



CARERS POLICY

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|--------------------------------|--|
| Department / Service: | All |
| Originator: | Associate Director of Patient Experience |
| Accountable Director: | Chief Nursing Officer |
| Approved by: | Patient & Carers Experience Committee & Trust Management Committee |
| Date of approval: | 17 th July 2015 |
| First Revision Due: | 17 th July 2017 |
| Target Organisation(s) | Worcestershire Acute Hospitals NHS Trust |
| Target Departments | Clinical and Medical |
| Target staff categories | All Staff |

Policy Overview:

Worcestershire Acute Hospital Trust (The Trust) recognises and values the vital role that carers play in the health and well-being of the people they care for. This policy sets out a framework to enable clear and effective communication between the Trust and patients' carers. The policy also aims to guide staff around raising awareness and informing good practice around carers' needs. The Trust recognises that carers can give valuable information on the patients' condition, needs and wishes. They may wish to help with in-patient care as partners and may be involved with the patients' care after discharge. We also recognise that carers do not always recognise themselves as carers and it is important for us to ask the right questions. The policy incorporates the 2014 Care Act and the 2015-17 Worcestershire Carers Strategy. It has been jointly drafted with Worcestershire County Council.

| Date | Latest Amendments to this policy: | By |
|---------|--|----------------|
| 17.7.15 | Major revision to incorporate 2014 Care Act, 2015-17 Worcestershire Carers Strategy and introduction of 'Information for Carers' leaflet across our sites. | Tessa Mitchell |

Contents page:

Quick Reference Guide

1. Introduction
2. Scope of this document
3. Definitions
4. Responsibility and Duties
5. Policy detail
6. Implementation of key document
 - 6.1 Plan for implementation
 - 6.2 Dissemination
 - 6.3 Training and awareness
7. Monitoring and compliance
8. Policy review
9. References
10. Background
 - 10.1 Equality requirements
 - 10.2 Financial Risk Assessment
 - 10.3 Consultation Process
 - 10.4 Approval Process
 - 10.5 Version Control

Appendices

Supporting Documents

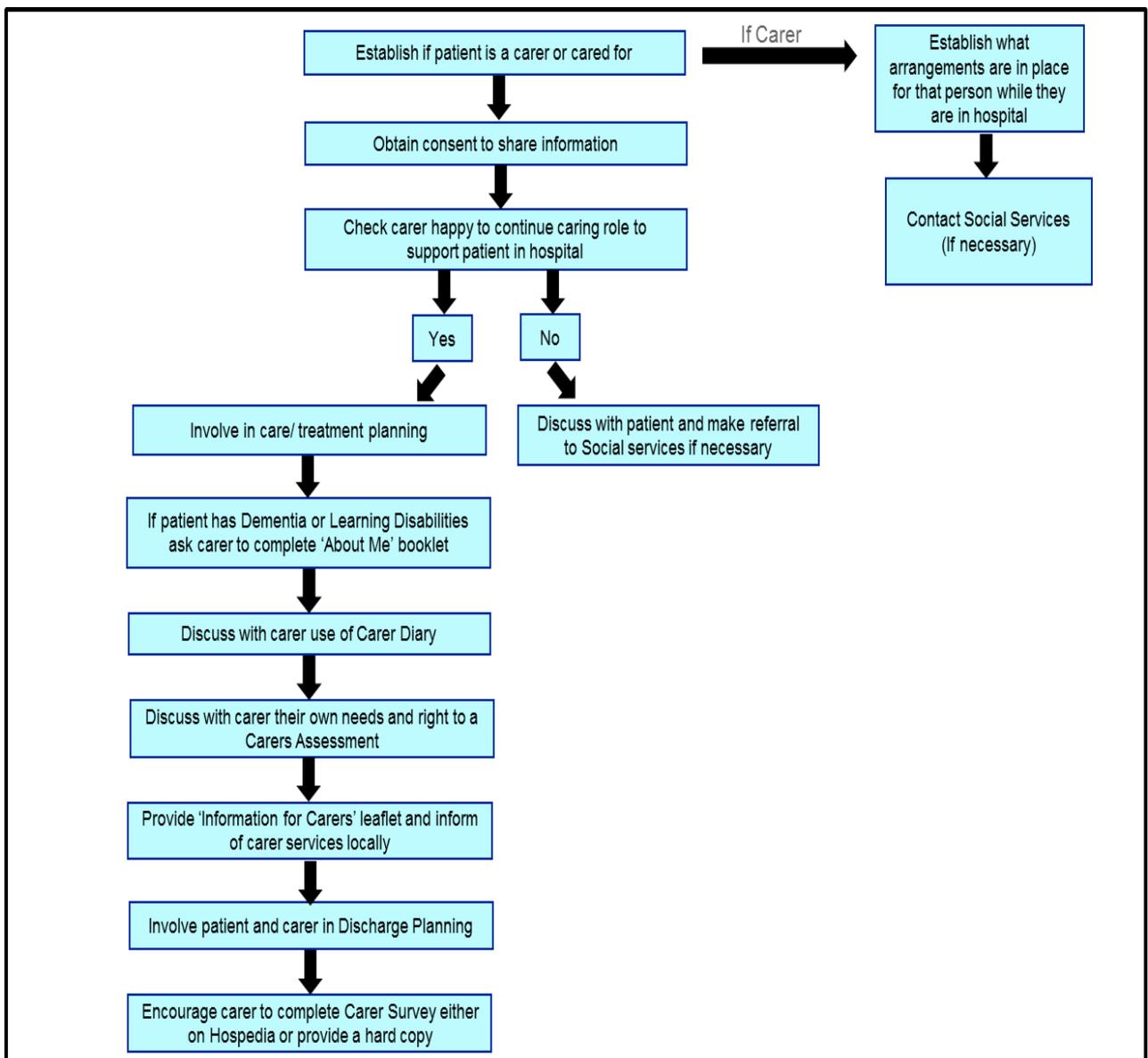
Supporting Document 1
Supporting Document 2

Equality Impact Assessment
Financial Risk Assessment

Quick Reference Guide

This policy, updated in June 2015, is intended to ensure that all Trust staff and volunteers recognise the positive contribution that carers can make to patients stays in hospital and in ensuring that discharge arrangements are effective and appropriate. It also covers the support and guidance available to carers to help maintain and improve their own wellbeing.

It encompasses the requirements of the Care Act 2014, NHS 5 Year Forward and a variety of other guidance and good practice which informs the way in which WAHT engages with and values carers in all the work that we do.



1. Introduction

1. There are estimated to be 63,685 adult carers and 1,300 young carers in Worcestershire (*Census 2011*).
2. WAHT is committed to ensuring that carers are identified, informed, involved and supported. We recognise that carers provide important support to patients and that working in partnership with them promotes recognition and involvement, and helps them continue in their caring role. When carers are identified, supported and involved, they are better able to continue in their caring roles and to ensure that their own health and wellbeing needs do not suffer as a result of their caring responsibilities.
3. We recognise that carers can become patients themselves and will then require advice and support regarding their own recovery as well as support and reassurance about the support the person they care for is receiving during their stay in hospital.
4. This Policy will ensure that WAHT contributes to the improvement of carers experiences of health and social care within Worcestershire through ensuring that our staff are aware of the importance of working with carers and are able to support them in accessing appropriate help and support. This includes the needs of young carers as outlined in the 2014 Children & Families Act and incorporates the recommendations of the NHS Five Year Forward
5. It will help support the objectives of the 2014 Care Act and 2014 Children and Families Act through working in partnership with Worcestershire County Council and helping to implement Worcestershire Carers Strategy 2015-17.
6. This Policy incorporates NHS England's Business Plan and Planning Guidance objective '*to ensure that the NHS becomes dramatically better at involving patients and their carers, and empowering them to manage and make decisions about their own care and treatment*'
7. It also supports the NHS Outcome Framework indicator that seeks to measure the health related quality of life for carers.
8. It will support the Francis Report recommendation that '*the provision of the right information to patients and their families at the right time is vital*'
9. It encompasses the NHS Constitution (Section 2A) pledge to patients that we '*will work in partnership with you, your family carers and representatives*'.
10. The Trust has information relating to carers on our intranet under Patient Information and on our public website www.worcsacute.nhs.uk/aboutus/carers

2. Scope of this document

This policy applies to all Trust staff and volunteers involved in patient care and improving patient and carer experience and has particular relevance and application to nursing and medical staff, emergency services staff, hospital based social workers, therapists, the Discharge Team, Safeguarding Adult and Children's Leads, Patient Experience Lead and PALS / Complaints staff.

This policy is also relevant to all patient carers and is applicable across all services provided by the Trust including those provided at sites other than those run by WAHT. It makes clear how we should

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| Carers Policy | | |
| WAHT-CG-663 | Page 4 of 18 | Version 4 |

engage and involve carers in patient care and ensure that they are aware of the support and advice that is available to them.

3. Definitions

Worcestershire Carers Strategy 2015-17 defines a carer as:

‘Someone of any age who provides unpaid support to family or friends who could not manage without this help. This could be caring for a relative, partner, a child or friend who is ill, frail, disabled or has mental health or substance misuse problems’.

The definition includes :

Adult Carers – any adult who provides care to another adult but who is not under contract to do so or as part of voluntary work. Care includes practical support such as providing assistance to enable someone to carry out basic care activities, accessing necessary facilities or services, or engaging in work, education, training or volunteering. It also includes emotional support.

Young Carers – any young person under the age of 18 who is in some way affected by the need to take physical, practical and / or emotional responsibility for the care of another person., often taking on a level of responsibility that is inappropriate to their age or development.

Parent Carers – an adult who provides or intends to provide care for care for a disabled child for whom the person has parental responsibility.

Carers may be in full or part time employment or studying and do not necessarily live with the person they care for. Some carers receive Carers Allowance. This is not a payment for their caring work but a recognition of the extra costs associated with being a carer. Some may have a disability and be vulnerable themselves. Many people who care do not recognise themselves as carers and may not realise what support is available to them.

4. Responsibility and Duties

WHAT has a duty to identify, inform, involve and support carers as detailed in this policy in line with the legislative requirements and best practice guidance contained in Section 9.

The **Trust Board** has overall responsibility for ensuring compliance with the requirements of this Policy.

The **Chief Nursing Officer** has delegated authority.

The **Associate Director for Patient Experience** is responsible for co-ordinating policy implementation.

The **Divisional Directors of Nursing** are operationally responsible for ensuring that this policy is rolled out Divisionally.

The **Lead Nurse for Patient Experience** is the Carers Lead within the Trust and will provide regular Carers Reports highlighting carer feedback and any improvements to services as a result of this.

Matrons are responsible for ensuring that the requirements and standards of this policy are effectively managed within their Departments and that their staff are aware of and implement them.

Sisters / Charge Nurses are responsible for ensuring that the requirements and standards within this policy are effectively managed within their clinical areas including ensuring that each area has a named Carers Champion and that carers information is widely promoted and available.

Emergency Care Staff are responsible for identifying if a patient admitted to the department is also a carer and if so to check what arrangements have been made for the person cared for and to refer to adult / children's services if appropriate.

The **Patient Advice and Liaison Service (PALS)** will provide support, advice and guidance to carers who contact them in relation to services provided by the Trust as well as signposting to external sources of support and advice, such as Worcestershire Carers Association. They will facilitate the speedy resolution of concerns raised by carers by listening, providing information, liaising, and negotiating with staff colleagues. They will also provide information to carers in relation to Trust's processes and policies for carers, including how to access in alternative formats as required, and where requested provide reports identifying any carer's issues arising from the PALS queries and concerns.

The **Complaints Team** will identify trends from complaints where complaints are raised by carers or their families and provide, when requested, reports identifying any carer's issues arising from complaints

All Clinical Staff are responsible for following the procedures and guidance in this policy to ensure that carers are identified, informed, involved and supported. In doing so they will :

- Recognise the contribution of carers as expert partners in care, ensuring that carers are involved and treated with dignity.
- Enable carers, along with the person they support, to help design care and support which meets the patient's needs.
- Provide information and signpost carers to carers support services / organisations.
- Seek to identify caring roles undertaken by either the patient, or the patient's carer that will not be undertaken by the patient while in hospital and how these will be taken care of in the community.
- Signpost the carer to the PALS service where issues cannot be resolved locally.
- Report to social services any safeguarding concerns in relation to carers / patients being subject to any kind of abuse. **(See Safeguarding Children and Adults Policies)**

Patient and Carer Experience Committee is the monitoring committee and is responsible for overseeing the Trusts 'Patient, Public and Carer Experience and Involvement Strategy' and assigning actions to address any gaps and deficiencies identified by the monitoring procedure.

5. Policy Detail

5.1 Identification of Carers

- Wherever possible, carers will be encouraged and enabled to self-identify. Information about caring that is made available to carers will help encourage and enable carers to make themselves known to staff.
- When a patient attends an appointment, they should be asked if they have a carer (not a paid care worker) and if they want this person involved in their hospital care. If the patient lives in supported housing their support worker may be the best person to provide hands on care in a hospital setting eg: profoundly disabled adults admitted from care homes. Some homes will provide staff to stay with patients. Staff will ensure that this information is

recorded in the notes / electronic records. If the patient is unable to indicate who their carer is staff should speak to their visitors, and contact social services / their GP to obtain this information.

- When a patient attends an appointment, staff will also identify if the patient is also a carer.
- When a patient first accesses any Trust service the patient's carer will be given the opportunity to share the patient's history and staff will address and reduce the carer's concerns. In some cases 'The About Me' booklet will be the most appropriate way of sharing information and copies of these are available on the Trust intranet <http://nww.worcsacute.nhs.uk/departments-a-to-z/patient-information/>
- Staff will recognise that some carers will be reluctant to discuss their difficulties in front of the patient and therefore the carer should be offered a confidential place in which to talk.
- Consideration should be given to whether an interpreter is needed when holding discussions with carers and the situation assessed according to the carers and patient's needs.
- The confidentiality of both the patient and the carer must be respected at all times. The patients consent (or otherwise) regarding the disclosure of personal information about his / her diagnosis, treatment and care needs must be documented. If the patient is incapable of making this decision then the Trust has a duty to act in the patients 'best interests' and this must be documented in the patients notes.

Further information and guidance on confidentiality, mental capacity and consent is available at the following links:

<http://nww.worcsacute.nhs.uk/departments-a-to-z/clinical-governance/>
<http://nww.worcsacute.nhs.uk/departments-a-to-z/mentalcapacity/>

- Staff will establish what support is being provided by the carer and will record this in the notes. If there are any difficulties or particular issues, for example the carer being a young carer or with health needs of their own, this will be recorded in the notes and appropriate action taken to ensure individual needs are safeguarded and met.
- The carer should be asked if they are willing and able to take on or continue caring for the patient after discharge.
- Staff need to be mindful that the circumstances of some carers can be negatively impacted by caring responsibilities. For example, the unborn child of a pregnant carer could be placed at risk from lifting and handling a patient. Such issues need to be considered and addressed.
- If a carer has a disability, Trust policies and procedures must be referred to and enforced, to ensure the carer is appropriately supported and involved.
- Staff will establish whether the carer would benefit from further information or support. This is particularly important if the carer has been finding the caring role difficult; if the carer is a young carer; if caring responsibilities are likely to increase upon discharge; if a person is new to the caring role. If there are such difficulties, staff will advise the carer of the appropriate support services. The 'Information for Carers' leaflet, jointly prepared with Worcestershire Carers Unit is available on the intranet at <http://nww.worcsacute.nhs.uk/departments-a-to-z/patient-information/>

5.2 Involvement of Carers

- Carers will be recognised as expert care partners. They will be treated with dignity and their knowledge and experience will be respected and valued.
- With the patients consent carers will be included in discussions for current and future care. Patients will be encouraged to plan, when well, for what they would like to happen if or when they become unwell for example Advance Care Plan. This includes involvement of family members and consent to share information.

- Patients will be encouraged to recognise the benefits of sharing relevant and appropriate information with carers. These benefits can be both practical and personal and practical.
- If a carer shares information with Trust staff, it should only be shared as appropriate and with their consent. Carers have the right to their own confidentiality with limitations according to Trust Safeguarding and Confidentiality Policies.
- Staff will encourage carers to use Carers Diaries on wards.
- Carers will be asked if they wish to be involved in supporting the patient whilst services are being accessed. For example, in a hospital setting, some carers may wish to be involved in assisting the patient at mealtimes. If necessary, and if the patient also wishes this, carers should be involved in this way.
- For children with additional health needs, WAHT works closely with partner agencies to secure optimum outcomes for children and parents through the Early Support programme and Common Assessment processes to help support parents in their role as carers.
- Carers will be invited to attend medical reviews and appointments providing consent has been given by the patient.
- Carers will be included on the patient's care plan and, where possible, they should be involved in the development of the plan along with the patient. Treatments and medications, and their management, will be explained to carers.
- Carers will be consulted about all aspects and at all stages of discharge planning and need to be involved in decisions around discharge dates. Carers will also be informed about any longer term support needs of the patient.
- Carers will be invited to contribute to discussions around service developments, and encouraged to complete our Carers Survey.

5.3 Support for Carers

- Carers will be asked about the extent to which they want to be involved in the patients care whilst they are in hospital. In order to provide support, recognised carers will need flexible access to the ward and should be offered drinks at regular intervals and encouraged to take breaks.
- They will be given information about the hospital and the ward, including routine, staff and facilities as well as information about the service / treatment and what can be expected.
- All carers will be supported to be involved in key decisions and to express any fears and concerns that they may have in maintaining their caring role.
- All carers will be provided with information on where to obtain support and advice including copies of our 'Information for Carers' leaflet and encouraged to apply for a carer's assessment through the Worcestershire Health and Care Access Service.
- Carers should be offered opportunities to meet with members of nursing staff to discuss concerns or to obtain support. Through this as a Trust we will actively engage with carers and focus on their wellbeing.
- All carers who themselves have a disability or specific needs will have reasonable adjustments made in order that they can be fully involved and informed about a patients care. This may include a carer with a learning disability or a physical disability or both.
- Appropriate interpreting services will be available as required.
- Open or flexible access to wards by carers will inevitably be restricted due to ward activities, protected meal times and infection control. However, carers should be advised that other arrangements may be possible in certain circumstances (for example working families) if agreed with the nurse in charge.
- Requests from carers to stop overnight on a ward should be assessed by the nurse in charge. It is recognised that in some wards this is not possible. Where it is possible, carers should be offered a side room if available, but otherwise a relative's room or day room or a recliner chair at the patient's bedside.

5.4 Young Carers

- Young carers are particularly vulnerable. Young carers take on responsibilities that would normally be given to adults, which can limit the time they spend being children and young people.
- If a young carer is carrying out tasks inappropriate for a child of their age, additional support should be considered for the adult in need of care. Trust staff should also consider child safeguarding processes.
- All young carers under the age of 18 have a right to a young carer's assessment on the appearance of need, regardless of who they care for, what type of care they provide or how often they provide it. A referral can be made to WCC Children's Services to undertake such an assessment.
- Where the caring responsibilities that a child undertakes has an impact on their health and well-being, the child should be referred to Worcestershire County Council Children's Services as a child in need, to enable a full and holistic assessment of their needs
- In consultation with the young person, and with their consent, Trust staff need to ensure that any educational establishment that a young person is attending is made aware of their caring responsibilities.
- Young carers need information and support to help them in their caring role. This can be obtained by referring them to Worcestershire Young Carers who provide information and support to young carers up to the age of 25 years, including the transition to adult services for young carers aged between 16 and 25 years.
- No health care / community package should rely on the caring role of a young person under the age of 18. All services have a role to play in identifying young carers and ensuring that they are supported and able to make informed choices about the level of caring that they take on.
- All of the above reflect the Trusts commitment to meeting the requirements of the 2014 Children and Families Act including the right to an assessment and proactively identifying their needs.

5.5 Parents as Carers

- Staff should ascertain if the parent's caring responsibilities are new or well established and ensure that they are made aware of their right to a carer's assessment on the appearance of need.
- Personal health information including a realistic assessment of continuing needs can usually be given to parents or carers of children under 16 years.
- Exceptions to this may be a child seeking confidential care or advice where they are deemed to be Fraser competent. This wish should be considered with regard to the overall safety and wellbeing of the child. The child's wishes should be respected if this would not result in them coming to significant harm.
- Parents as carers for their child need information about their child's care requirements to successfully plan managing their caring responsibilities at home. Well-informed staff and good communication between the various parties can normally resolve any conflict between the young person and his or her carers.
- 16 and 17 year olds should usually be asked for their consent to share health information with their parents or carers. The transition to requesting consent should be handled sensitively with involvement of parents.
- In cases of young adults with learning difficulties the carers still need information. Every effort must still be made to involve the patient in decisions about the disclosure of their personal health information to their parents / guardian. (Check that the parents do have formal parental authority if the young adult has limited capacity to make decisions. An unmarried father usually does not have legal parental authority).

- Where both parents have parental responsibility for a child but do not live together it is important to ensure that both are included in any discussions or decisions about their child's care.

6. Implementation

6.1 Plan for implementation

This Policy will be launched after approval from the Patient and Carer Experience Committee and is effective immediately.

6.2 Dissemination

This Policy will be disseminated via Trust Managers including Matrons and Ward Managers and via staff updates on the intranet.

6.3 Training and Awareness

Training will be provided in accordance with WAHTs Training Needs Analysis. Awareness raising about carers and their needs will be available to all staff and volunteers who have direct patient contact. This is also included in preceptorship training.

Worcestershire Association of Carers Carers Unit provides the information and signposting to carers and professionals

www.carersworcs.org.uk/

Further information is available on Worcestershire's Your Life, Your Choice website futurelives@worcestershire.gov.uk

E-learning is also available via link <http://worcestershire.learningpool.com/> and access the carer aware module.

Management and monitoring training will be incorporated within the Trust's Learning and Development Policy.

7. Monitoring and compliance

Monitoring and compliance will be reported quarterly to the Patient Experience Committee and annually to the Trust Board. These reports will incorporate the following actions, audits and reporting frameworks.

| Page/ Section of Key Document | Key control: | Checks to be carried out to confirm compliance with the Policy: | How often the check will be carried out: | Responsible for carrying out the check: | Results of check reported to: <i>(Responsible for also ensuring actions are developed to address any areas of non-compliance)</i> | Frequency of reporting: |
|--|---|--|--|---|--|-------------------------|
| | WHAT? | HOW? | WHEN? | WHO? | WHERE? | WHEN? |
| Identification P6 | At point of admission staff will ascertain if the patient has or is a carer. | This will be recorded in our documentation. If necessary information will be shared with other agencies to ensure that if the patient is a carer for someone else that that support is maintained whilst the carer is in hospital This will be audited quarterly through the Carers Identification on the Admission Audit Tool. It is also incorporated in the carer's survey. | On admission | Member of staff admitting patient. | Matrons/ Ward Managers | 4 times a year |
| | Consent should be obtained from the patient to involve the carer in their care and future discharge arrangements | Consent forms completed and recorded in patient documentation. This is included in the Carers Survey and will be audited quarterly. | As close to admission as possible (1-2) days | Named Nurse | Matrons / Ward Managers | 4 times a year |
| P6 | The 'About Me' booklet to be completed with carers for all patients who are unable to share information themselves. | Recorded in documentation and booklet used by staff to engage with patient and understand needs and preferences. This will be audited on ward | As soon as possible after admission | Named Nurse | Matrons / Ward Managers | 4 times a year. |

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| | | visits by Healthcheckers, Quality Reviews, PPF Visits and in the Carers Survey. | | | | |
| Involvement Pp7/8 | Carers should be recognised as expert care partners, treated with dignity and their knowledge and experience respected and utilised. This should include care planning and planning for discharge. | Involvement recorded in documentation including care planning and discharge arrangements. This will be audited quarterly through spot checks, patient surveys, Carer Surveys and PALS / Complaints information. | Ongoing throughout stay and during discharge planning. | Named Nurse | Matrons / Ward Managers | 4 times a year |
| Support P8 | Carers to be asked if they are able to continue their caring role and whether they need any help / support to do this. Staff need to be particularly vigilant in respect of young carers. | Recorded in documentation. Spotchecks. Carer Survey. Complaints / PALS feedback. Social Work referrals. | Ongoing throughout patients stay. | Named Nurse | Matrons / Ward Managers | 4 times a year. |
| | Carers will be provided with our 'Information for Carers' leaflet and signposted to other sources of help and support. | Recorded in documentation. Spotchecks and Carer Surveys / Complaints / PALS feedback. | Ongoing throughout patients stay | Named Nurse | Matrons / Ward Managers | 4 times a year |
| Overarching | Carers issues to be regularly monitored | Via surveys, complaints / PALS and other feedback mechanisms | Quarterly | Lead Nurse for Patient Experience | Reports to Patient and Carers Experience Committee | 4 times a year |
| | Achievement of objectives in our 'Patient, Public and Carer Experience and Involvement Strategy' 2013-17 | Regular reviews incorporating above feedback and achievements | Half yearly | Lead Nurse for Patient Experience | Reports to Patient and Carers Experience Committee | 2 times a year. |

8. Policy Review

This policy will be reviewed every 2 years or sooner if there is a legislative / guidance change.

9. References

This policy should be read in conjunction with the following Trust Policies and documents :

| Name | Code |
|--|----------------|
| Safeguarding Adults Policy | WAHT-CG-055 |
| Safeguarding Childrens Policy | WAHT-CG-445 |
| Policy for Assessing Mental Capacity and Complying with the Mental Capacity Act 2005 | WAHT CG-752 |
| Missing In Patients Guidance | WAHT-NUR-084 |
| Guidelines for the Assessment of and prevention Strategies for People Who Self Harm | WAHT-NUR-069 |
| Patient Discharge Policy | WAHT – CG- 679 |
| Policy for Access and Delivery of Interpreting Services | WAHT –CG-682 |
| Policy for Supporting Adults with Learning Disabilities When Accessing Acute Hospital Services | WAHT – CG-770 |
| Guideline for Good Practice at Mealtimes | WAHT-NUR-047 |
| Privacy and Dignity Policy | WAHT-CG-433 |
| Policy for consent to examination or treatment | WAHT-CG-075 |
| Care After Death / Last Offices Guidance For the Adult Patient | WAHT-NUR-066 |
| WAHT – ‘Patient, Public and Carer Experience and Involvement Strategy 2013-17’ | |

External documents which have a direct impact on this policy include:

References:

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| Worcestershire Carers Strategy 2015-17 http://www.carersworcs.org.uk/news/worcestershire-carers-strategy-2015-2017.html |
| The Care Act 2014 https://www.gov.uk/government/publications/care-act-2014-statutory-guidance-for-implementation |
| NHS England Commitment to Carers 2014 |

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| www.england.nhs.uk/wp-content/uploads/2014/04/ppf-1415-1617-wa.pdf |
| 2014 Children & Families Act http://www.legislation.gov.uk/ukpga/2014/6/section/97/enacted |
| NHS Five Year Forward 2015 http://www.england.nhs.uk/ourwork/forward-view/ |
| WAHT 'Patient, Public and Carer Experience and Involvement Strategy 2013-17' |
| The National Carers Strategy, 'Carers at the Heart of 21st Century Families and Communities' 2008 -2018 https://www.gov.uk/government/publications/the-national-carers-strategy |
| The Francis Report 2013 http://www.midstaffpublicinquiry.com/report |
| The NHS Constitution for England, 2012 https://www.gov.uk/government/publications/the-nhs-constitution-for-england |
| NHS England's Business Plan and Planning Guidance http://www.england.nhs.uk/wp-content/uploads/2014/04/ppf-1415-1617-wa.pdf |
| NHS Outcomes Framework (2014/15) https://www.gov.uk/government/publications/nhs-outcomes-framework-2014-to-2015 |
| Census 2011 http://www.ons.gov.uk/ons/guide-method/census/2011/index.html |
| The Equality Act 2010 http://www.legislation.gov.uk/ukpga/2010/15/contents |
| Healthcare for All 2008 http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_106126.pdf |
| The Mental Capacity Act 2005 http://www.legislation.gov.uk/ukpga/2005/9/contents |

10. Background

10.1 Equality requirements

The Trust is committed to ensuring that as far as is reasonably practicable, the way we provide services to the public and the way we treat our staff reflects their individual needs and does not discriminate against individuals or groups on any grounds.

This policy aims to ensure that carers experiences of care and support when using WAHT services are positive and are delivered consistently and appropriately. It will assist staff in recognising and promoting the rights of carers to be fully involved in individual patient care and that their own needs as carers are also met. This supports the 2015-17 Worcestershire Carers Strategy and the Trust is an active partner in this with Worcestershire County Council.

The policy recognises that carers can be any age and can have a disability themselves. The policy promotes inclusion and the recognition of different needs including those who may often be marginalised or who rarely ask for help.

10.2 Financial risk assessment

There are no financial implications for the implementation of this policy.

10.3 Consultation

Consultation regarding this updated Policy has taken place with a range of internal and external stakeholders including Worcestershire Carers Unit, patients and carers and staff.

Contribution List

This key document has been circulated to the following individuals for consultation:

| Designation |
|--|
| Worcestershire Carers Unit |
| Involved Patients including our PPF members and individual interested patient and carers |
| Divisional Directors of Nursing |
| Divisional Quality Governance Leads |
| Lead for Safeguarding Adults |
| Lead for Safeguarding Children |
| Matrons and Senior Nurses |
| Carer Champions |

This key document has been circulated to the chair(s) of the following committee's / groups for comments;

| Committee |
|--|
| Patient and Carer Experience Committee |
| Patient & Public Forum Members |

10.4 Approval Process

This policy will be approved by the Trust Management Committee and Patient, Carer Experience Committee.

10.5 Version Control

This section should contain a list of key amendments made to this document each time it is reviewed.

| Date | Amendment | By: |
|----------|---|----------------|
| 17.7.15 | Incorporation of 2014 Care Act, 2015-17 Worcestershire Carers Strategy and introduction of 'Information for Carers' leaflet across our sites. | Tessa Mitchell |
| 20.09.11 | Amendment of Sections 5.7 & 5.8 | Gabby Hemming |
| 05.07.11 | Policy Overview | Gabby Hemming |
| 25.05.11 | Addition of Audit Tools | Gabby Hemming |

Supporting Document 1 - Equality Impact Assessment Tool

To be completed by the key document author and attached to key document when submitted to the appropriate committee for consideration and approval.

| | | Yes/No | Comments |
|-----------|---|--------|--|
| 1. | Does the Policy/guidance affect one group less or more favourably than another on the basis of: | | |
| | • Race | No | Applicable to all |
| | • Ethnic origins (including gypsies and travellers) | No | Applicable to all |
| | • Nationality | No | Applicable to all. Emphasises need for appropriate interpreting services as required. |
| | • Gender | No | Applicable to all |
| | • Culture | No | Applicable to all. Recognition that some 'carers' do not see themselves as carers particularly in some cultures. |
| | • Religion or belief | No | Applicable to all |
| | • Sexual orientation including lesbian, gay and bisexual people | No | Applicable to all |
| | • Age | No | Applicable to all and has a section dedicated specifically to Young Carers. |
| | • Disability | No | Disability is recognised along with the need to ensure appropriate adjustments are made as necessary. |
| 2. | Is there any evidence that some groups are affected differently? | Yes | Young Carers who are covered specifically in the policy |
| 3. | If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable? | No | |
| 4. | Is the impact of the Policy/guidance likely to be negative? | No | |

| | | | |
|-----------|---|-----|--|
| 5. | If so can the impact be avoided? | N/A | |
| 6. | What alternatives are there to achieving the Policy/guidance without the impact? | N/A | |
| 7. | Can we reduce the impact by taking different action? | N/A | |

This policy has included consideration of all 9 protected characteristics and recognises that some carers may be more vulnerable than others. It promotes inclusion and support for all carers including the most vulnerable, recognises links with our safeguarding leads and promotes partnership working. It also recognises that carers have the right to a private and family life and that their wishes need respecting.

We recognise that natural bias presents a risk of potential discrimination in human relationships and communication and we therefore require all staff to complete regular Equality and Diversity training updates.

If you have identified a potential discriminatory impact of this key document, please refer it to Assistant Manager of Human Resources, together with any suggestions as to the action required to avoid/reduce this impact.

For advice in respect of answering the above questions, please contact Assistant Manager of Human Resources.

Supporting Document 2 – Financial Impact Assessment

To be completed by the key document author and attached to key document when submitted to the appropriate committee for consideration and approval.

| | Title of document: | Yes/No |
|----|--|---------------|
| 1. | Does the implementation of this document require any additional Capital resources | No |
| 2. | Does the implementation of this document require additional revenue | No |
| 3. | Does the implementation of this document require additional manpower | No |
| 4. | Does the implementation of this document release any manpower costs through a change in practice | No |
| 5. | Are there additional staff training costs associated with implementing this document which cannot be delivered through current training programmes or allocated training times for staff | No |
| | Other comments: This is an update to an existing policy document | |

If the response to any of the above is yes, please complete a business case and which is signed by your Finance Manager and Directorate Manager for consideration by the Accountable Director before progressing to the relevant committee for approval