

1. Introduction

The NHS Constitution (2023) states that NHS services should be coordinated around and tailored to, the needs and preferences of patients, their families and their carers.

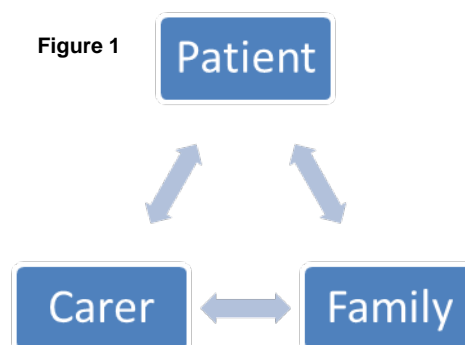
Family members with a caring responsibility, who have been identified by the patient, should be welcomed into the clinical environment outside of visiting hours, to support the patient and be included in discussions around the care and discharge planning of their loved ones if the patient consents to this. This may include any activity that the patient feels beneficial to their wellbeing, such as assistance with meals or communicating with the clinical teams.

This guidance has been developed to support all staff in the clinical area with the level of communication that is acceptable with family members who telephone for information regarding their loved ones condition, ensuring that people are treated with compassion and empathy, further ensuring that patient confidentiality is not breached.

2. Guideline Standards and Procedures

Some families want to be more involved so that their loved one feels supported by their family being present, in person or by video call and included in discussions.

Figure 1 illustrates the lines of communication which are best practice in line with the patients' wishes.



On admission to the clinical area or at pre-assessment, the family member with caring responsibilities or closest to the patient with the patients permission should be allocated an agreed password; this can be a word of their choosing and it will be documented on Nerve Centre in the speciality information section.

Currently Cancer Nurse Specialist (CNS) will not be allocating a password as they work with another computer system and have alternative practices in place.

At this point staff should ensure that it has not been previously documented that the patient has stated that information should not be given over the telephone and that it is appropriate to reverse this decision. This password will be linked to the handover sheet so staff on duty have easy access to the passwords when relatives call.

This password is allocated to the closest family member who should be encouraged to update other relatives on the patient's condition to allow clinical staff more time to support the patients on the ward. Where a password is in place no information will be given to telephone enquiries where this password is not given.

Communication Process with Family Over the Telephone

All patients should have the name and contact details of their closest family member or emergency contact documented, including if they have a lasting power of attorney. A mutually agreed password can be given to the closest family member allowing for clarification of identification when communicating over the telephone and documented on Nerve Centre (Currently this does not apply to CNS – who use another process)

If the patient is unable to provide this information staff should gather family information from the patient's clinical notes, visitors, nursing home, residential home or GP

When a family member telephones for information

Patients who have capacity

Patients who have been deemed not to have capacity to share information at the time of the call

It is good practice to take the telephone to the patient and let them discuss their care with their family

If the person calling is the documented closest family member, emergency contact or has a password, it is acceptable to give details, regarding the care and discharge planning for this hospital admission only.

Patients who are not able to gain access to the telephone can be asked what information they would like to be shared with their family

If there is no documented family staff would take the details of the person calling and ask the following questions about the patient e.g., date of birth, address, medical conditions. If answered correctly minimal details would be given, such as they are well and have had a good night

If the person calling is the documented closest family member, emergency contact or has a password, it is acceptable to give details, regarding the care and discharge planning for this hospital admission only.

Staff should then confirm the details of the family member with any visitors to the patient, their residential home, nursing home or GP; these details should be documented in the patients notes

If the patient's clinical condition has deteriorated, the closest family member should be invited and welcomed into the hospital where a face-to-face discussion can be held and support for the family member can be offered

If the family is unable to attend and more information is needed to be shared, i.e., in an emergency situation, this should be given by the Senior Doctor or they are not available a Senior Nurse and only if it is in the patient's best interest

When sharing information with family or emergency contacts, it should only be information, relevant to the current condition, not their past medical history

3. Education and Training

There is no further training regarding this guidance.

Staff should continue to complete the Trust's mandatory Data Protection and Cyber Security training package.

4. Monitoring Compliance

What will be measured to monitor compliance	How will compliance be monitored	Monitoring Lead	Frequency	Reporting Arrangements
The level of complaints and feedback themes regarding communication with family and friends will be monitored.	Any complaints will be addressed and feedback will be monitored	Patient Experience	Constant monitoring	Report to the Assistant Chief Nurse and Matrons Forum

5. Supporting References (maximum of 3)

NONE

6. Key Words

Communication

Family members

Password

Telephone

Phone

Confidentiality

Information sharing

CONTACT AND REVIEW DETAILS	
Guideline Lead (Name and Title) Sharon Wilkinson Senior Nurse Patient Experience	Executive Lead Julie Hogg, Chief Nurse
Details of Changes made during review: Added: The NHS Constitution (2023) states that NHS services should be coordinated around and tailored to, the needs and preferences of patients, their families and their carers. Removed: Ensuring it is safe to do so with the current covid- 19 restrictions Removed: With the current Covid -19 restrictions in place, often family members and carers only way to be involved in the planning and making decisions is via telephone communication with staff.	