Care and support bill (2012)
<http://media.dh.gov.uk/network/365/files/2012/07/CARE-AND-SUPPORT-BILL-FINAL.pdf>

Young Carers

Support for Children and Young people with Caring responsibilities. (Young Carers)

Hertfordshire recognise young carers as children and young people under the age of 18 years, who provide care to another family member, who has physical illness / disability; mental ill health; sensory disability or has a problematic use of drugs or alcohol. The level of care they provide would be usually taken on by an adult and as a result of this has significant impact on their normal childhood.

Children's Services have Young Carer Professional Assistant's based in **Targeted Advice Team (TAS)** to support with young carers across the County.

All referrals for children and young people with caring responsibilities should be made to TAS where they will be allocated to a Young Carer Professional Assistant, or signposted to Carers in Herts Young Carers Project, where it is evident that the support required can be met at a universal level.

The Young Carer P A's are involved in any case where there is or might be a Young Carer's dimension. Their role will be to carry out an assessment of the child/young person's caring role, provide short term support and refer on to others best placed to respond to the needs identified. The Young Carer PA's can support the lead professional in Common Assessments and carry out Young Carer's Assessments.

The role of the Young Carers PA's will be to provide support to young carers referred whose caring role is having an impact on their emotional well being

The range of support that can be provided includes:

- Individual support
- Mentoring
- Referral of child/young person to services/support
- Referral of adult to services/support
- Support to access activities
- Direct and indirect support of family

All referrals need to be made using the following: **Tel: 0300 123 4043**

Referrals and enquiries should now be sent

via

protectedreferrals.cs@hertfordshire.gov.uk

Letters sent to:

Customer Services Centre, PO Box 153, Stevenage, Herts, SG1 2GH

Carers in Hertfordshire Young Carers Project

A charity providing a support service for young carers once a child/young person's needs have been assessed or have low levels of caring responsibilities. Referrals **should not** be made to Carers in Hertfordshire for children and young people with inappropriate and/or significant caring responsibilities before they have been assessed by Targeted Advice Service Young Carers Team.

Young Carer Professional Assistants



Young Carers

Examples of cases that will need to be referred to Targeted Advice Service

- Child/Young person is taking on a significant caring role (including offering emotional support) which is negatively affecting them.
- Child/Young Person's educational achievement is being impaired due to their caring responsibilities.
 - Universal Services are in place for the young person but this is not reducing their caring responsibility and this is impacting on the young person.
 - Parent is not able to put in place effective boundaries due to their own needs which is impacting negatively on the Young Carer and potentially the Young Carer is placing themselves at risk (behaviour linked to caring role or needs of parent, could involve criminal activity).
 - Young Carer is of statutory school age but attendance is poor due to their caring role.
 - Young Carer is becoming significantly angry or distressed by their caring role.
 - There are concerns about the mental health of the Young Carer (including self harming).
 - Young Carer is being discriminated against due to their role as a Young Carer and this is adversely impacting on them.
 - Young Carer (age dependant) is undertaking much of his/her own care needs.
 - There are significant financial difficulties that are impacting negatively on the Young Carer.
 - Issues of rejection/negativity towards Young Carer by parent/parents.
 - Concerns regarding some level of neglect due to parental difficulty/Young Carer role – i.e. poor fitting clothes. poor personal hygiene.
 - Parents are starting to struggle to meet some of the basic needs of their child/children and the child/children are taking on the responsibility of meeting their own needs and that of their parents/siblings (due to the needs of parent/parents).

Appendix 2

Useful Contact Information

Carers UK advice line: 0808 808 7777

www.Carersuk.org

Carers Direct advice line: 0808 802 0202

www.nhs.uk/Carersdirect

Carers in Hertfordshire: 01992 586969

www.Carersinherts.org.uk

Age UK: 0800 169 6565

www.ageuk.org.uk

PALS (Patient Advice and Liaison Service):

Our PALS Team are here to listen to our patients and their families about any concerns they have at any of our hospitals. They will support you and provide advice to resolve any issues quickly.

Contacting PALS:

Lister Hospital: 01438 284678 or pals.enh-tr@nhs.net QEII Hospital:
01707 224321 or pals.enh-tr@nhs.net

Mount Vernon Cancer Centre: 01707 224321 or pals.enh-tr@nhs.net

Hertford County Hospital: 01707 224321 or pals.enh-tr@nhs.net

Car Parking

Concession tickets are available for frequent visitors: weekly £19.10, monthly £21.20 & 3-monthly £32.30.

Mount Vernon: Weekly £12.00, monthly £25.00 available from parking office

Date of publication: November 2012 Author:

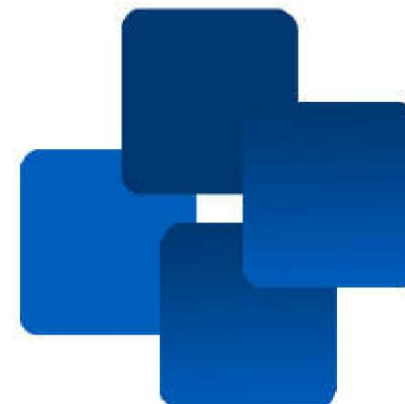
J Pennell, Project Manager Reference: /jp

Version: 1

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Information for Carers



Introduction

We want to ensure that Carers feel fully involved and supported by hospital staff in the care, treatment and discharge of the person they look after. Please read this leaflet and talk to a member of staff if you have any questions.

What is a Carer?

A Carer is a person of any age who provides unpaid support to a partner, child, relative or friend who could not manage to live independently, or whose health or wellbeing would deteriorate without this help. This could be due to frailty, disability or a serious health condition, mental ill health or substance abuse.

Admission into hospital

We recognise the vital role that Carers play in ensuring the health and well-being of those they care for. We are committed to working with Carers to ensure that a partnership approach is taken in which the Carers role, expertise and understanding of the patients needs are recognised and taken into account when planning the patients care, treatment and discharge.

It is important that, if you are a Carer, we are aware of your role from the moment that the person you care for is admitted into hospital. Please let us know that you are a Carer so that we can involve you in all discussions. On admission the nurse will wish to assess the patients usual level of independence and their preferences for how care is delivered. Your opinion will help us plan how to deliver care for the patient.

Provision of care

The nurses will talk to you as the patients Carer and agree with you what aspects of care you would like to be involved in following the patients discharge from hospital. You should not feel obliged to continue to provide care whilst the patient is in hospital, but if you and the patient would like you to continue to provide some personal care, then please talk to the nurses. Discussing and agreeing the level of involvement helps prevent any confusion and ensures the patient receives the care they need. When you have discussed what aspects of care you would like to be involved in, this will be included in the patients care plan so that everyone is clear about what has been agreed.

Confidential information

Staff will need to ask for consent from the person you care for in order to be able to discuss medical details with you. Consent to share information with you will be recorded in the patients medical notes.

Discharge

When the person you care for is ready for discharge, you will be consulted about the arrangements for his/her return home. This can be a worrying time, particularly if the person you care for is not as able as they were before they came into hospital.

You will be asked whether you need more information or support to help you care for them. It is important that you discuss any aspect of the caring role you do not think you are going to be able to cope with. With the permission of the person you care for, you will be given a copy of the discharge plan which will have details about any community services, medication and follow up appointments.

General Information

If caring has a major impact on your life, then you can have your needs as a Carer assessed. This is done by a social worker and is an opportunity to talk to someone about how you feel about caring and how you might be helped. Please go to the Hertfordshire County Council website to find out more about what support they can offer: <http://www.hertsdirect.org/services/advben/Carersupport/> or call them on: 0300 123 4042.

What to do if you have any ongoing concerns

To help resolve your concerns as quickly as possible, please speak to a senior member of ward staff or a matron. We also have a Patient Advice and Liaison Service (PALS) who can provide you with advice and support. They will also help you raise any concerns with our staff.

Carers Survey

To help us ensure that we are meeting your needs as a Carer, please ask to complete our Carers survey or complete it on-line at: www.tellusmore.org.uk

Appendix 3

WARD:

Are you a carer?
Do you, unpaid, look after a friend or relative who is ill, frail, disabled or mentally ill?

Please fill out this form and hand it to a member of the ward staff

We are keen to recognise the valuable contribution that Carers make. We are working with a local voluntary organisation, *Carers in Hertfordshire* to identify Carers and give them support.

With your permission we can put you in touch with *Carers in Hertfordshire* who can offer information, advice, learning and involvement opportunities as well as a regular newsletter for Carers.

Your Name:	Date of Birth:
Your Address:	Contact telephone no.(s)
	Email
Your GP surgery:	

Name of the person you care for:
Relationship to you:
Please briefly describe the main illness or disability of the person you care for:

- I would like someone from *Carers in Hertfordshire* to contact me to discuss any concerns I may have in my caring role.
- I would like to receive a free newsletter from *Carers in Hertfordshire*.

Ward staff: Please send this form to: Leanne Welch, Carers Lead, LC89 Lister, fax 4514

Appendix 4

CARER'S AGREEMENT

Patient Name	Date
Hospital Number	Review Date
D.o.B	

This Agreement outlines how we can support your desire to care for the person whilst they are in this hospital

This is a written agreement drawn up between you and the nursing and rehabilitation staff as the patient's Carer. Where the patient is able to exercise choice it also includes the agreement and wishes of the patient. It describes how we can work in partnership for the benefit of the patient and specifies how you, at your discretion and availability, which responsibilities we as hospital staff will facilitate you to provide as and when you wish and are available to do so. This agreement can also be used with paid who are supporting the care whilst in hospital for patients with learning disabilities

Arrangements for visiting or staying on the ward.

Discussion of regular breaks and arrangement for these. Benefits for Carers, such as food and drinks voucher (contact Carers lead)
Carers can visit outside of normal visiting to provide care if they wish to

How you can support the Hospital staff in caring for the patient in conjunction with the operation of the ward.

Make sure the needs of every patient comes first and that their right to privacy is respected.
Be sensitive to your cared for and other patient: their extreme tiredness may mean allowing them time to rest.
Keep noise levels and movement in the ward to a minimum so that other patients are not disturbed.

What aspects of personal care you are willing to provide when you are on the ward.

What aspects of personal care will be provided by hospital staff.

All personal care is the responsibility of the hospital staff and Carers may assist if Carer wishes to help, as deemed consistent with this agreement

How you can be involved in feeding the patient or administering medication.

This is the responsibility of the hospital staff and may be delegated to you, the Carer, as deemed beneficial within this commitment. Recording of the nutritional intake and medication is the responsibility of the hospital staff.
Self/Carers administration of medicines policy

Whether you can be present when the patient is examined receives treatment or has a consultation with the doctor.**Any information about the patient's condition that would be helpful for you to share with staff.**

For dementia patient as the Carer to complete "This is me"
For learning disabilities patient do they have a purple folder?
Community service patient sometimes have a red folder

[Empty rectangular box for notes or comments]

How you will be involved in decision-making regarding the patient’s care, treatment and discharge.

Provide discharge booklet and an easy read version for patients with learning disabilities. If there is more than one Carer, identification is needed of a main Carer to cascade information.

Who you should speak to if you have concerns about the patient or your own treatment as a Carer.

Carers Lead ext 6373 (Lister/QEII)
Kay Bell NSM(Mount Vernon)

Name of Carer
(Printed).....

Signature of
Carer.....

Signature on behalf of the Trust
.....

Print Name.....
Position.....

Signature of Patient (where
appropriate).....

Appendix 5

Local organisations

Herts action on disability

01707 324581

<http://www.hadnet.org.uk/>

Carers in Hertfordshire

01992 586969

www.Carersinherts.org <http://www.Carersinherts.org.uk/>

Crossroads

01462 455578

[Crossroads Care Hertfordshire North](#)

Carers UK advice Line

0808 080 7777

<http://www.Carersuk.org/help-and-advice>

Age UK Hertfordshire

0845 601 3446

[Age UK Hertfordshire](#)

Hertfordshire Social Service

0300 123 4040

hertsdirect.org [Health and social care](#)

Lister Hospital social work team

01438 781034

QEII Hospital Social work team

01707 365145

Mount Vernon Cancer Centre; The Macmillan Social Work Team

01923 826111/ 077477792756

British Red Cross

Bedfordshire, Hertfordshire, Essex

0844 412 2830

[Bedfordshire, Hertfordshire and Essex | British Red Cross](#)

Stroke Association

0303 3033 100

[Home | Stroke Association](#)

Headway

0300 330 1455

[Headway - Headway Hertfordshire](#)

The Alzheimers's Society

0845 300 0336

[Alzheimer's Society - Leading the fight against dementia](#)

Dementia UK

020 7874 7200

[Dementia UK](#)

Hertfordshire Macmillan Cancer Support

0300 1000 200

[Hertfordshire - Local cancer charity fundraising - Macmillan Cancer Support](#)