

File reference	W18FOI646
Key words	FOI request regarding the NHS Improvement Patient Safety Alert "Resources to support safer bowel care for patients at risk of autonomic dysreflexia 25 July 2018"
Date of release	02/04/2019
Attachments	Yes

Freedom of Information Act Disclosure log - Reply Extract

You asked

As a request under the Freedom of Information Act, please provide the following information about the recent NHS Improvement (NHSI) Patient Safety Alert "Resources to support safer bowel care for patients at risk of autonomic dysreflexia 25 July 2018", Alert reference number: NHS/PSA/RE/2018/005

Q1. Does the Trust have a formal written policy for digital rectal examination, digital rectal stimulation and the digital removal of faeces in spinal cord injured and other patients with neurogenic bowel dysfunction?

(a) Yes. This is currently in draft format, awaiting the internal consultation process.

Q2. Following recommendation of this patient safety alert, did the Trust "review your local clinical policy and guidance relating to bowel assessment and management"?

- (a) Yes – produced a new policy
- (b) Yes - revised an existing policy

The Trust had guidelines regarding the above. However, these were reviewed and the new policy was developed from them.

Q3. Is your policy based on the policy template that the Spinal Injuries Association circulated to your trust in August 2018?

(a) Yes, but it also incorporates local guidelines, procedures and pathways.

The Trust's policy template isn't from the Spinal Injuries Association. All Trust policies are created using a Trust-wide template. However, it does incorporate information taken from the policy template supplied by the Spinal Injuries Association.

Q4. If admitted to the Trust will a person with neurogenic bowel dysfunction receive the following bowel care intervention – Digital removal faeces?

(a) Yes

Q5. If admitted to the Trust will a person with neurogenic bowel dysfunction receive the following bowel care intervention –Digital rectal stimulation?

(a) Yes

Q6. If admitted to the Trust will a person with neurogenic bowel dysfunction receive the following bowel care intervention –Trans anal irrigation?

(b) No – Not unless they bring their own system with them and it can perform with minimal assistance. Otherwise, the Trust would revert to standard bowel practice of digital stimulation and manual evacuation in order to manage the bowels.

Q7. Are staff available seven days a week to undertake these bowel care interventions?

(a) Yes – Staff in any area of the Trust can call for advice from the Intensive Care Unit (ICU) and the Neurosurgery department 24/7. As part of the new policy, the Trust is up-skilling and highlighting the general education of this across the Trust.

Q8. Has the Trust “reviewed your local education and training provision for interventional bowel management” as recommended in the Patient Safety Alert?

(a) Yes

Q9. As requested by the Patient Safety Alert, has the trust developed “an action plan to ensure patients have adequate and timely access to staff who are trained appropriately to carry out these procedures, including in the evening and at weekends”?

(a) Yes

Q10. Has the Trust “shared your reviewed local guidance, advice on how to identify staff who can provide Digital Removal of Faeces, and the key messages in this alert with medical, nursing and other relevant clinical staff”?

(a) No – The alert was shared initially. The policy will be shared once ratified. Public facing policies are placed here: <https://www.plymouthhospitals.nhs.uk/trust-policies>

Q11. Does the Trust have a policy that allows for the personal care assistants/carers of spinal cord injured patients to assist with this element of the patient's care?

(a) Yes - UHP has a Carers policy which outlines the support available from the Trust for all carers who are providing formal or informal care to patients while receiving hospital treatment.

Q12. As recommended in the Patient Safety Alert, have you identified “an appropriate clinical leader to co-ordinate implementation of this alert”?

(a) Yes (please answer Q13, but ignore Q14)

Q13. What are the contact details for the “appropriate clinical leader”(ie name, position, telephone and email)?

Please address correspondence to the Consultant Therapist in Neurosurgery.
Please use the “Contact us” options available to you on the Trust website rather than seeking direct contact. A link is provided above.

Q14. Why has your Trust not appointed an “appropriate clinical leader”?

- (a) Alert implemented without appointment of a clinical leader**
- (b) Took no action following Patient Safety Alert, as policy already in place**
- (c) Took no action. No existing policy in place**
- (d) Other**

Q15. Are your newly registered nurses able to demonstrate the nursing procedures as required in Annexe B, section 6.5 of the Nursing and Midwifery Council’s document ‘Future Nurse: Standards of Proficiency for Registered Nurses’?

Administration of enemas and suppositories has always been part of a Registered Nurse’s role. Training and education for this is part of the undergraduate nursing curriculum and students practice under supervision in clinical practice.

A Trust policy is being developed for bowel care which will provide clarification and guidance for all staff, including guidance on the administration of suppositories and enemas, and contains clinical competencies for digital removal of faeces and digital rectal stimulation.

Technical Note – Relevant annexe reads:-

Annexe B

6: Use evidenced based, best practice approaches for meeting needs for care and support with bladder and bowel health

6.5: Administer enema, suppositories and undertake manual evacuation when appropriate.

Attachments included: Yes

Carers Policy

Issue Date	Review Date	Version
September 2017	September 2020	2

Purpose

This policy outlines the support available from the Trust for all carers who are providing formal or informal care to patients while receiving hospital treatment.

Who should read this document?

All staff employed by or contracted to work for University Hospitals Plymouth NHS Trust (UHPNT) and work with patients and carers on any ward, department or community setting, including visiting professionals.

Key Messages

The Trust has a duty to ensure that carers are respected and listened to as partner in the care planning for the cared for person. It is important to ensure staff are aware of their responsibilities in maintaining the carers health and wellbeing.

This policy includes:

- Staff responsibilities in maintaining carer support, health and wellbeing
- Opportunities to identify both adult, child and young adult carers
- Support mechanisms available for carers who are contributing to the care delivery whilst the cared for person is receiving treatment in hospital
- Enabling carers to continue delivery of care if they wish whilst their cared for person is in hospital
- Involving carers in decision making and discharge planning
- Recognising and supporting child and young adult carers
- Support for hospital staff who are carers
- Accommodation, car parking, meal vouchers and other facilities to support carers.

Core accountabilities

Owner	Patient Experience & Engagement Manager
Review	Deputy Director of Nursing
Ratification	Director of Nursing
Dissemination	Patient Experience & Engagement Manager
Compliance	Patient Experience & Engagement Manager / Senior Matron for Clinical Standards & Patient Experience

Links to other policies and procedures

Carers Policy for Staff - Feb 2017
 Protocol for the Joint Care of People with Learning Disabilities
 Dementia Strategy
 Safeguarding Vulnerable Adults Policy
 Enhanced Observation Policy
 Chaperone Policy

 Care Act 2014

Plymouth Carers Strategy 2014-18

National Carers Strategy 2008 - [Carers at the heart of 21st century families and communities HM Government 2008](#)

Recognised, Valued and Supported – Next Steps for the National Carers Strategy 2010

NHSE – an integrated approach to identifying and assessing carer health and wellbeing, ver 8, May 16

Version History

V1.1	October 2011	First draft Policy
V1.2	December 2011	Draft 2
V1.3	April 2012	Draft 3 Review of policy
V2	September 2017	Reviewed policy, inclusion of carers support, car parking and consultation

The Trust is committed to creating a fully inclusive and accessible service. Making equality and diversity an integral part of the business will enable us to enhance the services we deliver and better meet the needs of patients and staff. We will treat people with dignity and respect, promote equality and diversity and eliminate all forms of discrimination, regardless of (but not limited to) age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage/civil partnership and pregnancy/maternity.

An electronic version of this document is available on Trust Documents on StaffNET. Larger text, Braille and Audio versions can be made available upon request.

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1 Introduction

At University Hospitals Plymouth NHS Trust, we recognise that carers have an important role in the effective and safe delivery of treatment and care of patients in hospital; this role will often cross the boundaries between the patient's home and the hospital setting. It is important that we identify, involve and support carers in the clinical setting in order to get the care of the patient right.

It is important to promote the patient carer relationship ensuring that the carer can continue in the caring role to improve the cared for persons patient experience, promote well-being and support the discharge process. For some groups of patients, the involvement of their carer is important in the delivery of care in hospital, e.g. children, patients with dementia, those with a learning disability and patients on an end of life pathway.

2 Purpose

The National Strategy for Carers which was launched in 2008 and updated in 2010, highlights the need for carers to be respected and involved in the care of people, as expert care partners. The strategy emphasises the role of NHS Trusts in supporting carers in their role of caring for individuals and in relation to maintaining carers' health in order that they can continue in their caring role:

- Carers need better and timely access to information – regarding the patient's condition, care needs, benefits and other support required
- Carers should be involved and informed of the needs of the patient; treated as "expert partners in care"
- Carers can often feel excluded by clinicians, the reason given for this being patient confidentiality. This illustrates a lack of value of the carer's role and contribution to the support of the individual patient.

There are over 5.3 million carers in England and Wales. Three out of five people will become carers at some time in their life. In Plymouth there are likely to be approximately 29,000 carers (based on a population of 259,300). It is important that when people are admitted to hospital the role of their carer is acknowledged and valued and carers themselves are supported and involved in the care of individuals.

This policy applies to all patients, relatives and carers, regardless of the inpatient or outpatient status and is relevant to all staff. It defines the role of a carer and how clinical teams can promote the patient carer relationship ensuring the carer is treated as an expert partner in delivery of care. Also described are the responsibilities the hospital has towards care workers (paid / formal carers), whose clients still require their support in the clinical area, e.g. patients who may have a learning disability.

It is important to remember that carers themselves may have specific needs whilst they are supporting someone in hospital. This policy defines the facilities, services and support which are available to carers who are contributing to part of a patient's care whilst in hospital.

We recognise that many of our staff also having a caring role and there is a section in this policy which includes support available for staff.

3 Definitions

Care Workers (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 / health. These carers may still need to provide ongoing support for the patient in hospital; they may need to be actively included in the patient's care, with regards to communication, nutrition, mobility, personal care. The involvement of care workers needs to be considered and agreed at the time of admission and regularly reviewed, all arrangements must be clearly documented in the health record.

Unpaid Carers

Unpaid carers are usually family members or friends. A carer can be defined as 'An individual, an adult or a child, who provides unpaid help and support on a regular basis to a partner, family member, friend or relative. They may provide practical help, care, physical or emotional support to a person who is vulnerable for a wide variety of reasons, whether through age, physical or mental illness, disability or other issues such as substance misuse.'

Young Carers / Young Adult Carers

A child or young person may be involved in the daily care of a family member who is unable to look after themselves. Young carers are often unrecognised and easily overlooked by the clinical team, particularly in cases where it is not obvious they have a caring role. Support to young carers is available through Barnardos and the Efford Youth Club.

Older Carers

Older carers can become more isolated and often have less support from other family members. Help and support within the hospital setting may be needed to enable an older carer to safely continue with their caring role. Older carers who themselves have social care needs should be referred to Adult Social Care at Livewell Southwest or Caring for Carers at Improving Lives Plymouth who will make the necessary arrangements for an assessment to be completed.

Black and Minority Ethnic Carers

Be aware that whilst carers may face similar barriers or difficulties in caring for someone, there may be differences in the caring role due to cultural and religious issues or language difficulties. It is important to spend time to understand the needs of carers and the wishes of the patient in the continuing caring role.

Carers of Patients with Complex Needs and Disabilities

Carers often have the most comprehensive understanding of the specific care needs of patients, their communications, psychological and emotional needs and should therefore be treated as expert partners in the delivery of care. The carer role is often to provide support, continuation of care and facilitate communication with the patient. It is important that carers of people with complex needs and disabilities are regularly involved and informed of clinical decisions regarding the patient. Individuals with learning disabilities should be referred to the Learning Disability Liaison Team to ensure the care plan is

reviewed and supported by the specialist nurses. The liaison nurses will also ensure good carer involvement and support throughout the patient's hospital stay.

City of Plymouth Carers Strategy 2014-2018

For some carers, the role has been introduced suddenly following an accident or sudden illness, for others the needs of the individual have increased over time and the carer's role has been absorbed as part of the family function e.g. a spouse or a parent.

Not all relatives or visitors of patients in hospital will be carers – it is important that the carer role is discussed with relatives or visitors and any ongoing caring responsibilities agreed; that those relatives or visitors who are carers are recognised by the clinical team and involved in decisions and plans for the patient.

4 Duties

Carers Awareness

Staff should be aware of the National Carers Strategy and the support needs of different types of carers. The role of the carer within the hospital setting should be identified and formally recognised as part of the patient's care plan. Carers should be encouraged and supported to continue with their caring role, with the patient's expressed consent or in acting in the patient's best interest.

Link to national strategy:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/136492/care_rs_at_the_heart_of_21_century_families.pdf

Elective admission Pathway

As part of the pre-assessment process staff are responsible for identifying if a patient has carers involved in their every-day activities. The role of the carer in supporting the patient's needs should be identified at the pre-assessment stage and included in the plan of care/clinical pathway. Any on-going carer involvement and support should be identified and documented as part of this care planning and where necessary discussed with relevant specialist or liaison nurses, for example Learning Disability Liaison Team.

Urgent Admission Pathway

Upon admission staff are responsible for identifying those patients who have specific carers involved in their daily care. The role of the carer, paid or unpaid needs to be identified and recorded in the ongoing care plan of patient's needs in hospital.

Where necessary contact will be made with the carers to obtain relevant information about the patient's needs e.g. carers from community services or care home. Discussion with carers should identify the specific needs of individuals and agree any continuing involvement of carers whilst the patient is in hospital.

It is important to recognise that an urgent admission may be the first time a family member recognises there may be a need for an ongoing caring role and the patient's urgent admission may lead to a long-term disability or increased patient dependency resulting in the need for long-term caring support. Relatives/friends need to be supported through this process, as the role of unpaid carer may not be something they had previously considered; the burden of caring for someone with complex needs should not be under-estimated and

carers need information and support in taking up this role. Support mechanisms and key contacts are detailed in section 17 of this policy.

Ward Staff – Ward Manager / Senior Nurse

The ward manager or delegated deputy is responsible for identifying if a patient has someone looking after their needs, whether this is a care worker (formal, paid) or informal, carer and determining the role of the carer for the patient during the episode of care. It is important to ensure details are recorded in the health record and that the carer is supported by the ward team and involved in discussions and decisions regarding patient care.

Ward Staff - Informal Carers

The ward manager or delegated deputy must ensure the clinical team involve the carer in discussion and decisions about the patient, ask the carer what level of involvement they wish to have in the patient's care specifically whether they wish to remain on the ward and contribute to the care delivery during an inpatient stay, agree what level of support is feasible and how the carer needs to be supported in this role in hospital.

At all times, consideration should be given to the patient's wishes and needs. There must also be an assessment of what impact this admission may have on the physical and emotional well-being of the carer.

Informal carers are entitled to a carer's assessment. The ward manager is responsible for ensuring that where a carer requires this assessment they are referred to Adult Social Care at Livewell Southwest or Caring for Carers at Improving Lives Plymouth who will make the necessary arrangements for this to be completed and can sign-post carers to services or facilities for support.

Ward Staff – Care Workers (formal/ paid)

The ward manager or delegated deputy must complete an assessment of the patient's ongoing needs in hospital and what role the care worker has in this care. If the patient still requires the usual level of support provided by the care worker, this should be negotiated with the care-provider organisation and the commissioners of this service. Patients in receipt of direct payments for their carer, may wish to continue with the level of care whilst in hospital.

For all patients who require the continuation of a carer worker in hospital, the patient care plan should be escalated to the matron who will ensure all parties are involved in the discussion about the patient's needs. Once agreed it should be clarified what continued support from the formal carer is required if any and this must be clearly documented in the health record. It is anticipated this should be within the commissioned service normally provided for the individual, with no added financial cost, although this is not always the case and should be checked as detailed below.

Where there is a need for additional carer hours or funding for existing carers during a hospital episode, this must be agreed and documented. The cost of extra carer support, in addition to the usual community contract will usually be met by the service line and agreed by the matron. During out of hours situations the senior nurse must be informed.

The ward manager / matron must clarify specific arrangements for funding of meals, travel and parking costs with the care worker. These costs will usually be met by the company

providing the care and form part of the commissioning of the care required. Any concerns or difficulties with these arrangements should be escalated to the matron, heads of nursing or deputy director of nursing.

The ward manager 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 the formal carer throughout the admission and amend the care plan as necessary.

Where a patient may require increased level of care this may not be included in their current funded contract. The ward manager will assess if this is completed by the ward staff or by ordering extra staff. In some cases, it may be more appropriate for the patient's regular carer to provide this care however this will need to be agreed by all and how the ward will be invoiced.

All Ward Staff

All ward staff are responsible for ensuring that carers are identified and included in care planning and discussions regarding a patient's care, whilst always first considering the patient's wishes or for some patients in their best interests. The delegation of care to a carer remains the responsibility of the registered practitioner, as does the communication and support of that carer in their caring role on the ward. All agreed care to be delivered by the carer must be documented and evaluated in the patient's care plan.

Ward staff will need to ensure carers are supported with regular rest, meal breaks and time to maintain their own health and wellbeing (see Section 5).

Each ward is responsible for completing a detailed care plan for all care workers 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 carer, for patients with learning disability a copy of the care plan should also be passed to the Learning Disability Liaison Team.

5 Supporting the carer in the clinical area

The roles and responsibilities of the carer must be agreed and clearly defined with the carer and nursing staff and documented in the patient care plan; this must include tasks to be completed e.g. personal care, supervision with nutrition and fluids. Once the carer is identified and their role agreed, the ward manager will issue a Carers Card to ensure that all carers are clearly recognisable by the ward team. See Appendix 3 for details of the Carers Card.

All carer workers must display their identification from their own organisation or agency and wear uniform, where applicable, whilst in the ward environment.

The carer will take responsibility for any patient property when they are present. This includes arranging for any valuables to be taken home if appropriate and for the laundering of any clothes, unless an agreement has been made that the valuables are stored in a secure environment on the ward.

The registered nurse is responsible for ensuring the carer is aware of any specific care needs of the patient, including infection control and manual handling. The carer may provide support, however the registered nurse is responsible for the safety of the carer as

well as the patient. Care workers who undertake manual handling independent of the ward team must be assessed in this task by the registered nurse and must be documented in the patient's manual handling risk assessment.

The carer must be aware they are responsible for their own actions during the care process and the ward manager / matron is responsible for ensuring that the carer is aware of this.

Nursing staff will provide cover for the carer to take breaks away from the environment. The ward can provide drinks and meals can be obtained from Restaurant 7 using a voucher as described below 'Meal Vouchers'. To help encourage breaks away from the ward, staff can offer to note a mobile phone number for the carer or relative, this will enable them to be called back to the ward if required.

It is important to remember the carer may find it difficult to leave the ward environment, being worried about the patient in their absence and the nursing staff will need to support the carer and encourage them to have regular breaks ensuring their wellbeing which is as important as well as the needs of the patient.

Nursing staff need to monitor the health and wellbeing of the carer being mindful of any carer fatigue. This is particularly important for carers who have long-term conditions and disabilities themselves. Orientation of the ward environment should be provided to ensure the carer is made aware of the fire alarms and evacuation procedures and facilities.

In addition, it is important to consider the spiritual and cultural values, beliefs and needs of the carer: it may be helpful to seek the advice and support of the Department of Pastoral and Spiritual Care.

Carers Card

The Carers Card has been developed to distinguish and identify informal carers on the ward. Once a carer is identified and their role agreed, the ward manager will issue a Carers Card to ensure that all carers are clearly recognisable by the ward team. See Appendix 3 for details of the card. Care workers will be expected to wear their organisation's identity badge at all times.

Meal Vouchers

Ward staff can provide meal vouchers for informal carers who are contributing to the delivery of care whilst in hospital. These can be redeemed in Restaurant 7 on level 7, Derriford Hospital, to the value of £3.50. The ward manager can obtain these vouchers from the Facilities Department, these should be issued on a day by day basis and not in bulk.

Parking Arrangements

Free car parking is available for informal carers who have agreed to contribute to the care of the patient (cared for person) whilst in hospital and should be offered by the ward manager or deputy as part of the agreement with carer. One car parking pass per day is available per patient, this can of course be shared between carers. The Carers Card must be shown to the Parking Desk on level 6 to obtain free car parking.

Ward staff are able to issue the carers card which identifies the agreed role and level of support to be provided while the cared for person is receiving treatment.

This would not include care workers as they have alternative arrangements to claim for their expenses through their organisations.

Carers Hub

On occasion carers and patients may need further support and advice, this can be provided through the 'Carers Hub' which is based in the Patient Services Office, level 7 and is signposted from the Welcome Centre.

Representatives from external organisations are present one day per week to provide support and guidance to carers, patients, relatives and staff.

Tuesday – 10:00 to 15:00 – Caring for Carers – Improving Lives Plymouth

Wednesday - 10:00 to 15:00 – Alzheimer's Society

Thursday – 10:00 to 15:00 – Kernow Carers Service

At other times the PALS team can be contacted for additional support and advice or alternatively one of the organisations listed in section 17.

6 Care and Discharge Planning - Involving the Carer

Carers must be included with the patient in any discussions regarding plans for investigations, treatment, discharge and ongoing care. For patients who have long-term health or social care support in the community, the care manager, community matron or care home matron should be involved.

In situations where the carer is expected to provide ongoing care in the community the patient's needs must be clearly documented, care plan provided and all necessary medication, equipment etc should be arranged for the patient.

Where patients lack mental capacity, the carers must be involved in best interest decisions and these conversations should be documented. Carers of adults cannot give consent to treatment or discharge plans, however should be involved in discussions and decisions about ongoing treatment. It may be appropriate for a carer to chaperone or escort the patient during treatment, investigation or discussions, further details are available in the Chaperone Policy which can be found on staffnet - [Chaperone Policy](#).

Where the patient lacks mental capacity, but has no relative or friend a referral needs to be made to the Independent Mental Capacity Advocates. Care workers cannot act as a patient advocate. This includes decisions regarding changes to accommodation.

Carers need regular information to feel involved and empowered in the patient's care. This includes information regarding:

- Diagnosis - particularly of long-term conditions or disabilities
- Planned investigations and procedures
- Carer involvement in care – what to bring in, how to use equipment etc
- Pre-operative care and preparation
- Potential risks to surgery, treatment or medication

- Long-term plans for ongoing care or follow-up treatment including community support, Care home provision
- Support available for carers – with information, facilities, services

7 Remote Information Sharing

Where a carer is unable to visit or lives some distance away the registered nurse is responsible for ensuring they are kept informed and involved about the patient's condition, treatment plans and discharge planning. Be aware this may include a care-agency, care home or other individual.

It is important to gain the patient's permissions prior to sharing information or in cases where the patient is unable to give consent this information is shared in the patient's best interest.

For situations where there is a safeguarding adult or child concern regarding the care of the patient, information sharing may need to be restricted. Ward staff should seek advice from University Hospitals Plymouth NHS Trust Safeguarding Adult and Children's Team and Adult Social Care prior to disclosing any information to carers where there are such concerns.

8 Carers or Parents who provide support for Children

Informal Carers

Parents of children are actively encouraged to stay in the hospital whilst their child is a patient. The wards will provide parent beds to ensure parents have rest.

For parents of teenagers who wish to stay, the ward staff must consider appropriate accommodation; it may therefore be appropriate for parents who wish to stay to be based in the ward lounge area or in one of the parent rooms.

Parents have access to hot drinks in the parent's kitchen where there is also a microwave to heat up meals.

Care Workers (formal / paid carers)

An assessment must be made of the child's continued need for formal carer support whilst in hospital, this will be dependent on the patient's condition and reason for admission. For all children who require continued formal carer support in hospital, this must be escalated to the matron for paediatrics. A discussion should be had with all parties to agree the level of support needed throughout the hospital stay and the funding arrangements for this.

Where additional care is required from formal carers, the funding of this must be agreed and documented. The matron for paediatrics will consider how the extra support can be provided, either by ward staff or additional staff. In some cases, it may be more appropriate for the patient's regular carers to provide the additional care, this will need to be agreed by all and agreement on funding must be made. For all out of hours situations the paediatric senior nurse must be informed.

The ward manager is responsible for ensuring the level of support for each child is regularly reviewed in response to the changing needs of the individual. The nursing team will need to liaise with the formal carer throughout the admission to monitor this.

There may be situations where a patient may require further support, than normally funded, and this may not be included in their current funded contract.

9 Identification and Support for Young Carers - Legislation and professional obligations

Each ward must be aware that in some circumstances patients may be cared for or supported by a young carer, the definition of a young carer, under Section 63 (6) of the Care Act 2014 is 'a person under 18 who provides or intends to provide care for an adult'. There may be an occasion when a young carer is likely to continue to be a carer when they turn 18, and therefore should be able to access an assessment from the local authority in their own right (as an adult carer would).

The registered nurse or lead clinician/ therapist is responsible for identifying such cases and assessing what additional support may be required and ensuring an appropriate referral is made.

If there are any concerns about the welfare of a child please refer to the Safeguarding Children's team for advice either by telephone or by using the Safeguarding Children's form which can be found on the StaffNet - [Safeguarding Children](#)

Further support and guidance about supporting young carers is available through a number of organisations:

- Gateway in Plymouth - www.plymouth.gov.uk/adultcareandhealth/caringotherpeople/helpyoungcarers
- Devon Young Carers in Devon - www.devonyoungcarers.org.uk
- Kernow Young Carers in Cornwall www.kernowyoungcarers.org

10 Accommodation for Carers

Where there is a need, ward staff should ensure carers are given information detailing local accommodation near or within the hospital, additional information is available through Patient Advice & Liaison Service (PALS).

The ward staff must ensure carers have sufficient opportunity to take appropriate breaks and rest periods, so that they are supported in meeting their own health and wellbeing needs; this is particularly important for carers who have long-term health conditions or disabilities.

Several areas within the hospital have rooms where informal carers may be able to stay overnight, although this is usually for short-term periods and for urgent cases. This includes Children's HDU, Critical Care Units, Birch and Hexworthy Wards. Ward staff should contact these areas to check if these rooms are available.

For those carers who wish to stay near the hospital, accommodation is available, although it should be noted there is a charge for these rooms:

- The Lodge (previously Heartswell) – Monday to Friday 9am-5pm contact on extn 51930. Out of hours ward staff can contact The Lodge to check if they have availability, if so security will be able to provide transport from the main reception to Blunts Lane and arrange access.
- Hospital Accommodation for staff may also be able to provide a room – Monday to Friday 9am-5pm contact on extn 39055

11 Support for Trust staff who are Carers

The Trust recognises there are times in employees' lives when they may have caring responsibilities. The Trust's Carers Policy for staff with caring responsibilities outlines how the Trust supports carers. As a Trust that values its employees and the skills they bring to the organisation, we make every effort to support carers in balancing their work commitments and caring responsibilities, specifically:

- It is the Trust's intention that anyone with caring responsibilities should feel comfortable in declaring their needs
- Carers will be treated sympathetically and not discriminated against in any way
- Any information shared with managers will be treated confidentially and shared only with those who the carer agrees may assist in supporting them

The Carers Policy for staff can be found on staffnet - [Carers Policy for Staff 2017](#)

Staff may also seek external advice and support from Caring for Carers, Plymouth tel: 01752 201890 or Kernow Carers Service, Cornwall tel: 0800 587 8191.

12 Training

Carer Awareness Training is available through Improving Lives Plymouth and can be organised through the Patient Experience & Engagement Manager. The training is designed to help staff understand who carers are and what they do. It will provide information about the support available for carers and the mechanisms available inside and outside of the hospital.

A copy of the training presentation is attached as appendix 5 and is also available on staffnet.

13 Overall Responsibility for the Document

The Patient Experience & Engagement Manager is responsible for developing and reviewing the policy.

14 Consultation and Ratification

The design and process of review and revision of this policy will comply with The Development and Management of Formal Documents.

The review period for this document is set as default of three years from the date it was last ratified, or earlier if developments within or external to the Trust indicate the need for a significant revision to the procedures described.

This document will be reviewed by the Patient Experience Committee and ratified by the Director of Nursing.

Non-significant amendments to this document may be made, under delegated authority from the Deputy Director of Nursing, by the nominated owner. These must be ratified by the Director of Nursing.

Significant reviews and revisions to this document will include a consultation with named groups, or grades across the Trust. For non-significant amendments, informal consultation will be restricted to named groups, or grades who are directly affected by the proposed changes.

15 | Dissemination and Implementation

Following approval and ratification, this policy will be published in the Trust's formal documents library and all staff will be notified through the Trust's normal notification process, currently the 'Vital Signs' electronic newsletter.

Document control arrangements will be in accordance with The Development and Management of Formal Documents.

The document owner will be responsible for agreeing the training requirements associated with the newly ratified document with the Director of Nursing and for working with the Trust's training function, if required, to arrange for the required training to be delivered.

16 | Monitoring Compliance and Effectiveness

Compliance with this policy will be monitored through the Patient Experience Committee and Dementia Steering Group through a quarterly report, reviewing local Carers Surveys.

Monitoring of complaints, PALS, patient feedback and incidents will be reported through the Patient Experience & Engagement Manager and Senior Matron for Clinical Standards & Patient Experience.

Feedback will be received through the Patient Council and external agencies supporting carers including Caring for Carers Plymouth, Kernow Carers Service and the Derriford User Group.

Assurance audits of carers care plan checklist by the Derriford Learning Disability Liaison Team.

Internal Contacts	
Derriford Learning Disability Liaison Team	Extn 31566 or page 85436
Pastoral & Spiritual Care Team	Extn 52023 or page via switchboard
Hospital Accommodation Office	Extn 39055
Heartswell Accommodation	Extn 51930
Patient Advice & Liaison Service	Extn 39884 or plh-tr.PALS@nhs.net
Human Resources for staff support	Extn 37253

There are numerous external organisations available to provide support some of which have been listed below:


External Organisations	
Age UK Plymouth	01752 256020 or http://www.ageuk.org.uk/plymouth/
Alzheimer's Society	0330 333 0804 https://www.alzheimers.org.uk/
Barnardos	01752 770321 email - bycs@barnardos.org.uk http://www.barnardos.org.uk
Caring for Carers, Plymouth	01752 201890 Email - caringforcarers@improvinglivesplymouth.org.uk Website - Caring for Carers - Improving Lives Plymouth
Carers Direct Helpline	0300 123 1053
Carers UK	0808 808 7777 or http://www.carersuk.org/
Efford Youth Club	01752 776853 email - efford.youth@plymouth.gov.uk
Kernow Carers Service, Cornwall	0800 587 8191 https://www.supportincornwall.org.uk/kb5/cornwall/direct-ory/carers.page
NHS Choices	www.nhs.uk / Your guide to care and support - Care and support guide - NHS Choices
Plymouth Citizens Advice Bureau	0844 111 444 or http://www.plymouthcab.org.uk
Improving Lives Plymouth	01752 201890 https://www.improvinglivesplymouth.org.uk/our-services/caring-for-carers
Young Carers	0844 800 4361 or http://www.youngcarers.net/
Gateway in Plymouth	www.plymouth.gov.uk/adultcareandhealth/caringotherpeople/helpyoungcarers
Young Carers in Devon	www.devonyoungcarers.org.uk
Kernow Young Carers in Cornwall	www.kernowyoungcarers.org

Dissemination Plan			
Document Title	Carers Policy		
Date Finalised	September 2017		
Previous Documents			
Action to retrieve old copies			
Dissemination Plan			
Recipient(s)	When	How	Responsibility
All Trust staff	September 17	Vital Signs	Information Governance Team

Review Checklist		
Title	Is the title clear and unambiguous?	X
	Is it clear whether the document is a policy, procedure, protocol, framework, APN or SOP?	X
	Does the style & format comply?	X
Rationale	Are reasons for development of the document stated?	X
Development Process	Is the method described in brief?	X
	Are people involved in the development identified?	X
	Has a reasonable attempt has been made to ensure relevant expertise has been used?	X
	Is there evidence of consultation with stakeholders and users?	X
Content	Is the objective of the document clear?	X
	Is the target population clear and unambiguous?	X
	Are the intended outcomes described?	X
	Are the statements clear and unambiguous?	X
Evidence Base	Is the type of evidence to support the document identified explicitly?	X
	Are key references cited and in full?	X
	Are supporting documents referenced?	X
Approval	Does the document identify which committee/group will review it?	X
	If appropriate have the joint Human Resources/staff side committee (or equivalent) approved the document?	X
	Does the document identify which Executive Director will ratify it?	X
Dissemination & Implementation	Is there an outline/plan to identify how this will be done?	X
	Does the plan include the necessary training/support to ensure compliance?	X
Document Control	Does the document identify where it will be held?	X
	Have archiving arrangements for superseded documents been addressed?	X
Monitoring Compliance & Effectiveness	Are there measurable standards or KPIs to support the monitoring of compliance with and effectiveness of the document?	X
	Is there a plan to review or audit compliance with the document?	X
Review Date	Is the review date identified?	X
	Is the frequency of review identified? If so is it acceptable?	X
Overall Responsibility	Is it clear who will be responsible for co-ordinating the dissemination, implementation and review of the document?	X

Core Information	
Date	20 September 2017
Title	Carers policy
What are the aims, objectives & projected outcomes?	This policy outlines the support available from the Trust for all carers who are providing informal unpaid care to patients while receiving hospital treatment and for care workers.
Scope of the assessment	
Collecting data	
Race	This is mitigated as the policy can be made available in alternative languages and formats.
Religion	There is no evidence to suggest that there is a negative impact on religion or belief and non-belief regarding this policy.
Disability	This is mitigated as the policy can be made available in alternative languages and formats.
Sex	There is no evidence to suggest that there is a negative impact on gender regarding this policy.
Gender Identity	There is no evidence to suggest that there is a negative impact on gender identity regarding this policy. Currently data is not collected for this area due to the current provision on the data collection systems. However, this is an area that is under development.
Sexual Orientation	There is no evidence to suggest that there is a negative impact on sexual orientation regarding this policy. Currently data for this area is not collected due to the current provision on the data collection systems. However this is an areas that is under development.
Age	There is no evidence to suggest that there is a negative impact on age regarding this policy.
Socio-Economic	There is no evidence to suggest that there is a negative impact on socio-economic regarding this policy.
Human Rights	Data is currently monitored, analysed and published on the Trust website. Areas of concern will be addressed through appropriate action plans.
What are the overall trends/patterns in the above data?	There are currently no trends or patterns in the data that is produced. Data is currently monitored, analysed and published on the Trust website, although there is an issue with the systems collecting all protected characteristics
Specific issues and data gaps that may need to be addressed through consultation or further research	This is mitigated as the policy can be made available in alternative languages and formats

Involving and consulting stakeholders				
Internal involvement and consultation	The policy has been reviewed and compiled by the Patient Experience & Engagement Manager. The policy has been circulated to the Patient Experience Committee, Patient Council, Dementia Steering Group, Matrons and Department Leads for consultation.			
External involvement and consultation	The policy has been developed in line with national guidance. Representatives from Plymouth Caring for Carers and Kernow Carers Service, Plymouth Healthwatch, Cornwall Healthwatch were asked to comment.			
Impact Assessment				
Overall assessment and analysis of the evidence	<p>This impact assessment has shown there could be an impact on race or disability groups. However this document can be provided in other formats and languages if required.</p> <p>Data is currently monitored, analysed and presented to a number of groups in the Trust. Areas of concern will be addressed through appropriate action plans.</p>			
Action Plan				
Action	Owner	Risks	Completion Date	Progress update

Plymouth Hospitals 
NHS Trust

I AM A CARER

My name is
.....

and I am the named carer for
.....

This card allows me access to visit to facilitate and/or deliver
care as appropriate.

As well as open visiting, additional agreements are:
.....
.....
.....

Signed: End Date:

Print:

Carers are **welcome** here

We welcome the Carers of our patients in the ward. We would like to work in partnership with you.

If you are a Carer, please ask for a Carer's Passport and let the staff know who you are.

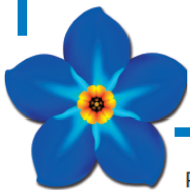
Plymouth Hospitals 
NHS Trust

I am a carer

I am the main carer for this patient and this card allows me to visit them outside of visiting hours

Plymouth Hospital supports John's Campaign

www.johnscampaign.org



Poster produced by - The Medical Photography Department, Plymouth Hospitals NHS Trust.
April 2016

Improving Working Lives – Carer Awareness Training



Carer Awareness
Training Version 1.ppt