

Carer's Policy

V2.1

16/05/16

Summary

Addressing Carers Needs.

Ten points to consider beginning with a recognition of the carer's role.

Information for healthcare staff on consent to disclose information

Explains the process for disclosing information to the carer.

Offering choices to carers

Allow carers time to make choices about whether to take on or continue in the role of carer.

Offering carers an assessment

Inform carers about their right to a Carer's Assessment, an assessment of their needs in relation to their caring role.

Supporting and Involving Carers providing care in hospital

Carers provide support to the 'cared for' person at home so following admission they may wish to be involved in moving and handling, medication, personal hygiene, eating and drinking, infection prevention and discharge planning.

Providing support for carers

Accessing resources and support from a range of sources.

Staff who are also carers

Carers Passport available for carers

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1. Introduction

1.1. This document introduces the Royal Cornwall Hospital Trust's approach to addressing the needs of carers. It includes a policy statement on the importance of addressing the needs of carers, defines what a carer is and offers guidelines for staff on how to actively engage carers, recognising and supporting them in line with national and local carer strategy and policy.

1.2. This version supersedes any previous versions of this document.

2. Purpose of this Policy/Procedure

2.1. This document sets out the best practice guidance for staff working in the Royal Cornwall Hospitals Trust (RCHT). Carers play a role that is vital; comparatively minor but coordinated changes to the Trust's response to carers and their need for recognition and support would enable the organisation to deliver excellent services that also accommodate carers. Not only would carers benefit from the Trust adopting a proactive approach, but the Trust could also expect that better communication and structured interaction with carers would result in better outcomes for both patients and their carers. This policy has been adapted from the Royal Devon and Exeter Foundation Trust Policy, with their kind permission.

2.2. The Royal Cornwall Hospital Trust recognises that carers play an important role in the continuing care of many of its patients following discharge, effectively picking up patients' health and other care needs in the community. By implementing best practice, the Trust wishes to promote the health and independence of carers. It will achieve this by

- identifying and recognising carers of all ages and recognising them as equals and expert partners in their caring role.
- ensuring carers are aware that they have certain rights, including the right to a carer's assessment.
- enabling them to make choices about their caring role.
- actively seeking patients' permission to share information with carers.
- involving carers in patients' discharge planning.
- offering relevant support .
- monitoring their experience and satisfaction through surveys and carer organisation feedback.
- identifying and supporting patients with a caring responsibility.
- keeping carers informed of patient condition.
- helping carers to access the support and services available to them via Cornwall Carers Service.

2.3. Carers who are patients themselves may have a special need for both a longer convalescence and more respite care for the person they look after. They may need additional support on discharge, as well as to be directed to sources of support. It is envisaged that the Trust will also benefit from the improved communication, involvement and appropriate support offered to carers; benefits such as fewer delayed discharges, reduce incidences of hospital readmissions, fewer carer-generated complaints and better customer relations with users and carers. Better informed and supported carers are also less likely to break down under the strain of

caring, something which can lead to the emergency readmission of patients, sometimes with their carers.

3. Scope

3.1. The content of this document applies to all staff groups working in RCHT.

4. Definitions / Glossary

4.1. A carer is someone who, by looking after a frail, ill or disabled partner, relative, friend or neighbour, enables them to stay at home, or to return to it. Without the carer's care, the cared-for person might remain longer in hospital than necessary, or be in intermediate or transitional care, or in a residential or nursing home. These beds and places are in short supply; carers are providing a service that frees the healthcare professionals to care for those who need acute care or specific rehabilitation.

- These carers are not paid for the care they provide, although some are eligible for benefits payments.
- Carers come in all ages, both genders, and from all walks of life, cultures and background. Some carers are 'hidden' because their background or culture does not acknowledge their caring role.
- At least one third of carers are 60 or older; many others care for an older person.
- Carers who are themselves patients may have special needs which will have to be taken into consideration.
- Carers have rights, including the right to refuse to take on or continue the responsibility of caring for someone and the right to an independent assessment of their caring role; these are legal rights.
- Carers also have needs for information about the condition of the patient, i.e. should deterioration occur or post discharge information and training which will support them in their caring role.

4.2. Young Carers

4.3. The Children Act 2004 needs to be considered at all times. A significant number of carers are children or young people.

- A young carer is a child or young person whose life is affected by caring for someone with a physical or learning disability, or who has mental health problems, over and above "just helping out".
- Young carers have caring responsibilities that would normally be expected only of an adult.
- The person they care for will usually be a parent, a brother or sister, or a grandparent.
- A young carer may be caring for parents who misuse drugs and alcohol.
- No health care/community care 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 responsibility that they take on.

- Trust staff identifying young carers need to be aware that there are a range of services for young carers in Cornwall. The time the cared for spend in hospital can be a stressful time for your carers. They will need reassurance that the actions taken by health professionals are in the best interests of the whole family. All referrals should be made to the Kernow Young Carers Project via <http://kernowyoungcarers.org/>, or Telephone 01209 204565.
- In collaboration with carers, reassurance is to be provided that any issues will be resolved in the best interest of the whole family.

Sometimes a young carer (0-18 years of age) is in need of support and protection themselves, which may require a safeguarding referral to another agency. If you consider a child protection or children in need referral is required advice and support can be sought from your Named Professionals their contact details are available on the health intranet at <http://intra.cornwall.nhs.uk/Intranet/AZServices/C/ChildProtection/ChildProtection.aspx> Alternatively information on 'how to make a 'referral' to Children social worker can be gained from the local child protection procedures at www.swcpp.org.uk

4.4. Parents as Carers

4.5. Parents are sometimes also their child's carers, in the sense that the child may have additional needs and require more care or specific treatments from his or her parents or guardians. In all cases, parental responsibility must be established before proceeding.

4.6. The Children Act 2004 needs to be considered at all times. Good communication and documentation between Trust staff and parents (or guardians) who are their child's carers is essential.

- Find out if the parents' caring responsibilities are new or well established and document the data; new carers will almost certainly have quite different concerns and needs compared to those of established carers.
- Staff will need to learn from parents who are experts in their child's care management.
- Parents who are also their child's carers need to have their additional role recognised by Trust staff.
- Staff should be proactive about offering parents as carer's information and support, help to access the services and support available via Cornwall Carers Service.
- Any training in a technique which will make it easier for the parents as carers to look after their child at home must be carried out by qualified staff following clear teaching plans based on best practice.
- The disclosure of a young child's personal health information including a realistic assessment of his or her continuing care needs to his or her parents who are also the carers is normally straightforward.

- Personal health information concerning a child under the age of 16 can be given to his or her parents or legal guardians, subject to the child's agreement and his or her being assessed against the Fraser guidelines (formally Gillick competent).
- With older children who have the capacity to comment on their treatment and care management, the situation can be more complex, and may have to take into account a child's own need for privacy and autonomy.
- Parents, as carers of their child, need information about their child's care requirements to successfully plan managing their caring responsibilities at home. In order to achieve this, parents may benefit from a carers assessment.
- Well-informed staff and good communication between the various parties can normally resolve any conflict between the needs of the young person and those of his or her carers.
- In cases of young adults with learning disabilities, the carers still need information even though every effort should be made to involve the patients in decisions about their discharge and care needs at home, as well as the disclosure of personal health information to their parents. The Trusts Learning Disability Liaison Nurse can be contacted for further advice and support.
- Check that parents are also the patient's guardians if the young adult has limited capacity to make decisions. This is required to ensure that the parent or guardian has legal responsibility for the 'cared for' young person.
- Where families are divided, staff may need to take specialist advice about how to handle the needs of perhaps two parents who share or intend to share responsibility for their child's care, yet live apart.

4.7. Carers of people with learning disabilities

- The Trusts Learning Disability Liaison Nurse Service can be contacted to answer any questions or offer support.
- "Carers of people with learning disabilities should benefit from all mainstream carers initiatives" Department of Health (2001) Valuing People: A New Strategy for Learning Disability for the 21st Century.
- "Family and other carers should be involved as a matter of course as partners in the provision of treatment and care, unless good reason is given and Trust Boards should ensure that reasonable adjustments are made to enable and support carers to do this effectively. This will include the provision of information, but may also involve practical support and service coordination". Healthcare for All (July 2008).

5. Ownership and Responsibilities

5.1. Chief Executive

The Chief Executive and wider Trust Board have key roles and responsibilities to ensure the Trust meets requirements set out by statutory and regulatory authorities such as the Department of Health, Commissioners and the Care Quality

Commission. The Trust's Chief Executive has overall responsibility to have processes in place to:

- Ensure that clinical staff are aware of this policy and adhere to its requirements
- Ensure that appropriate resources exist to meet the requirements of this policy

5.2. Executive Directors

The Executive Directors are responsible for ensuring that all operational managers in their area are aware of this policy, understand its requirements and support its implementation with relevant staff.

5.3. Associate Medical Director/Consultants

The Associate Medical Director and Consultants are responsible for ensuring procedures are understood and carried out by medical staff involved in the implementation of this policy.

5.4. Ward/Unit Managers

Ward/Unit Managers are responsible for implementing the policy with their immediate staff and ensuring that they carry out the duties prescribed in this policy.

5.5. Members of Clinical Teams

Clinical team members have responsibility to comply with the requirements of this and associated policies and have a legal duty to have regard to it when working with, or caring for adults who may lack capacity to make decisions for themselves.

6. Standards and Practice

6.1. Addressing Carers Needs

6.2. The Trust considers that there are Eleven stages to addressing carers' needs:

6.2.1. Carers frequently fail to think of themselves as such, regarding themselves as partners, parents, relatives, friends or neighbours. Good communication skills will be needed by staff to elicit this information positively.

6.2.2. Carers need to be identified as early as possible. In the case of elective procedures, it may not yet be possible to obtain this information from the referring GP. Carer identification is part of pre-admission procedures and documentation and will help to identify discharge issues.

6.2.3. A patient's carer status during his or her stay in hospital should be reviewed. Often a partner, relative or friend will accept responsibility for the post-discharge care needs of a patient who was independent before his or her current illness. Sometimes an existing carer may refuse to take on greater responsibilities or continue the caring role. Any changes need to be documented and factored in to the patient's discharge plan. Refer to Trusts Discharge policy.

6.2.4. Carer details must be recorded clearly and kept with the patients' notes or nursing records and referred to by all members of the multidisciplinary team.

6.2.5. Ideally the patient will identify their carer to staff, but the patient will still need to be asked if he or she wants the nominated carer to continue in that role. A refusal should not always be taken at face value and on occasions may need to be investigated further for any suspicious circumstances as part of the Trusts commitment to safe guarding vulnerable adults. The Safeguarding Named Nurse for Adults can be contacted for advice via Switchboard.

6.2.6. If the patient is too unwell to give any information, staff should try to discover from the patient's visitors if there is a carer and then contact him or her as soon as possible.

6.2.7. The patient's consent (or otherwise) regarding the disclosure of personal information about his/her diagnosis, treatment and care needs to the carer must be recorded.

6.2.8. Staff should ask the carer for confirmation that he or she is willing and able to take on or continue looking after the patient following discharge home. This should be asked in private, as patients sometimes nominate a person as their carer without any prior discussion with the proposed carer.

6.2.9. The patient-carer relationship is confirmed and documented.

6.2.10. "Carers may stay overnight to continue with their caring role; the details of the arrangements must be in discussion with the ward sister or charge nurse"

6.2.11. Carers are entitled to a carer's passport. This supports carers with open visiting and joint care planning. Carers will be given the passport by the ward staff.

6.3. Information for healthcare staff on consent to disclose information:

- If the patient is lacking capacity or is incapable of making a decision, the Trust has a duty to act in that patient's best interest. Please refer to the Trust Mental Capacity Act Policy.
- If, in the multidisciplinary team's opinion, the patient's best interests are served by disclosing personal information to a carer to provide care, or to enable the carer to assess whether he or she is able to provide the required care, then that disclosure may be made and the decision recorded in the patient's records within the appropriate "Mental Capacity Assessment Form".
- The decision as to whether a person is mentally competent or has the capacity to give consent for the disclosure of his or her personal information to the carer can be made by a member of the multidisciplinary team so long as they document any decisions made in the "Mental Capacity Assessment form". Form available on Trust intranet.

6.4. Process for disclosing information to the carer:

6.5. Subject to the conditions in 6.2:

6.5.1. Offer carers information about:

- the medical condition of the patient
- what the patient's continuing care needs are likely to be
- what training might be available to the carer
- a discharge plan – verbal and written
- how to get help in looking after someone via a Carer's Assessment

6.5.2. Explain to carers about:

- a carer's right to a Carer's Assessment
- a carer's right to recognition and support
- a carer's right to refuse to take on the responsibility of caring for the patient after discharge
- their right to access to signers/interpreters/signers or interpreters if required
- sources of support, such as carer organisations or self-help groups
- how to challenge decisions and access PALS or make a complaint
- Carers right of confidentiality
- the importance of both positive and negative feedback

6.5.3. Refer patients to Cornwall Carers Service for information about:

- the financial implications of caring
- services – those that are free, and those with charges
- services available through Community Services.
- support available to carers

6.6. Offering choices to carers:

Allow carers time to make choices about:

- taking on the role and responsibilities of carer
- whether to continue caring
- what level of responsibility to accept, recognising individual boundaries and constraints
- whether their caring role is sustainable, and what the risks to their caring role are.

6.7. Offering carers an assessment:

- Inform carers about their right to a Carer's Assessment, an assessment of their needs in relation to their caring role and carried out by Adult Care and Support or Childrens, Schools and Families.
- Ensure that carers are offered information about how a carer's assessment may help them.
- Promote the involvement of carers in any assessments carried out by occupational therapists, physiotherapists, community nurses etc

6.8. Supporting and Involving Carers providing care in hospital:

6.9. Moving and Handling:

6.10. Many carers move and transfer the 'cared for' safely and effectively whilst at home. They may wish to continue this activity during the hospital stay but are under no obligation to do so. The level of involvement in movement / transfer should be instigated and guided by the carer with permission of the cared for. The Registered Nurse has the duty and obligation to ensure manual handling best practice is maintained for staff, carer and cared for. The carer can only be involved in the movement / transfer of the 'cared for' once they have been assessed as capable by nursing staff and only with consent from the 'cared for'. For further advice please speak to the ward link for Moving and Handling or the Trust's Moving and Handling Advisor.

6.11. Medication:

6.12. Many carers administer drugs to the 'cared for' safely and effectively whilst at home. They may wish to continue to be involved in this activity during hospital stay but are under no obligation to do so. The level of involvement of the carer in drug administration should be instigated and guided by nurse with permission of the cared for. The Registered Nurse has the duty and obligation to administer medications to patients and can only involve carers in assisting with taking the drug.

6.13. Personal Hygiene:

6.14. Many carers assist with personal hygiene activities for the 'cared for' safely and effectively whilst at home. They may wish to continue this activity during the hospital stay but are under no obligation to do so. The level of involvement in hygiene care should be instigated and guided by the carer with permission of the cared for. The Registered Nurse has the duty and obligation to ensure the patient's hygiene needs are met. The carer can only provide assistance with hygiene activity once they have been assessed as capable by nursing staff and only with consent from the 'cared for'.

6.15. Eating and Drinking:

6.16. Many carers assist with eating and drinking activities for the 'cared for' safely and effectively whilst at home. They may wish to continue this activity during the hospital stay but are under no obligation to do so. The Registered Nurse must ensure the 'cared for' is able to swallow safely and has been assessed by Speech and Language Department if applicable, prior to assessment of the carers competency. The level of involvement in eating and drinking assistance should be instigated and guided by the carer with permission of the cared for. The Registered Nurse has the duty and obligation to ensure the patient nutritional needs are met. The carer can only assist with eating and drinking activity once they have been assessed as capable by nursing staff and only with consent from the 'cared for'. The Trust operate a Protected Meal Time Policy, however, 'reasonable adjustments' will be considered and carers can remain, if they wish to do so, to support the patient.

6.17. Infection Prevention and control:

6.18. In terms of protection for the carer, the cared for and other patients in the hospital environment, the following points should be adhered to at all times in line with the Trusts Infection Control policy:

- Although the carer may well be providing similar care at home, the vulnerability of the patient to infection may be much greater whilst they are ill in hospital i.e. they may have IV devices, catheters, wounds etc and antibiotics that would not be normal for them. Therefore staff should ensure carers' are aware and adhere

to the correct procedures regarding hand hygiene, use of protective clothing, waste disposal and laundry segregation, whilst emphasizing that most of the precautions required in hospital will not be necessary in the home situation.

- Ward staff should clarify that the carer must not provide care to any other patients. Particularly at meal times when carers may feel obliged to help other patients open sandwiches and drinks etc which could result in cross infection if they do not think about hand hygiene etc when moving from their relative to others.
- Carers should not be given access to staff only areas of the ward, in particular the ward kitchen as this would breach food hygiene regulations, but also the clean and dirty utility.
- In line with the advice given to all hospital visitors, carers should be asked to stay away when they are unwell themselves particularly when they have diarrhoea and/or vomiting, flu like symptoms, coughs, colds, sore throats or other potentially infectious conditions.

6.19. Discharge planning:

6.20. As well as providing general information about the hospital's services and local carer organisations, carers will need information specific to the patient in order to assess if he or she will be able to meet the patient's care needs at home.

6.20.1. Identify carers as soon as possible

6.20.2. Refer to RCHT discharge policy available on Trusts intranet site.

6.20.3. Ensure that carers are involved (rather than just informed) at all stages of the patient's journey. This would include:

- making the decision to discharge the patient.
- discussing and agreeing practical alterations and preparations for the discharge at home. Carers may need time to make different working arrangements
- agreeing the estimated date of discharge and informing the carer if this changes
- giving the carer sufficient notice of the patient's discharge

6.20.4. View carers as partners in the provision of healthcare by:

- respecting and listening to their views – longer-term carers are likely to have valuable expertise and be skilled in caring for the patient
- ensuring that they have the relevant information needed to plan effectively for their caring role.

6.20.5. Acknowledge carers' own needs, considering:

- the circumstances leading to their taking on the caring role
- commitments to other family members
- work commitments
- cultural differences
- communication needs
- religious background
- gender
- relationship
- sexual orientation

- ethnicity
- ability
- frailty
- disability
- where they live – access / services / housing

6.21. NB: Please be careful not to make any assumptions, especially those often based on the carer's gender, or the relationship between patient and carer.

6.22. Also, even if the carer is or has been a healthcare professional, do not assume that they will be able or willing to cope with any and all caring responsibilities.

6.23. *Providing support for carers*

- Staff will need to be aware of sources of support for carers including local carer organisations and other community services able to provide information and support in many forms to carer.
- Staff will provide some information and support themselves, which may include nursing techniques.
- Staff will also need to be aware of how carers as well as patients can access the Patient Advice and Liaison Service (PALS) in the event of their having a concern or complaint about the service
- Referrals can be made to Adult Care and Support or Children, Schools and Families.

6.24. *Staff who are also carers*

6.25. Policy affecting staff who are also carers is stated in Improving Working Lives, but when such staff use Trust services as patients or carers, The RCHT Carers Policy applies.

6.26. *Contacts*

6.27. A full list of carer's information and contacts can be found at the Cornwall Council website, search for '*Carers organisations*'.

6.28.

- Carers Service helpline 01872 266383, www.cornwallcarers.org.uk
- Young Carers Project – provides support and activities for young people (up to 18 years) caring for an adult – 01209 614 956
- Adult Care and Support – offers community care and support, alongside Health and Housing agencies in Cornwall, for all carers, including young carers. Provide assessments of need, including carer's assessment. Phone Adult Care and Support on 0300 1234 131
- Email adultcareandsupport@cornwall.gov.uk



6.29. Related documents / references

- **Carers and Disabled Children's Act 2000:** carers have the right to a Carer's Assessment in their own right
- **Carers at the heart of 21st Century Families and Communities:** A National Strategy for Carers June 2008
- **Carers Equal Opportunities Act 2004**
- **Department of Health (2001) Valuing People:** A New Strategy for Learning Disability for the 21st Century.
- **Healthcare for all (July 2008):** Report of the independent enquiry into access to healthcare for people with learning disabilities.
- **Improving Working Lives,** July 2000
- **Mental Capacity Act 2005**
- **Modernising Health and Social Services:** National Priorities Guidance 1999/00 – 2001/02. Shared Lead Priorities: Promoting Independence, Sept 1998: Objective 3 states "Provide carers with the support and services to maintain their health, and with the information they need on the health status and medication of the person they are caring for (subject to that person's consent). As a first step ensure that systems are in place in primary care and in Social Services Authorities to identify patients and service users who are or who have carers."
- **National Service Framework for Mental Health, 2000:** Standard Six: Caring about Carers: "All individuals who provide regular and substantial care for a person on CPA should have an assessment of their caring, physical and mental health needs, repeated on at least an annual basis, and have their own written care plan, which is given to them and implemented in discussion with them.
- **National Service Framework for Older People, 2001:** Chapter One, section 28 states that "carers' needs should be considered as an integral part of the way in which services are provided for older people". All eight standards recognise carers.
- **NHSE: Clinical Governance;** Quality in the New NHS, March 1999 states that NHS organisations have a new statutory duty of assuring the quality of clinical care. The NSFs and NICE guidelines should be implemented as part of clinical governance.
- **Section 242 of the NHS Act 2006,** Duty to involve patients
- **The Children Act 2004 Guidance:** Every Child Matters: Change for Children
- **The Data Protection Act 1998**

7. Dissemination and Implementation

7.1. This policy is to be implemented and disseminated through the organisation immediately following ratification and will be published on the organisations intranet site document library. Access to this document is open to all.

7.2. This policy document will be held in the public section of the Documents Library with unrestricted access, replacing the previous version which will be archived in accordance with the Trust Information Lifecycle and Corporate Records Management Policy.

7.3. This policy will be disseminated through the Safeguarding Adults Operation Group membership, the Senior Nurse, Midwifery and AHP Group, the Matron's and Senior Matrons weekly briefing and the RCHT daily communication all user email.

7.4. Training

- Carers
 - Formal training for carers is not provided by the Trust.
 -
 - Staff
 - There is an e-learning programme designed to improve the understanding of the role of a carer and the services and information available to them in Cornwall and the Isles of Scilly. To access the course, please go to <http://cornwall.elumos.net/public>
 - This route does not require a username and password. To view the course you will need the Adobe Flash Player(tm) 7 or above.

8. Monitoring compliance and effectiveness

8.1. A clear audit trail will be implemented and the monitoring of compliance with this policy will be overseen by the RCHT Safeguarding Adults Operational Group.

Elements to be monitored	Completion and retention Compliance of staff
Lead	The audit components will be undertaken by members of the RCHT Safeguarding Adults Operational Group following the designation of a lead auditor by the SAOG Chair
Tool	Audit of the elements to be monitored will be undertaken by reviewing 6 sets of patient case notes.
Frequency	The case note audit will be undertaken on an annual basis in July/August each year Auditable mandatory training compliance reports will be presented at the Safeguarding Adults Operational Group
Reporting arrangements	The completed audit report will be presented and reported on in the minutes of the Safe Guarding Adults Operational Group (SAOG) by the designated lead auditor

Acting on recommendations and Lead(s)	Where the report indicates sub optimal performance the Chair of SAOG will nominate a group member to produce an action plan. The SAOG will be responsible for monitoring progress and will undertake subsequent recommendations and further action planning for all deficiencies identified within agreed timeframes
Change in practice and lessons to be shared	Required changes to practice identified will be documented in the action plan outcomes. The membership of the SAOG will identify a lead to take each change forward across divisions as appropriate.

9. Updating and Review

9.1. This process is managed via the document library; review will be undertaken in July 2013 unless best practice dictates otherwise.

10. Equality and Diversity

10.1. This document complies with the Royal Cornwall Hospitals NHS Trust service Equality and Diversity statement.

Royal Cornwall Hospitals NHS Trust is committed to a Policy of Equal Opportunities in employment. The aim of this policy is to ensure that no job applicant or employee receives less favourable treatment because of their race, colour, nationality, ethnic or national origin, or on the grounds of their age, gender, gender reassignment, marital status, domestic circumstances, disability, HIV status, sexual orientation, religion, belief, political affiliation or trade union membership, social or employment status or is disadvantaged by conditions or requirements which are not justified by the job to be done. This policy concerns all aspects of employment for existing staff and potential employees.

10.2. Equality Impact Assessment

10.3. The Initial Equality Impact Assessment Screening Form is at Appendix 2.

Appendix 1. Governance Information

Document Title	Carer's Policy		
Date Issued/Approved:	16/05/2016		
Date Valid From:	16th May 2016		
Date Valid To:	16th May 2019		
Directorate / Department responsible (author/owner):	Zoe Cooper Safeguarding Adults Named Nurse		
Contact details:	01872 254551		
Brief summary of contents	This document sets out the best practice guidance for staff working in the Royal Cornwall Hospitals Trust (RCHT) in ho to support carers.		
Suggested Keywords:	Carers, mental capacity act, consent, carers assessment, discharge, young carers.		
Target Audience	RCHT	KCCG	CFT/PCH
	X	X	X
Executive Director responsible for Policy:	Executive Director of Nursing		
Date revised:	16/05/2016		
This document replaces (exact title of previous version):	Carers Policy		
Approval route (names of committees)/consultation:	Local Carers Partnership Board, Local Parent Carer Council, RCHT Safeguarding Operational Group, RCHT Patient experience Group, RCHT Child Health.		
Divisional Manager confirming approval processes	Kim O'Keefe Deputy Director of Nursing.		
Name and Post Title of additional signatories	Not required.		
Signature of Executive Director giving approval	{Original Copy Signed}		
Publication Location (refer to Policy on Policies – Approvals and Ratification):	Internet & Intranet	<input checked="" type="checkbox"/>	Intranet Only
Document Library Folder/Sub Folder	Clinical/NursingGeneric		
Links to key external standards	National Carers Strategy		
Related Documents:	Mental Capacity Act, Safeguarding Children and Adults.		

Training Need Identified?	No
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Version Control Table

Date	Version No	Summary of Changes	Changes Made by (Name and Job Title)
16 Apr 10	V1.0	Initial Issue	Zoe Mclean, Acute Liaison Nurse Learning Disabilities
16 Feb 13	V2.0	Full review and reformat	Zoe Mclean, Acute Liaison Nurse Learning Disabilities
15 July 2015	V2.0	Sentenced added 6.2.10	Zoe Cooper. Safeguarding Adults
4/9/2015	V2.0	Sentenced added page 10 – carers passport	Zoe Cooper Safeguarding Adults
05/05/16	V2.1	Sentence added page 12 – Eating and Drinking	Tracey Frowde Admiral Nurse Dementia Specialist

All or part of this document can be released under the Freedom of Information Act 2000

This document is to be retained for 10 years from the date of expiry.

This document is only valid on the day of printing

Controlled Document

This document has been created following the Royal Cornwall Hospitals NHS Trust Policy on Document Production. It should not be altered in any way

Appendix 2. Initial Equality Impact Assessment Form

Name of Name of the strategy / policy /proposal / service function to be assessed (hereafter referred to as <i>policy</i>) (Provide brief description): Carers Policy	
Directorate and service area: Coroporate	Is this a new or existing Policy? Existing
Name of individual completing assessment: Zoe Cooper	Telephone: 01872 254551
1. Policy Aim* Who is the strategy / policy / proposal / service function aimed at?	The aim of this Policy is to set the Trust's position on supporting carers and confirm the Trust's commitment to that Policy
2. Policy Objectives*	To highlight and identify staff responsibilities in supporting carers while those they care for are patients in the Trust.
3. Policy – intended Outcomes*	<ul style="list-style-type: none"> ▪ identifying and recognising carers of all ages and recognising them as equals and expert partners in their caring role. ▪ ensuring carers are aware that they have certain rights, including the right to a carer's assessment ▪ enabling them to make choices about their caring role ▪ actively seeking patients' permission to share information with carers ▪ involving carers in patients' discharge planning ▪ offering relevant support ▪ monitoring their experience and satisfaction through surveys and carer organisation feedback ▪ identifying and supporting patients with a caring responsibility ▪ keeping carers informed of patient condition <p>helping carers to access the support and services available to them via Cornwall Carers Service.</p>
4. *How will you measure the outcome?	Complaints, patient feedback survey, audits are stated in the policy.
5. Who is intended to benefit from the policy?	Staff, patients and carers.
6a) Is consultation required with the workforce, equality groups, local interest groups etc. around this policy?	Yes
b) If yes, have these *groups been consulted?	Yes
C). Please list any groups who have been consulted about this procedure.	The local Carers Partnership Board, The Trust's Safeguarding Operational Group, Child Health practitioners, The Parent Carer Council

7. The Impact		yes	no
Race / Ethnic communities /groups			x
Disability - Learning disability, physical disability, sensory impairment and mental health problems			x
Religion / other beliefs			X
Marriage and civil partnership			x
Pregnancy and maternity			x
Sexual Orientation, Bisexual, Gay, heterosexual, Lesbian			x
<p>You will need to continue to a full Equality Impact Assessment if the following have been highlighted:</p> <ul style="list-style-type: none"> You have ticked "Yes" in any column above and No consultation or evidence of there being consultation- this <u>excludes</u> any <i>policies</i> which have been identified as not requiring consultation. or Major service redesign or development 			
8. Please indicate if a full equality analysis is recommended.		Yes	No x
9. If you are not recommending a Full Impact assessment please explain why.			
This policy is relevant to everyone.			
Signature of policy developer / lead manager / director Zoe Cooper		Date of completion and submission 16/7/2015	
Names and signatures of members carrying out the Screening Assessment	1.		2.
<p>Keep one copy and send a copy to the Human Rights, Equality and Inclusion Lead, c/o Royal Cornwall Hospitals NHS Trust, Human Resources Department, Knowledge Spa, Truro, Cornwall, TR1 3HD</p> <p>A summary of the results will be published on the Trust's web site.</p> <p>Signed _____</p> <p>Please complete the following table.</p>			