The Newcastle upon Tyne Hospitals NHS Foundation Trust

Working in Partnership with Carers

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1 Introduction

The Newcastle upon Tyne NHS Hospitals Foundation Trust is committed to ensure that carers are recognised as important partners in the care of patients and to promote a carer-friendly culture.

During COVID19 guidance in this policy regarding visiting could be restricted. Individual assessments will be made in relation to visiting. Carers should contact the Nurse in Charge to ask for an assessment of visiting needs. Newcastle Carers can be contacted to support carers in this difficult time on phone: 0191 275 5060 or email: info@newcastlecarers.org.uk.

The Trust is a signatory to John's Campaign. Johns' Campaign is focused on ensuring that carers of people with dementia should be able to support the person they care for at whatever time is most helpful to the patient and whatever time is convenient for the carer.

The Care Act 2014 (Amended 2019) introduced duties to health and social care providers and identified specific areas where the NHS will look to better support and identify carers. Duties relevant to health services include:

- helping to prevent people developing care and support needs
- providing information and advice
- involving carers in discharge plans.

The NHS Long Term Plan pledges to maintain focus on identifying and supporting carers. The priorities are:

- carers should not have to deal with emergencies on their own
- prevent young carers struggling on their own with difficult and multiple challenges
- improve carers' health and encourage sharing of good practice, specifically via the Carers Passport.

As 'experts by experience', carers can provide a unique and invaluable perspective of what is needed for the person they care for. They know the people that they care

for better than anyone else. This knowledge can be extremely useful in planning patient care and in identifying problems that may require intervention. Some carers would like to be involved in the delivery of direct care during a patient's admission. This can be beneficial to all parties, by ensuring continuity and familiarity.

The Trust will support arrangements to facilitate this, wherever it is in the best interest of patient care and safety. The Trust also recognises that carers may not wish to be involved in direct care during admission, and will work with carers to ensure continuity of care and sharing of knowledge.

Some people will become carers unexpectedly because of a patient admission, e.g. a patient admitted with a stroke. As such, they will need to adjust to this potential role and it cannot be assumed that they will have the capacity or wish to do so.

When patients are discharged, carers will be key people in implementing care plans. It is important to involve the carer and listen to the carer's views when devising a discharge and care plan. This will result in a better understanding and delivery of the care needed at home. Involving carers in discussions at times such as admission, treatment changes, and discharge may also help to prevent readmission to hospital.

Carers may experience a range of health, social and financial consequences because of their caring roles and responsibilities. It is important to identify carers so that as well as supporting the patient, the carers' own needs can be addressed.

2 Guideline scope

These guidelines apply to identified carers of adult patients, whether the carers are adults or young people.

3 Aims

The care provided in hospital and in the community is a partnership between patients, carers, families and the healthcare staff. The aim of this guidance is to ensure that:

- adult carers and young carers are identified
- the carer is involved in decisions and practical care of the patient, if they and the patient wish them to be
- the carers' practical needs are supported whilst the person they care for is in hospital.

4 Duties – roles and responsibilities

4.1 The Executive Team is accountable to the Trust Board for ensuring Trustwide compliance with guidance.

4.2 Directorate Managers and Heads of Service are responsible to the Executive Team for ensuring policy implementation.

4.3 Managers are responsible for ensuring policy implementation and compliance in their area(s).

4.4 Staff are responsible for complying with the policy

5 Definitions

An adult carer is someone who provides unpaid care and support to a family member, friend, partner or neighbour who has a disability (physical/psychological/ learning), has an illness, is frail, has mental health difficulties or has alcohol or drug related problems. This includes people who receive Carers Allowance.

A young carer is a child or young person (aged 5-18) looking after someone in their family who, due to illness, disability (physical/psychological/learning), mental health problems or substance misuse, could not manage without their support. Young carers take on practical/emotional caring responsibilities that would usually be expected of an adult.

A paid care worker (paid carer) is someone who is employed to provide care e.g. a care worker or a personal assistant**.**

6 Working with adult carers and young carers

This guidance sets out a framework to facilitate mutually supportive and helpful relationships between the patient, carer and Trust staff throughout a patient's stay, and to aid a smooth transition of care upon discharge.

The guidance aims to promote a three-way relationship between patients, carers and staff. It will ensure that carers are supported to continue their caring role, thereby improving the patient's experience, promoting wellbeing, and supporting the discharge process.

The Trust has made a number of commitments to carers that underpin this guidance.

The commitments to carers are:

The care we provide in hospital and in the community is a partnership between patients, carers, families and the healthcare staff.

We are committed to working with carers, to meet the needs of the patient. We will:

- talk to the carer about the person they care for, the care they provide and whether they and the patient would like to continue this care whilst they are in hospital
- help the carer to care for the person in hospital, if they wish, by being flexible about visiting times
- share information about care and treatment with the consent of the person they care for, to help and support them in their caring role
- act in the best interest of the person they care for if they are unable to discuss their care or give consent
- discuss arrangements for discharge with the carer in a timely manner.

Communication and information support may be needed to assist with these discussions. , for example the provision of interpreting support for carers whose first language is not English.

6.1 Identifying carers

It is the responsibility of all clinical staff to ensure carers are identified as soon as possible/practicable. Patients should be asked if a relative or friend helps to look after them. A question has been added to assessment records that will help to elicit this information:

> **Does a relative or friend help to look after you; including a child or young person?**

In some cases, patients (e.g. patients with learning disabilities or dementia) may not be able to indicate if they have a carer. In these circumstances, staff should speak with any visitors or the patient's GP and then contact the carer as soon as possible.

Once a carer has been identified you must provide a carers pack. These can be restocked by contacting Patient Services on nuth.patient.relations@nhs.net . Flexible visiting cards can also be obtained separately if more than one is required for a family.

To welcome carers and help carers make themselves known to staff a 'Carers are Welcome' poster should be displayed at or near ward entrances. (**Appendix 1**)

6.2 The carers role whilst the patient is in hospital

Having a discussion with carers about their role, whilst the person they care for is in hospital, is key to acknowledging them as an important part of the patient's life and wellbeing. It is an opportunity to plan how you will work in partnership with the carer, as well as to start thinking about discharge planning.

Some carers will appreciate a break in their caring role and others will wish to continue in that role. Whilst the patient is in hospital, it is important to understand and acknowledge the wishes of both the patient and the carer about the carer's role, as this will help to set their care plan.

The boundaries of what is safe for a patient's carer to do in a hospital setting should be openly discussed, agreed and documented in the patient's e-record. **Appendix 1** can be completed and uploaded to the e-record.

Staff should use their professional judgment to negotiate whether it will be appropriate for the carer to assist and what tasks they may be involved with. Carers may not be aware of infection control measures, particularly hand hygiene. Ensure that procedures are fully explained before carers are involved in patient care. At all times, consideration should be given to the patient's needs and wishes.

All care that is agreed to be delivered by carers must be documented in the patient's relevant care plans. The Registered Nurse (RN) is responsible for the care and safety of the patient at all times. With the agreement of the patient, where possible and as deemed appropriate by the RN, carers may assist in the areas suggested below and as deemed appropriate by the RN – this list is not exhaustive:

- care planning/review, taking any unique disability related needs into account
- communication
- personal care and bathing but not where the use of lifting equipment is needed
- postural management
- supporting/monitoring nutritional and fluid intake where appropriate
- supporting the patients to take medication as directed by the RN
- co-ordinating discharge arrangements.

There may be times when the care that a carer provides does not meet health and safety requirements. In this situation, staff should explain to the carer that Trust staff must comply with the Trust's health and safety standards. Please contact the Physiotherapy Department for further advice.

6.3 Privacy, dignity and confidentiality of other patients

Other practical considerations include the need to ensure privacy, dignity and confidentiality of other patients. Staff will need to be clear with carers that there may be occasions when they will be asked to leave an area in order to maintain the privacy, dignity and confidentiality of other patients.

Volunteers may be able to support patients who have few visitors. They can be contacted via Chaplaincy Services or the Volunteer Coordinator in Human Resources.

6.4 Providing information for carers and signposting to carers support

Staff acknowledgment that carers have their own needs is important. Carers save the state over £132 billion every year, but this is often at a cost to their own health, social relationships and finances.

Local councils have a responsibility for providing statutory Carers Assessments to carers who present with an appearance of need, but there are also many local organisations that can provide support to carers.

A statutory Carers Assessment is available to carers in their own right and does not rely on a patient's agreement or consent. It offers the carer the opportunity to explain what their caring role is, what impact caring for someone is having on them, and whether they are willing and able to carry on caring. It focuses on the carer's needs and covers a number of areas such as health and wellbeing, looking after others, having time to themselves, the things they want to achieve on a daily basis, and the support available to them.

Staff can refer carers directly to the Trust Social Work Team or carers can arrange their own assessment by contacting the number in the carers pack (Community Health and Social Care Direct on 0191 278 8377). Carers' organisations can also signpost to local statutory Carers Assessments.

A Carers Pack should be provided to all carers. This includes information about where to access a statutory Carers Assessment and support available for carers in the community.

Clinical staff should incorporate speaking to carers as part of admission or ongoing care. This will provide an opportunity to listen to carers and update them on any changes.

6.5 Providing information about a patient's care and treatment

Professionals have a duty to respect the confidentiality of their patients and this may leave staff anxious about talking to and involving carers. To address this, you must obtain and document in the patient's notes the patient's consent about the disclosure of personal information about their diagnosis, treatment and care needs. Patients can change their level of consent at any time and have the right to refuse carers receiving information about them.

Where patients are reluctant for all information to be shared, clarify with the patient which aspects of their conditions they are comfortable sharing with the carer.

Where patients do not want any information given to their carers, ensure that general information on relevant health conditions is available for carers or signpost them to the information.

If patients lack mental capacity to give consent to share information, staff should act in the patient's best interest and seek further guidance where required from the Safeguarding Team, documenting the assessment of capacity and who they have involved in the decision making process.

6.6 Providing practical support for carers

Where it is has been agreed that carers will provide support to a patient, they should be supported with regular rest, meal breaks and time to maintain their own health and wellbeing. The delegation of care to carers remains the responsibility of the registered practitioner (e.g. nurse, doctor), as does the communication and support of that carer in their care role on the ward.

For inpatient stays, carers may wish to stay overnight (e.g. where the patient is very young, vulnerable, emotional, confused or receiving end of life care). In these situations, an adult carer may spend the night with the patient, provided they are able to safely stay alone and take care of their own needs.

There are occasions where relatives of the opposite sex may wish to remain overnight with the patient. Staying with their relative is acceptable but consideration must be given to the privacy and dignity of other patients. It is recommended that the patient be nursed in a single room where possible. If this cannot be achieved, advice from Matrons or Patient Services Coordinator should be sought to ensure the needs of all are met.

Carers can visit outside normal visiting times to nurture or provide care and support to the patient. John's Campaign, which the Trust has signed up to, ensures that carers of people with dementia should be able to support the person they care for at whatever time is most helpful to the patient and whatever time is convenient for the carer.

For other carers, flexible visiting will be agreed and can be noted on the card. Staff can agree to flexible visiting if the Ward Sister is not on duty. Staff do not need to wait to speak with them. If unsure, junior staff can speak to their Matron in working hours or the Patient Services Coordinator out of hours.

It is acknowledged that there may be a need to provide food for carers if they are unable to leave the ward or if it would be beneficial for them to eat a meal with the patient. Meals can be given to carers by either using snack boxes or snack fridges or by providing a hot meal from the ward trolley. When prior notice is available, carers can be provided with a menu card to pre-order food. Cards to be marked as 'carer for name of patient.

Where available and if space allows, fold-out beds will be provided for carers who are staying overnight with patients in cubicles.

Fold-out beds are located in:

- ward 25 Freeman
- ward 8 Freeman
- ward 9 FH
- loan library Freeman
- level 6 Leazes wing lift well storage area x2

If any ward has a declared outbreak and the ward is closed, then fold-up beds **SHOULD NOT** be collected or returned until the ward has been re-opened by the Infection Prevention and Control Team.

If carers stay overnight, a visible note should be made and information about carers staying given at handover. Carers will be told what to do in the event of a fire.

Carers staying in cubicles with ensuite facilities will be allowed to use these facilities.

6.7 Working with young carers

A young carer is a person under 18 who provides or intends to provide care for another person. The concept of care includes practical or emotional support. Young carers identified as taking on a caring role should be acknowledged and offered support by the clinical team.

Young carers are often unrecognised and can be easily overlooked by the clinical team. All services have a role to play in identifying young carers. It should never be assumed that young carers are happy, able and willing to continue in their caring role. Young carers must be protected from providing inappropriate and excessive amounts of care.

Young carers may be the sole carer for the patient and may be experiencing distress, especially if the patient has come in as an emergency admission. If this is the case, Social Services should be contacted to ensure that the young carer is being appropriately supported in their home environment whilst the patient is in hospital.

The young carer may also need additional emotional and/or practical support. If a child or young person is looking after an adult, the local council has a duty to consider what care, if any, that child or young person is providing and what impact this has on the child. The local council has a duty to assess ‘on the appearance of need’ i.e. without a ‘request’ having to be made.

Support to young carers is available through a Young Carers Assessment which can be carried out by the local authority or a young carers support service on behalf of the local authority. If a Young Carers Assessment is required, it is important that there is an open and honest discussion with the young carer(s). Involvement with social care services is one of the things young carers and their families are most fearful of, but this must be weighed against the fact that all young carers should be protected from carrying out inappropriate and excessive caring roles.

No health or community care packages put in place on discharge should rely on the caring role of someone under the age of 18.

Young carers cannot stay overnight to provide care. Reassurance should be given to the young carer that any issues arising during the night will be resolved in the best interest of the whole family.

If there are any concerns about the welfare of a child or young person who is caring for an adult, e.g. the young person going home to a house with no other adult at home, contact the Matron or Patient Services Coordinator to discuss possible actions needed.

6.8 Working with older carers

Older carers may be more isolated and may have less support. Help and support within the hospital setting may be needed to enable an older carer to safely continue with their caring role, if this is what they are willing and able to do. Signposting to carers support is important to enable the carer's role to continue. This can be through a referral to the Trust Social Work Team or by signposting to Community Health and Social Care Direct on 0191 2788 377.

6.9 Working with carers of patients with learning disabilities or carers who have a learning disability

Individuals with learning disabilities, should be referred to the Trust's Learning Disability Liaison Team to ensure that their pathways of care are reasonably adjusted to meet their individual needs. This could include support to the patient's carer.

Carers who have a learning disability should also be referred to the Trust's Learning Disability Liaison Team.

6.10 When the patient admitted is a carer

For planned admissions, social services should already be aware of the admission, and alternative arrangements for the provision of care should have been arranged.

Where an emergency admission occurs, staff should contact social services to agree how care will be provided. Carers may have an emergency care plan in place for the person they care for. In this situation, they will have contact details for the people administering the emergency care plan.

If carers are seen in the Emergency Department and have sustained injuries that mean that they are no longer able to provide care, staff should also contact Social Services to ensure a plan is in place to continue to care for the person needing care.

If there are any concerns about the welfare of a child or young person who is caring for an adult, e.g. the young person going home to a house with no other adult at home, contact the Matron or Patient Services Coordinator to discuss possible actions needed.

If there are any concerns about pets left at home, the Cinnamon Trust can be contacted to help: www.cinnamon.org.uk.

6.11 Discharge arrangements

Recognising our partnership with carers, discharge plans should be developed in consultation with carers, to ensure that they have appropriate training and support to carry out their caring role after discharge.

Discharge plans for patients who have a carer need careful consideration. They should be undertaken in a timely manner and discussed and agreed with the carer.

If people have become carers due to a patient admission, it is important to establish their capacity to care early in the process of care.

No health care/community care package should rely on the caring role of someone under the age of 18. All services have a role to play in identifying young carers, to ensure that they are supported and able to make informed choices about the level of caring responsibility that they take on.

Young carers should always be protected from carrying out inappropriate or excessive amounts of care. If there are any concerns about a child or young carer taking on caring duties, Social Services should be contacted. There may be occasions when this is a safeguarding issue, which should be reported as indicated in the Safeguarding Children Policy.

Carers will need information about the care needs of the patient to determine if they will be able to meet the patient's care needs at home. However, it should not be expected that someone with a caring role is able or willing to continue in that role after discharge or cope with any additional responsibilities, even if the carer is or has been a healthcare professional.

A referral should be made to Social Services to trigger a Carers Assessment with the carers consent. Please refer to the Transfer out of Hospital policy. Of particular note is the 48-hour discharge notice for frail, elderly patients.

6.12 Additional responsibilities for staff working with carers in the community

Much of the general guidance above applies to staff working in the community and involves:

- identifying carers
- providing information about the needs of the person being cared for
- supporting carers
- signposting carers to statutory care assessments
- signposting carers to additional support in the community.

An additional responsibility for carers is to ensure they know what to do in an emergency involving the person they care for. They must also be given information about the Emergency Contact Scheme, which helps carers plan for an emergency involving themselves.

Public Health School Nursing Teams will work in partnership with young carers' organisations to identify and promote the health and wellbeing of young carers.

7.0 Working with paid care workers

Paid carers/paid care workers are those employed by external agencies, or employed privately by the family/patient, to provide care and support to the adult/patient with care and support needs.

Patients, their family, and carers may ask for paid care workers familiar with them to support the patient's care needs whist they are in hospital. This may often apply to those with complex and long-term needs.

It is important to consult and discuss with patients, their families, and carers when making any decisions about the involvement of paid care workers. The involvement of paid carer workers should always be agreed with the Ward Sister/Charge Nurse or Nurse in Charge and discussed/agreed with the patient. The Associate Director of Nursing with site responsibility for the ward concerned should be informed of this arrangement no later than the next working day.

Ward Sisters/Charge Nurses must assess the patient's ongoing needs in hospital and determine what role paid carers may have in this care.

If a paid carer is a member of Trust staff, the service Matron should discuss the different roles with the member of staff, and agree clear guidance about their work as a member of Trust staff and as a paid carer.

The steps below MUST be followed in making any decision about the involvement of paid carers:

Ask who will pay the paid carer.

Scenario 1

Patient, carer or family member paying the paid carer.

Ward Sister or Nurse in Charge should decide if this is appropriate. Ensure Matron is aware.

Discuss and clarify paid carer roles and responsibilities with patient (if competent), main carer, family, paid carer and paid carer agency manager.

Document paid carer roles and responsibilities in the 'Care to be delivered by paid carer' template.

Appendix 2

Scenario 2

Patient, carer or family member NOT paying the paid carer and requesting that NUTH fund this.

Refer to Directorate Manager, Matron or Consultant for a decision.

A contract will need to be drawn up with the Financial Team and the Trust Legal Team may also need to be involved. **Appendix 3**

If funding is agreed, continue as Scenario 1

If funding is not agreed, senior member of staff (Matron, Directorate Manager or Consultant) to speak to patient and patient family/carer and agree next steps.

Out of hours contact Patient Services Coordinator.

The named consultant is responsible for the medical care of the patient. The role of paid carer is to enhance and support the patients stay. The responsibilities for care remain with registered nurse. Deputy Directors of Nursing can also provide advice.

7.1 Guidance on roles and responsibilities of paid carers

The role of the paid carer should be agreed by the Nurse in Charge and documented in the 'Agreed care to be delivered by paid carer' template.

- The overall responsibility for nursing care remains with the registered nurse.
- It should be recognised that paid carers usually support patients when their condition is stable. Staff need to establish whether the paid carer has the ability to continue their role in changing clinical situations.
- Paid carers not employed by the Trust should not use any Trust equipment with which they are not familiar and have not received appropriate training to use.
- Handover conversation between the patients' Trust designated nurse and the paid carer should take place at the beginning and end of the paid carers shift.
- Any changes in patient care requirements during the paid carers shift should be communicated to them.

- Unless affecting immediate patient care needs, feedback from ward rounds/conversations should first be communicated to the patient family/carer.
- Agreement on escalation of concerns or reporting change in the patient's condition should be made and documented.
- The paid carer can help the patient to take oral medication but responsibility for administration of medication remains with the registered nurse.
- Trust staff will record any care provided by the paid carer in the nursing record.
- Paid carers will not be allowed access to patient's overall medical records.
- Paid carers should be encouraged and equipped to complete appropriate documents such as the Focus Chart or Fluid Balance Chart and to sign and date their entries.
- A register of paid carer's signatures for the particular patient will need to be kept for recognition of signature in the case of a complaint or legal redress. This should be kept in the patient's nursing record.
- Trust guidance on procedures which the patient is receiving can be shared with paid carers, for example infection prevention and control.

7.2 Information for paid carers

Please provide paid carers with the information sheet in **Appendix 4.**

8 Training, implementation, resource implications

Training has been provided through a rolling programme of face-to-face sessions, including Education 4 u on the wards and via an animation video, which is available via the Trust Intranet. Updates will be provided electronically and via clinical forums.

Carers packs for distribution to unpaid carers will initially be provided centrally and then via directorate budgets.

9 Monitoring section

The organisation continually strives to achieve 100% compliance with this guideline and its intended outcomes. Where this is not met, an action plan will be formulated and reviewed until completion. Please see the table below for standards and monitoring arrangements.

Standards	**Monitoring and audit**			
	Method	**By**	**Group / Committee**	**Frequency**
Carers feel supported and involved and consulted about discharge	Ongoing review of complaints and PALS contacts for carers experiencing difficulty with being involved, supported or not	Patient Relations PALS	Patient carer and Public Involvement Committee	Summary of Issues Report Annually

	involved with discharge			
Outcome standard				
Carers can access practical support to enable them to support their loved ones	Evaluation	Equality and Diversity Lead	Carers Group Equality Diversity and Human Rights Working Group	every 2 years

10 Consultation and review

Document reviewed by the Carers Working Group including Newcastle Council and Newcastle Carers. The policy has been ratified by Equality Diversity and Human Rights Working Group.

11 Implementation (including raising awareness)

Changes to the policy will be publicised via the Trust Intranet and clinical forums.

12 References

Care Act 2014 (Amended 2019)

https://www.gov.uk/government/publications/care-act-statutory-guidance/list-of-changes-made-to-the-care-act-guidance www.johnscampaign.org

13 Associated documentation

Transfer out of hospital policy (discharge):
http://nuth-intranet/apps//policies/nursing/Transferoutofhospitalspolicy201912.pdf

Appendix 1

The Newcastle upon Tyne Hospitals NHS
NHS Foundation Trust

Care delivered by family carer

There is no obligation for carers to be involved in patient care. This form is only for those who would like to be involved.

Patient ID Sticker

Addressograph label and QR Code

Ward Location/ Bed number ---------- **Date ----------**

- Care provided by the carer must be agreed with the nurse in charge.
- No care, which involves moving and handling with mechanical equipment, should be provided by a carer.
- Apart from support with eating and drinking, where this is appropriate, care provided by a family carer should be carried out with supervision by a member of staff.
- State which tasks paid carers can carry out **with direct supervision** for example helping with washing, eating and drinking.
- State which tasks can be carried out by the carer **without supervision**, for example support at meal times.
- Carers concerns or reporting change in the patient's condition should be made to the nurse in charge.

Agreed care to be delivered by family carer	**Supervised or unsupervised?**	**Date and time delivered**	**Carer name and signature**
Examples • Wash the patient. • Give the patient 2 hourly drink			

Agreed care to be delivered by family carer	Supervised or unsupervised?	Date and time delivered	Carer name and signature

Appendix 2
Paid Care Worker Log
(A daily task and record sheet should be completed. One copy should be uploaded onto the patient e-record and one kept by the external care worker documentation)

ID Sticker

Name of external care worker and organisation ----------

Ward Location/ Bed number ---------- Date ----------

- State which tasks paid carers can carry out **with direct supervision** for example helping to take medication, lifting and handling using equipment
- State which tasks can be carried out by the carer or paid carer **without supervision**, for example support at meal times.
- Concerns or reporting change in the patient's condition should be made to

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- The NUTH nurse responsible for the patient's care should continue to record patient documentation.

Agreed care to be delivered by paid external care worker	**Supervised or unsupervised?**	**Date and time delivered**	**Paid carer worker** **Name, signature**
Examples Wash the patient. Give the patient 2 hourly drink			

Agreed care to be delivered by paid external care worker	Supervised or unsupervised?	Date and time delivered	Paid carer worker Name, signature

Appendix 3 Contract for paid carer organisation

Dear

Provision of services by [ ] ("Provider") and Newcastle Upon Tyne Hospitals NHS Foundation Trust ("NUTH") in respect of [ ], Date of Birth: [ ], NHS Number: [ ] ("Patient")

This letter is to document the terms agreed between us in relation to the provision of services to the Patient as set out below.

Background

[Short case summary].

Commencement date of Provider Service:

Location Provider Services are to be provided from

Description of Provider Service

The service provided will be detailed in the attached care plan. This will be provided by [ ] number of staff [ ]am to [ ]pm and [ ]pm to [ ]am.

General care requirements of the Patient are at all times the RVI/Freeman responsibility.

NUTH obligations

NUTH shall:

1. grant the Provider staff providing the Provider Service a licence to access the RVI/Freeman as reasonably required by the Provider in order to provide the Provider Service;
2. be responsible for ensuring that the RVI/Freeman is at all times an appropriate environment for the delivery of the Provider Service;
3. inform the Provider staff providing the Provider Service of all health and safety rules, policies and regulations and any other reasonable security requirements that apply at the RVI/Freeman.

Price and payment terms

Provider will invoice NUTH for the Provider Service on a direct cost basis once the Patient has been discharged from the RVI/Freeman in accordance with point 7 in the "Description of Provider Service" section above. Such invoice to be paid within thirty (30) days of the date of invoice to the bank account nominated by Provider.

The invoice will be sent to NUTH at: FAO Finance Team C at Regent Point,Gosforth.

Liability and indemnity

Provider is responsible for the provision of the Provider Service as described in this letter agreement only. NUTH is responsible for the provision of the NUTH Service or the treatment of any physical conditions of Patients which does not fall within Part IV of the MHA if applicable.

Indemnity from NUTH to Provider

Without affecting its liability for breach of any of its obligations under this letter agreement, NUTH shall indemnify and keep indemnified Provider, against all reasonable costs, charges, damages, liabilities, claims or losses sustained or incurred by Provider (including any direct, indirect or consequential losses, loss of profit and loss of reputation) in respect of any:

(a) loss of or damage to property; and

(b) any injury to any person, including injury resulting in death of any person;

that result from or arise out of NUTH's negligence or breach of contract in connection with the performance of this Agreement or the provision of the NUTH Service except insofar as that loss, damage or injury has been caused by any act or omission by, or on the part of Provider, its employees or agents.

Indemnity from Provider to NUTH

Without affecting its liability for breach of any of its obligations under this letter agreement, Provider shall indemnify and keep indemnified NUTH, against all reasonable costs, charges, damages, liabilities, claims or losses sustained or incurred by NUTH in respect of any:

(a) loss of or damage to property; and

(b) any injury to any person, including injury resulting in death of any person;

that result from or arise out of Provider’s negligence or breach of contract in connection with the performance of this letter agreement or the provision of the Provider Service, except insofar as that loss, damage or injury has been caused by an act or omission by, or on the part of, or in accordance with the instructions of NUTH, its employees or agents.

Insurance

Each of us shall maintain in force for the duration of this letter agreement at our own cost, such insurance policies as are required having regard to its obligations and liabilities under this Agreement.

NUTH warrants that for the duration of this letter agreement we are members of the NHS Litigation Authority’s:

(a) Clinical Negligence Scheme for Trusts; and
(b) Liabilities to Third Parties Scheme.

Complaints

Any complaint made by the Patient, the Patient's relative or any other interested party in relation to the Provider Service shall be dealt with by NUTH as the detaining authority.

Provider agrees to provide assistance in relation to NUTH's investigation of complaints relating to the Provider Service where reasonably requested by NUTH.

Data protection

We are both obliged to comply with data protection legislation at all times in respect of the Patient. We acknowledge the content of Requirement 207 of the Information Governance Toolkit which states that organisations achieving an adequate level of information governance performance an information sharing protocol is optional in circumstances such as these.

Expiry

This letter agreement will remain in force whilst the Patient requires the clinical service at the RVI/Freeman and will expire once the Patient is transferred to a different provision or is discharged and the Provider invoice has been paid in accordance with the Price and Payment section above.

Governing law

This letter agreement is governed by English law.

Please sign the enclosed duplicate copy of this letter agreement to confirm your agreement to its terms.

Yours sincerely

[Provider signature]

We have read the contents of this letter agreement and acknowledge and agree to its terms.

Signed by:

Ms Maurya Cushlow

Executive Chief Nurse

Date:

Appendix 4

The Newcastle upon Tyne Hospitals
NHS Foundation Trust

Patient Services

Information for paid carers

Introduction

Welcome to The Newcastle upon Tyne Hospitals NHS Foundation Trust. This information aims to provide you with some practical advice and information when the person that you provide paid care to is in hospital. If you have any further questions, please do not hesitate to ask a member of staff.

Your role

The Sister / Nurse in charge will make an assessment of the patient's ongoing needs in hospital and assess what role you may have in this care. This will be documented.

Who will pay for the care I provide?

If the patient still needs the usual level of support while they are in hospital, this will be negotiated with the organisation who provides and commissions the service. If the patient is in receipt of direct payments for their paid carer they may wish to continue this whilst in hospital.

Trust policies and procedures

If you are providing care to a patient in hospital, there are a number of Trust policies that you will need to be aware of. You can find these policies on the Trust internet (http://www.newcastle-hospitals.org.uk/about-us/policies-and-procedures.aspx). You should be aware of the following:

- Confidentiality – Maintaining confidentiality is very important to all staff and individuals entering the Trust. We are bound by the Data Protection Act 2018, the Caldicott Principles and the NHS Code of Confidentiality. Please ensure any written information is secure and that conversations had about patients are not held in open areas and are kept anonymous if possible.

  If you have any particular queries relating to confidentiality and information security, please contact the Information Governance Team Information.Governance@nuth.nhs.uk

- Dignity and respect – The Trust is committed to creating a culture where everyone is treated with dignity and respect and promotes an environment which is free from harassment, intimidation, bullying or victimisation. We expect our staff to ensure that privacy and dignity of patients is maintained and to treat patients and their carers with respect at all times.

- Dress and Appearance – If you have a work uniform, please wear this along with any identification badge from your place of work. In addition, the Trust policy outlines that:
    - Staff are expected to maintain a high level of personal hygiene at all times
    - Footwear should be clean, safe and in a presentable condition.
    - Chewing gum is not permitted
    - Jewellery should be minimal and appropriate for work. For staff in clinical areas with patient contact, with the exception of one plain wedding ring and one pair of ear rings or a single ear ring (small plain metal studs only), no visible jewellery such as chains or watches can be worn.
    - Hair should be clean and well groomed
    - Make up should be discreet

- Moving and handling –
    - Moving and Handling Policy states that all patients who need assistance with moving and handling will have a moving and handling assessment performed. The staff will arrange this on admission.
    - Moving and Handling of the Bariatric (Plus Size) Patient – This policy details the equipment available for bariatric patients in meeting their moving and handling needs.

- Infection Prevention and Control (IPC)
  Key Policies

    - Hand Hygiene Policy
    - Isolation Policy
    - Standard Precautions Policy

    - **Hand Hygiene Policy**
        - Staff must be Bare Below the Elbows (BBE) i.e. no long sleeves, no wrist watches or bracelets, no nail varnish or long/artificial nail
        - **Alcohol based sanitiser must not be used with patients who are isolated for infective reasons**
        - Adhere to the 5 Moments for hand hygiene; before touching a patient, before clean/aseptic procedures, after body fluid exposure/risk, after touching a patient, and after touching patient surroundings.
        - Hand hygiene technique - ensure the correct technique is used for hand hygiene

- **Isolation Policy**
  - Some diseases can be transmitted to others and require source isolation, this may be in a bay or single cubicle. Key things to remember if your client is being isolated are

  - Wear gloves and an apron when in the area/cubicle (plus face protection as directed)

  - Encourage the patient to wash their hands i.e. before meals, after using the toilet and at other times as appropriate (this is good practice for all patients)

- **Standard Precautions Policy**
  - Gloves must be worn for all activities that carry a risk of exposure to blood, body fluids, secretions or excretions. This includes the cleaning of equipment
  - Gloves are worn as a single use item and must be disposed of into a clinical (orange) or offensive (yellow and black stripe) waste bag.
  - Gloves must be changed between care activities
  - Gloves must **never** be cleaned with alcohol based hand rub
  - Hands must **always** be washed after gloves are removed
  - Disposable plastic aprons must be worn to protect your clothing from blood and body fluids but also for close contact to prevent the spread of microorganisms.
  - Linen – wear an apron when changing beds and dispose of used linen straight into a linen bag at point of care.

Practical issues

- Meal breaks – Please discuss your break times with the nurse in charge of the ward each day so that we can ensure the patient is nursed appropriately during your break times.
- Catering facilities – Please ask the staff about the nearest catering facilities to the ward you are working on.
- Fire procedure – The fire alarms are tested on a regular basis. The staff will tell you what to do if they sound at any other time.
- Parking – Parking concessions are available if you are providing paid care to a patient. This would enable you to park for £3 per day / £21 per week / £40 per month. If you would like to request this concessionary rate, please ask the Sister / Nurse in charge to e-mail enquiries.carparking@nuth.nhs.uk and provide your name, vehicle registration(s) along with patient MRN, patient name and date of admission and likely period of concession (i.e. number of days. weeks or months).
- Smoking – Smoking or vaping is not allowed anywhere in the hospital buildings and grounds.

For further information and support

Please speak to the Sister/Nurse-in charge of the ward in which the person you provide care to if you need any further information.

Review April 2024

The Newcastle upon Tyne Hospitals NHS Foundation Trust

Equality Analysis Form A

This form must be completed and attached to any procedural document when submitted to the appropriate committee for consideration and approval.

PART 1

1. **Assessment Date:**

2. **Name of policy / guidance/ strategy / service development / Investment plan/Board Paper**:

Working in Partnership with Carers

3. **Name and designation of author:**

Tracy Scott, Head of Patient Experience

4. **Names & Designations of those involved in the impact analysis screening process:**

Caroline McGarry – Patient Experience and Involvement Officer Rachel Harper – Patient Relations Service Manager Louise Marshall – Patient Experience Co-ordinator

5. **Is this a:** Policy Yes Strategy □ Service □ Board Paper □

Is this: New Yes Revised □

Who is affected: Employees Yes Service Users Yes Wider Community □

6. **What are the main aims, objectives of the document you are reviewing and what are the intended outcomes?** *(These can be cut and pasted from your policy)*

The care provided in hospital and in the community is a partnership between patients, carers, families and the healthcare staff. The aim of this guidance is to ensure that:

- adult carers and young carers are identified
- the carer is involved in decisions and practical care of the patient, if they and the patient wish them to be
- the carers' practical needs are supported whilst the person they care for is in hospital.

Does this policy, strategy, or service have any equality implications? Yes
If No, state reasons and the information used to make this decision, please refer to paragraph 2.3 of the Equality Analysis Guidance before providing reasons:

7. Summary of evidence related to protected characteristics

Protected Characteristic	**Evidence** **What evidence do you have that the Trust is meeting the needs of people in all protected Groups related to the document you are reviewing–** please refer to the Equality Evidence within the resources section at the link below: http://nuth-vintranet1:8080/cms/SupportServices/EqualityDiversityHumanRights.aspx	**Does evidence/engagement highlight areas of direct or indirect discrimination?** For example differences in access or outcomes for people with protected characteristics	**Are there any opportunities to advance equality of opportunity or foster good relations**? If yes what steps will be taken? (by whom, completion date and review date)
Race / Ethnic origin (including gypsies and travellers)	Provision of Interpreters Information available in other formats on request Mandatory EDHR Training Trust partnership work with 3rd sector organisations BAME Staff Network	Section 6 includes the provision for interpreters whose first language is not English.	Equality Monitoring Review interpreting bookings
Sex (male/ female)	Single Sex accommodation policy Mandatory EDHR Training Trust partnership work with 3rd sector organisations	Consideration is given in section 6.5 to the provision for carers of the opposite sex to stay with the patient.	
Religion and Belief	Chaplaincy Team available for advice and support. Religion, Belief and Cultural Practices Policy and Guidance	No evidence that this protected group is discriminated in this policy	Though not mentioned in the policy - Chaplaincy support is available for carers and patients

Sexual orientation including lesbian, gay and bisexual people	Mandatory EDHR Training Trust partnership work with 3rd sector organisations Trust activities at Northern Pride LBGBT Staff Network	No evidence that this protected group is discriminated in this policy	
Age	Children and Young People's Services and Elderly Medicine Services Trust work in relation to Dementia Care Your'e Welcome Accreditation for Children and Young People's Services Services for teenagers for example Cancer Services Mandatory EDHR Training Trust partnership work with 3rd sector organisations	The policy gives specific details for working with young carers and older carers	
Disability – learning difficulties, physical disability, sensory impairment and mental health. Consider the needs of carers in this section	Accessible Information Standard Provision of BSL Signers and Deaf Blind Guides LD Liaison Nurse, flagging of learning disability and patient passport. Mandatory EDHR Training Trust partnership work with 3rd sector organisations Disability Staff Network	The policy gives specific guidance about working with carers of patients with learning disabilities or carers who have a learning disability	
Gender Re-assignment	Trust Gender Identity Working Group Mandatory EDHR Training Trust partnership work with 3rd sector organisations	No evidence that this protected group is discriminated in this policy	
Marriage and Civil Partnership	Mandatory EDHR Training	No evidence that this protected group is discriminated in this policy	

Maternity / Pregnancy	Maternity Services available for advice and support. Breast Feeding Policy and signage Mandatory EDHR Training Trust partnership work with 3rd sector organisations	No evidence that this protected group is discriminated in this policy	

9. Are there any gaps in the evidence outlined above. If 'yes' how will these be rectified ?

No

10. Engagement has taken place with people who have protected characteristics and will continue through the Equality Delivery System and the Equality Diversity and Human Rights Group. Please note you may require further engagement in respect of any significant changes to policies, new developments and or changes to service delivery. In such circumstances please contact the Equality and Diversity Lead or the Involvement and Equalities Officer.

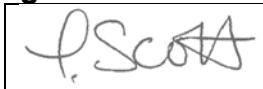
Do you require further engagement No

11. Could the policy, strategy or service have a negative impact on human rights? (E.g. the right to respect for private and family life, the right to a fair hearing and the right to education?

No – Carers are welcome in the Trust therefore the right to a family life is supported

PART 2

Signature of Author



Print name

Tracy Scott

Date of completion

29/04/2021

(If any reader of this procedural document identifies a potential discriminatory impact that has not been identified, please refer to the Policy Author identified above, together with any suggestions for action required to avoid/reduce the impact.)