

**TRUST BOARD – 5<sup>th</sup> February 2015**

**The UHL Carers Charter**

<b>DIRECTOR:</b>	Rachel Overfield, Chief Nurse
<b>AUTHOR:</b>	Donna Pywell, Senior Nurse Patient Experience Heather Leatham, Assistant Chief Nurse
<b>DATE:</b>	5 <sup>th</sup> February 2015
<b>PURPOSE:</b>	<p>Each month the Trust Board is presented with a 'patient story'. We ensure the board is exposed to both positive and negative stories. The purpose of this is twofold:</p> <ul style="list-style-type: none"> <li>• To ensure that feedback from patients, family and carers frames decision making at this senior level</li> <li>• Trust Board gains assurance through many ways including Board stories that feedback from patients leads service developments and redesign.</li> </ul> <p>Prior to the presentation extensive engagement with clinical staff takes place to ensure the scenario is investigated in detail both from the staff's perspective and the patient's perspective.</p> <p>What are presented are the patient's feelings and perception of the situation and consequences of this. The clinical teams are then supported in the understanding that even if other patients perceptions are different or the staffs perception of the situation is different changes still need to occur to ensure staff are equipped to deal with ALL patient's needs.</p> <p><b><u>Introduction</u></b></p> <p>To describe for Trust Board the experience of a patient and his wife when attend the Royal site following an emergency admission through the Emergency Department.</p> <p>The Trust would like to share this poor experience of care and use it to illustrate the commitment and drive to improve care delivery leading to patient led services.</p> <p><b><u>Summary / Key Points:</u></b></p> <p>A patient attending the Emergency Department with pneumonia was then admitted to the Medical Assessment Unit and then to a muscular-skeletal ward due to the lack of medical beds. This feedback is provided by the patient's wife using video feedback. There are many points raised in this video all of which have been addressed however this presentation will focus upon three main overarching aspects:</p> <ul style="list-style-type: none"> <li>• Poor levels of communication with patients wife (carer)</li> <li>• Patient being moved three times during hospital stay causing extreme anxiety and distress</li> <li>• Lack of acknowledgment of family / carer involvement in care</li> </ul>

### Specific details relevant to this families experience.

Although it is not clear in this video it is important to note the context of this family's experience. This patient has recently been diagnosed with dementia; he has a degree of insight into his diagnosis, and can feel uncertain and upset by changes around him. Being admitted to hospital was additionally distressing for this gentleman.

This gentleman's wife did not initially consider herself a carer but following this interview acknowledged that she does undertake this role. At home this gentleman would have his wife or daughter with him at all times.

### **Trust Response to Families Feedback**

#### Poor Communication

To improve the experience of care there needs to be early identification of patient's communication needs and due to a diagnosis of dementia, family and /or carers, need to be included in all discussions and care planning.

The Trust has therefore developed a 'Carers Charter' following extensive feedback and engagement with carers groups and carers themselves. The draft Carers Charter (appendix 1) has been designed by carers with carers and members of staff have been commenting on this draft document.

The draft UHL Carers Charter translates information from both the City and County Carers Charters, into a document which is appropriate for an acute hospital setting. Four promises are made:

1. Identifying carers on the wards - Carers have expressed a desire to be recognised on the wards. An identification method has been developed and trialled which will be placed in the patient bed space or in the patient notes, the carer and patient will decide. This method will ensure the clinical teams include the carer in the planning of care and discharge planning.
2. Assessing carers needs - Carers would be offered on admission the opportunity to provide information allowing staff to support the carer as much as the patient, signposting to support opportunities and ensuring the carer had the necessary support to care for their loved one on discharge.
3. Ensuring open channels of communication - Ensure that the carer receives regular updates on the progress of the patient and is involved in the care and discharge planning.
4. Providing essential information - A carer's information leaflet is being produced, including - what to expect when in hospital, parking, meals and support groups in the hospital setting and in the community.

#### Patient being moved three times during hospital stay causing extreme anxiety and distress

The Trust has responded to this and other patient feedback, and through the Dementia Implementation Plan and Frail Older Peoples Board the 'Bed Management' Policy has been changed and from January 2015 reads:

#### ***"Patients that are not suitable to be out-ried include:***

- a) Patients with known or suspected dementia*

***Patients with known or suspected dementia or who cognitively impaired will only be moved for reasons pertaining to their care and treatment. It is acknowledged in cases where escalation level 3 or above is declared, there may be a substantial risk for patients. Outlying of patients may present less of a risk overall, however every effort must be made to prevent moving patients with dementia or suspected dementia***

*Where this is no longer possible, **consent should be gained** from a carer or relative to agree to move the patient with a diagnosis of dementia. This can be taken as verbal consent and should be documented in the medical notes. Carers and relatives should where possible be given the opportunity to support/escort their relative to the new ward”.*

This patient's story illustrates the distress and anxiety caused to patients with dementia who are moved between wards. Moving this gentleman caused his behaviour to change requiring the necessity for a security guard. He told his wife that at the time this had made him feel like a prisoner.

This gentleman was also asked to move during his meal time. The Trust operates a protected meal time's policy, which was clearly breached. This story is being shared with all relevant committees/boards and the requirement for protected meal times reiterated to staff on all wards including Interserve staff.

#### Lack of acknowledgment of family / carer involvement in care

The Trust uses a 'Patient Profile' that allows families and carers to share information about their loved one that will enhance individualised care for patients who have communication problems.

Each year the Trust audits the use of the Patient Profile and this occurred across all adult inpatient areas in October 2014. At the time of audit there were 102 patients reported to auditors with a diagnosis of dementia of where 48 (47%) patients had a Patient Profile, with 35 (73%) completed.

The Trust has just revised the Patient Profile in line with patient, carer and staff feedback (appendix 2). This Patient Profile clearly identifies space for family to comment on areas such as taking medications.

This revised Patient Profile will be launched in February and assist in the continued improved use of this tool.

#### **PREVIOUSLY CONSIDERED BY:**

Planned for the February 2015 Nursing Executive team Meeting.

#### **Objective(s) to which issue relates \***

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1. Safe, high quality, patient-centred healthcare

☐

2. An effective, joined up emergency care system

☐

3. Responsive services which people choose to use (secondary, specialised and tertiary care)

☐

4. Integrated care in partnership with others (secondary, specialised and tertiary care)

☐
☒

5. Enhanced reputation in research, innovation and clinical education

☐

6. Delivering services through a caring, professional, passionate and valued workforce

☐

7. A clinically and financially sustainable NHS Foundation Trust

8. Enabled by excellent IM&T

<b>Please explain any Patient and Public Involvement actions taken or to be taken in relation to this matter:</b>	<p>There has been a Carers Engagement event and the Patient Experience Team meet with community Carers organisations. The draft Charter, Assessment form and the identification method have been showcased at a Carers Rights Day event held at the Curve Leicester.</p> <p>A survey was conducted regarding the UHL Charter, this included patients, Carers and Staff, the results of which have been taken into consideration and the Charter has been adapted accordingly.</p>
<b>Please explain the results of any Equality Impact assessment undertaken in relation to this matter:</b>	<p>This draft Charter is for Carers of all groups of patients that come into the UHL, if agreed translation would be considered.</p>
<b>Strategic Risk Register/ Board Assurance Framework *</b>	<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> <input type="checkbox"/> <b>Strategic Risk Register</b> </div> <div style="text-align: center;"> <input type="checkbox"/> <b>Board Assurance Framework</b> </div> <div style="text-align: center;"> <input checked="" type="checkbox"/> <b>Not Featured</b> </div> </div>
<b>ACTION REQUIRED *</b> <div style="display: flex; justify-content: space-between; align-items: center;"> <div>For decision <input checked="" type="checkbox"/></div> <div>For assurance <input checked="" type="checkbox"/></div> <div>For information <input type="checkbox"/></div> </div>	

- ♦ We treat people how we would like to be treated    ♦ We do what we say we are going to do
- ♦ We focus on what matters most    ♦ We are one team and we are best when we work together
- ♦ We are passionate and creative in our work

\* tick applicable box



## UHL CARERS CHARTER

*A Carer is a friend or family member who gives their time to support a person in their home environment, to an extent that the person could not remain at home if this care was not being provided. A Carer can receive Carers allowance, but not a wage for the care they are undertaking and the care that they are giving will significantly affect their own life.*

**We promise to look at how we can help you in your Caring role, with consent from the patient, during your time in hospital by:**

<b>Identifying Carers on the Wards</b> Carers will be offered identification in the ward areas; this will alert the clinical teams and encourage communication.	<b>Offering Carers an Assessment form</b> <ul style="list-style-type: none"><li>• This will identify areas of support needed for Carers</li><li>• Identifying the levels of involvement that Carers require.</li></ul>
<b>Ensuring there are open channels of communication</b> <ul style="list-style-type: none"><li>• Involving Carers in care and discharge planning.</li><li>• Giving Carers daily progress updates.</li><li>• Ensuring both Patient and Carer are prepared for discharge home.</li></ul>	<b>Providing essential information</b> Information directing Carers to support in the hospital, organisations and support groups in the community.

- Carers will be given open visiting, especially during protected meal times
- Carers will be offered a drink on the ward drinks rounds
- Carers can use the hospital restaurant or the RVS area to rest in break times
- Evidence for car parking fees reductions will be given to Carers
- Carers will be offered an information leaflet
- Identification sign will be put in bed area or in the patient notes



# Know me better

## Patient Profile

University Hospitals of Leicester **NHS**

NHS Trust

*Caring at its best*

### Patient details

Name:

Unit No.:

Ward:

Person completing this document:

Date:

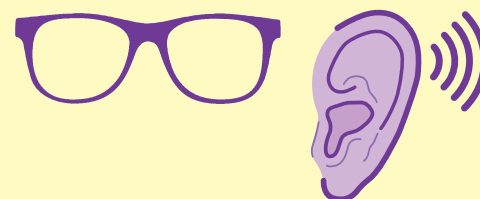
### The basics

Please call me:

### Communication

Do you use any communication aids?

For example: glasses, hearing aids



Do you have alternative ways to express your needs?

How would we recognise if you were in any pain?

### Getting about

Tell us how you normally get about. For example do you use a walking aid?

Do you need somebody with you?





## My usual routine and self care

**Tell us about your usual day to day life.**

What can you do for yourself and what do you need help with?

am:

pm:

weekly:



## Relaxation and sleep

**How do you like to relax?**

What music, if any, do you like to listen to?

What helps to make you comfortable?



What helps you to sleep?

For example: Taking any pain relief or any specific toilet routine?



## Important things in my life

For example:

People, pets, places and items

Jobs, hobbies, interests and life events

What languages do you speak?

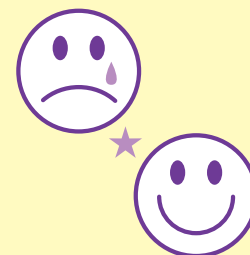


## Emotional Support

**Things that upset me:**

How I might react:

Things that will help me:



## Spiritual and cultural needs

Is there any way in which we can help you to follow your religion or belief?

Where or what do you turn to find strength in difficult times?



## Personal needs

Will you need us to help you go to the toilet?

If so how?

Do you usually use any specific equipment?



## Eating and drinking

Tell us about your appetite, likes and dislikes of food and drinks, where you like to eat, specific meal times and if you need any help

Do you have a special diet or allergies?

Do you wear dentures?

## Taking medication

How do you prefer to take your medication?





Is there anything else important you would like us to know?

## For Friends, Family and Carers

Please let us know if you would like to be involved in the care of your spouse, relative, partner or friend.

Help at mealtimes

☐

Some personal care

☐

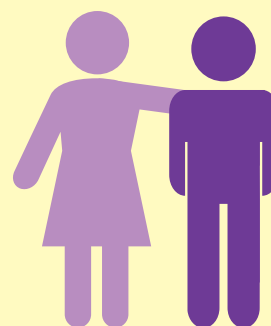
Activities to improve well-being

☐

Other

☐

Please specify:



(Ward)12148591KR

If you would like this information in another language or format, please contact the Service Equality Manager on 0116 250 2959