

## A Standard Operating Procedure for NNUH Relatives Liaison Team (RLT) during Covid-19

<b>For Use in:</b>	Norfolk & Norwich University Hospital NHS Foundation Trust
<b>By:</b>	Relatives Liaison Team / All staff groups
<b>For:</b>	Families/NOK/Named contacts/Carers support during Covid 19 pandemic
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<b>Compliance links:</b> <i>(is there any NICE related to guidance)</i>	
<b>If Yes - does the strategy/policy deviate from the recommendations of NICE? If so why?</b>	

# A Standard Operating Procedure for Relatives Liaison Team (RLT) NNUH During Covid-19

## Version and Document Control:

Version No.	Date of Update	Change Description	Author
1.0	22/04/2020	New Document	Sarah Higson

## This is a Controlled Document

Printed copies of this document may not be up to date. Please check the hospital intranet for the latest version and destroy all previous versions.

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# **A Standard Operating Procedure for Relatives Liaison Team (RLT) NNUH During Covid-19**

## **1. Introduction**

Norfolk & Norwich University Hospitals NHS Foundation Trust (NNUH) has not forgotten that many people in our community will be anxious and worried, as they are unable to visit loved ones at this time. We hope this service will help to reassure them that their loved ones are being well cared for.

Following the latest government instructions to stay at home, no visitors are allowed on any of our hospital sites except in exceptional circumstances due to the COVID-19 Pandemic.

Due to the increased demands on clinical staff, the hospital is providing a Relatives Liaison Team (RTL). This team will support the ward staff by calling the identified next of kin (NOK) or named contact daily to provide a general update on their relative.

It is encouraged that the relatives bring in a mobile device for the patients to use in order to talk to them personally.

A limited number of i-pads and other equipment will be available to support patients without their own devices – see Standard Operating Procedure for use of Skype, ATouchaway and vCreate for Virtual Visiting during Covid-19 – [Trust Docs ID: 17336](#)

## **2. Objective**

This service aims to improve patient and family experience and wellbeing by maintaining a line of communication during their time at the hospital. However, this service will not be appropriate for all patients.

This will also enable the nurses and other clinicians to focus on direct patient care by reducing the call volume to the wards.

This standard operating procedure (SOP) will provide guidance to the RTL, ward staff and any NNUH staff who may come into contact with patients and need to know what is available to them/their families.

## **3. Scope**

The RTL will not replace the ward and clinical staff responsibilities for communicating with families and is intended to support and enhance this only.

This service is not meant for difficult conversations or breaking bad news. This remains the responsibility of the clinical teams responsible for the patients. (see section 4.2 Identifying Suitable Patients for RLT involvement)

## **4. Principles/Process**

### **4.1. Staff information/responsibilities**

#### **RLT Members**

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- Dedicated team of RLT staff will be scheduled to call the named NOK or agreed named contact of all isolated patients and provide a daily update across 7 days a week
- The team will be made up of 4 members during weekdays and 2 members at weekends
- A lead will be allocated for each day who will brief and support the staff throughout the day
- A debriefing role will be taken by the Lead with additional support available via the Senior Nursing teams, Lead for Patient Engagement & Experience.

### **Obtaining patient updates from wards**

- The RLT staff on duty will contact the Matrons or the nominated sister, by phone or email, once a day, at agreed times, to get patient updates (see section 4.2. Identifying Suitable Patients for RLT involvement)
- The RLT will print off the information they need from PAS on a daily basis.

### **Ward Manager / Matron**

- Ward staff / Matron to identify the most appropriate patients for the RLT to focus on – it is envisaged these will mainly fall within the ‘green’ category outlined in section 4.2 Identifying Suitable Patients for RLT involvement.
- Ward staff to let the RLT know as soon as possible if there are any changes to the patient’s status
- Ward staff to provide an update for each patient including any specific information that needs / can be shared with the family

### **Ward Clerk / A&E receptionist / admitting staff member**

- Each patient’s NOK or named contact person details should be updated on PAS during admission.
- If the NOK is not the contact person, the ward clerk/receptionist should add the contact person details on the comment box under NoK section of patient notes.
- Information should be given to the patient (and if possible the NOK or named contact person, if they are with the patient) about the RLT and their purpose with consent taken for NOK/named contact person to be contacted. A ‘**password**’ may be issued to the NOK/named person for them to use when contacted by the RLT to confirm they are who they are meant to be (Wards may differ in their practice).

### **Existing patients**

- Ward Clerk/staff member to ensure all existing patients’ records are up to date as above and they are informed regarding the RLT and consent gained/recorded as above.

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## Password

Using a password is helpful to ensure the person to whom the RLT member is speaking is the NOK/named contact. Wards differ in practice – where a password is utilised then this is to be shared with the RLT.

In the event that the password is forgotten or is not ward practice – the RLT should ascertain that the person they are speaking to knows the patients name, date of birth and address.

## 4.2. Identifying Suitable Patients for RLT involvement

It is envisaged that the patients that the RLT will focus on will fall mainly into the green category outlined below, although some amber may be appropriate. Those in the red category should not be dealt with by the team.

To help identify suitable patients the following may be useful for wards and RLT to consider and discuss:

<b>Green</b>	Stable patients with no significant information to report to relatives from the previous day. Feedback can be done by an unqualified staff member or junior clinician.
<b>Amber</b>	Unwell patients with clinical updates to be given to relatives since the previous day. Feedback requires senior staff with clinical background.
<b>Red</b>	Critically unwell and end of life requiring senior clinician to feedback to relatives. Feedback requires senior staff with clinical background.

## Capacity

As part of the handover the RLT should ask if there are issues of capacity and if so it may be appropriate for a best interest decision to be made to share information. This should be recorded in the normal way on the ward and noted by the RLT.

For patients with a learning disability or patients with Autism – check with the ward for a Hospital Passport or the newly developed COVID passports (a short document with COVID-related information), these both contain information on who to speak to for advice/information. Contact the Learning Disabilities Team for support and advice.

For patients with a dementia it will be worthwhile checking with the Dementia Team as they are proactively contacting families during this time to update 'This Is Me'

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documentation and there will be opportunities to work together to maximise support for patients and families.

### 4.3. Calling NOK/Named Contacts

The first call will be crucial to establishing a good rapport and relationship. However, the following steps can support/help all the calls made to individuals.

#### **If the phone is answered and the NOK/named contact is available:**

Hello my name is.....I am calling from NNUH Relatives Liaison Team, on behalf of .....Ward. There is nothing to be concerned about, I am just ringing to update on (*patients name*). May I speak to (NOK/named contact)?

Please can you confirm your name and the password? (The person on the other end of the call is to give **both** their name and allocated password. In the event that the password is forgotten – the RLT should ascertain that the person they are speaking to knows the patients name, date of birth and address)

Because of the visiting restrictions, it is important to us that you receive updates with what is happening with (*patient's name*) so we have created this update service for you as there is a high volume of calls to the ward and it can be difficult to sometimes get through and receive an update.

We are able to contact you on a maximum daily basis or otherwise to suit you to give you updates on (*patients name*), how often would you like to be contacted? (record the frequency and ensure adherence!)

Just to make you aware I cannot answer any medical questions but I can update you on how (*patients name*) is. If you require, I can give you the medical plan and give you an opportunity to ask a question. If I am unable to answer a question I will organise a call back for you from the Ward.

*Proceed to give the NOK/named contact an update on the patient.*

Are there any messages you would like me to relay back to (*patients name*)?

This call is not just about (*patients name*) but an opportunity for us also to check how you are in these exceptional times, how are you coping? Do you need any other support? (If required, see signposting/referrals. Is there any opportunity here for pastoral support to be given?)

Thank you for your time, we will be back in touch (*refer to the frequency agreed earlier in the call*).

Record key components of the conversation on the RLT Record sheet/spreadsheet and ensure any queries are taken back to the ward and messages are given to the patient.

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### **If phone is not answered or NOK/named contact is not available:**

Where the following occurs, the member of RLT will make up to 3 attempts to call.

- I. If there is **no answer with no voicemail** facility please terminate process and note in the RL record sheet the time and date of failed contact.
- II. **If the call goes through to voicemail** please note left message with time and date on the RLT record sheet and give following message and then terminate call:

Hello my name is.....I am calling from NNUH Relatives Liaison Team on behalf of .....Ward. There is nothing to be concerned about, I am just ringing to update on (*patients name*). Please call the Relatives Liaison Team on (leave contact number)

- III. **If phone is answered and NOK/Named Contact not available** please give following message:

Hello my name is.....I am calling from NNUH Relatives Liaison Team on behalf of .....Ward. There is nothing to be concerned about, I am just ringing to update on (*patients name*). May I speak to (NOK/named contact)?

Could (NOK/named contact) please call the Relatives Liaison Team on (leave contact number) when convenient.

On the RLT record sheet note the time, date and name of who you left message with.

### **4.4. Signposting/referrals**

The RLT has a list of potential signposting and referral networks, charities, organisations available.

In the event of needing greater clinical input, the RLT member can refer back to the ward team and ask for them to call the NOK/named contact for further advice.

There may be occasions when a concern or complaint needs to be raised, please contact PALS for support to do this or refer the NOK/named contact to them.

### **4.5. Record keeping**

Record onto RLT Record sheets kept in folder/s in confidential space.

## **5. Summary of development and consultation process undertaken before registration and dissemination**

The SOP was developed with the members of the RLT and key staff across the organisation.

This version has been endorsed by the COVID-19 cell.

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## Equality Impact Assessment (EIA)

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Type of function or policy	Existing <input type="checkbox"/> Proposed <input checked="" type="checkbox"/>

<b>Division</b>	Corporate	<b>Department</b>	Corporate – Nursing & Quality
<b>Name of person completing form</b>	Sarah Higson	<b>Date</b>	April 2020

Equality Area	Potential Negative Impact	Impact Positive Impact	Which groups are affected	Full Impact Assessment Required YES/NO
Race	None		N/A	No
Pregnancy & Maternity	None		N/A	No
Disability	None		N/A	No
Religion and beliefs	None		N/A	No
Sex	None		N/A	No
Gender reassignment	None		N/A	No
Sexual Orientation	None		N/A	No
Age	None		N/A	No
Marriage & Civil Partnership	None		N/A	No
<b>EDS2 – How does this change impact the Equality and Diversity Strategic plan (contact HR or see EDS2 plan)?</b>				

**The review of the policy re-affirms the rights of all groups and clarifies the individual, managerial and organisational responsibilities in line with statutory and best practice guidance.**