



# Introduction

When personal assistants (PAs) continue to support their employer during a hospital admission, this can have lots of benefits for the individual.

This guide outlines the benefits and shares learning and top tips about what works well, to help individual employers, local authorities and Clinical Commissioning Groups (CCGs) to work together to put the right processes in place to make it happen.

**Individual employers (i.e. people who use a personal budget from social care or health, or their own money, to employ their own care and support)** can use the guide to think about what they want to happen if they're admitted to hospital, and to help them to put plans in place.

**Local authorities and CCGs** can use the guide to explore some of the ways that they can work with people to put plans and processes in place to enable PAs to continue to support people during a hospital admission.

**Hospital staff** can use the guide to understand more about the PA role, and how they can work with PAs who are supporting someone in hospital to improve the outcomes for that person.

The guide might also be useful for personal assistants as well as people who work in support organisations, such as user led organisations, to help them to advise individual employers and other colleagues around this topic.

If you're responsible for implementing processes to support this new way of working, it might be useful to read the full guide.

If you're an individual employer or hospital staff, you can skip to the relevant section from the contents page.

Research by Skills for Care with local authorities and CCGs found that 67% of respondents (117) reported that PAs "continue to support their employer with their normal care needs" during hospital admission.

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# Background

Increasing numbers of people are using a personal budget, in the form of a direct payment, to employ their own PAs, giving them more choice and control over their care and support.

For many people, employing a PA or a team of PAs is a central part of creating care and support arrangements that are personalised and responsive to their individual needs and circumstances, as an adult or child and as a family.

PAs, chosen by the individual or person acting on their behalf, can support people to achieve their health and wellbeing outcomes and to lead their lives, including a family life, on their own terms.

Health and social care need to work better together to ensure that this personalised care and support continues if a person goes into hospital.

In some areas, there are concerns that funding PAs to support someone in hospital is considered as 'double funding' (since their needs should be fully met by the hospital). However, the Care Act 2014: care and support statutory guidance<sup>1</sup> makes specific mention of how to approach PA continued employment when the direct payment holder goes into hospital, and outlines the responsibility that local authorities and the NHS have to support this.

Not everyone will want or need their PA to work with them during a hospital admission, but if they do, local authorities and the NHS have a responsibility to cooperate, and consider how this could happen, in line with the Care Act: care and support statutory guidance outlined on the next page.

This report explores how PAs continuing to support someone in hospital can contribute to their health and wellbeing outcomes and shares top tips about how to make it work well.

It's intended to support NHS organisations, local authorities, support organisations (including user-led organisations (ULOs)) and individual employers to think through the approach that they take to PAs supporting people during a hospital admission.

We'd like to thank the range of stakeholders, including people from the health, social care, voluntary and community sector, and people with lived experience, who contributed to the development of this guidance.

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<sup>1</sup> Department of Health and Social Care (2014) Care Act: care and support statutory guidance  
[www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance](http://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance)

## The Care Act 2014: care and support statutory guidance

The Care Act 2014: care and support statutory guidance makes specific mention of how to approach PA continued employment when the direct payment holder goes into hospital.

The guidance states:

‘There may often be occasions when direct payment holders require a stay in hospital. However, this should not mean that the direct payment must be suspended while the individual is in hospital. Where the direct payment recipient is also the person requiring care and support, consideration should be given to how the direct payment may be used in hospital to meet non-health needs or to ensure employment arrangements are maintained. Suspending or even terminating the payment could result in the person having to break the employment contract with a trusted personal assistant, causing distress and a lack of continuity of care when discharged from hospital.’ (Paragraph 12.52)

‘In these cases, the local authority should explore with the person, their carer and the NHS the options to ensure that both the health and care and support needs of the person are being fully met in the best way possible. For example, the person may prefer the personal assistant to visit hospital to help with personal care matters. This may be especially so where there has been a long relationship between the direct payment holder and the personal assistant.

‘Where a local authority or partner requests co-operation from each other in relation to a particular individual case, the local authority or relevant partner must co-operate as requested, unless doing so would be incompatible with their own duties or have an adverse effect on the exercise of their functions.’ (Paragraph 15.26).

‘This mechanism is intended to support partners with a means of identifying specific cases in which more targeted co-operation is required. In practice, it may be the case that general working protocols and relationships between organisations mean that this further process is not required. However, there will be situations that arise which that necessitate a more tailored response to fit around the person concerned.’ (Paragraph 15.27)

# The benefits

This section outlines the benefits of PAs continuing to support people during a hospital admission.

## Consistency and continuity of support

The individual will continue to have the support they require from people that they are familiar with, who are trained to meet their specific needs. For example, ward staff may not have the skills and training required to manage an individual's manual evacuation for bowel care or dealing with autonomic dysreflexia with a person with spinal injury.

PAs can help with essential activities like reaching for a drink, pressing a buzzer and calling for help.

PAs may identify what is unusual for the individual and provide advice on their needs and preferences.



**Locally, staff who are employed as PAs frequently continue to do their work whilst their employer is in hospital. Direct payment employers often find that ... the whole hospital experience works far better for them (and their health) if their own staff are able to support them.**

Direct Payments Advisor, Disability North

## **Ward and clinical staff can focus on their responsibilities**

PAs can undertake broader care tasks and enable ward staff to focus on other areas of work.

PAs can support management of disability or long term condition, so clinical staff can focus on acute illness or injury.

## **Quicker and effective discharge from hospital**

PAs can learn new procedures, understand new or changes to medication and changing health needs.

PAs can support reablement and recovery by understanding changing needs.

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## Top tips

It's important for health and social care organisations to work together, so that people experience a similar approach to their care and support, regardless of where the money to employ PA(s) comes from.

These tips can help you to develop a process that works for you, to enable PAs to continue to support people during a hospital admission.

You can read all of the tips or click on the headings below to visit the relevant section.

**Individual employers**



**Local authorities and clinical commissioning groups (CCGs)**



**Hospital staff**



## Top tips for individual employers

### Plan ahead

If you're admitted to hospital in an emergency, it might not be possible to discuss whether or not your PA will be able to support you at the time, so it's important to plan and agree what would happen, beforehand.

Discuss, with your budget provider, what you'd like to happen if you're admitted to hospital.

Find out what impact a hospital admission may have on any direct payment that you receive.

Have a conversation with your PA(s) about what they'd like to happen if you're admitted to hospital.

Write a practical plan about what you'd like to happen if you're admitted to hospital, and share it with your PA(s) and family, and where necessary, hospital staff.

Make sure that your PA's employment contract outlines the employment arrangements if you're admitted to hospital, both in an emergency or when it is planned.

### Resources to help

#### **'This is me' leaflet (Royal College of Nursing and Alzheimer's Society)**

You can use this leaflet to help hospital staff to support you in an unfamiliar place. It outlines the things that are important to you, and you could share it with hospital staff if you're admitted to hospital. It could include information about the type of things that your PA(s) supports you with.

Download the leaflet here: [www.nhs.uk/NHSEngland/keogh-review/Documents/quick-guides/background-docs/24-thisisme.pdf](http://www.nhs.uk/NHSEngland/keogh-review/Documents/quick-guides/background-docs/24-thisisme.pdf)

## Think about options to retain your PA(s)

You might want to explore the different ways that you can continue to employ your PA(s) if you're in hospital for a long time or if you're in hospital and they're not able to work their full hours.

Your options might include:

- payment of a retainer

- your PA(s) taking on 'bank' work with a local agency or temporary work with another individual or agency, on the understanding that they'll return to working their full hours with you when you're discharged from hospital.

Support may be available from your insurance provider to manage any technical aspects of these arrangements, to ensure that you're complying with employment law.

## Ensure that appropriate insurance arrangements are in place

PA insurance policies will often continue to cover your PA when they are undertaking their usual activities, regardless of the location. But all insurance claims are considered on a case-by-case basis and if someone makes a claim, they will always investigate who directed staff to perform a task and the way the task was performed.

- Speak to your insurance provider to make sure that you have the appropriate cover if PAs support you during a hospital admission.

- Ensure that your insurance policy is up-to-date.

- Check for any exclusions to your insurance cover, in relation to your PAs continuing to support you during a hospital admission.

## Managing additional costs

There may be additional costs for your PAs if they continue to support you during a hospital admission, and you should think about how you can manage these costs.

For example, they may incur costs for:

- travelling to and from the hospital, which may include parking costs

- additional time worked beyond their contracted hours

- accommodation, if you're admitted to a hospital outside of your local area.

You should discuss how additional costs will be covered with your budget provider and PA(s).

## The role of your PA whilst you are in hospital

Agree with your budget provider and the ward staff what your PA(s) should and shouldn't support you with whilst you're in hospital. Be mindful that this may be different where your health has changed and in the hospital environment.

Make it clear that your PA(s) should not support anyone else in the hospital.

If your PA(s) is asked to do a task by hospital staff, make sure that they have received the appropriate training and have been assessed as competent to do so.

## Discharge from hospital

Make sure that your PA(s) is updated on any changes to your support needs, for example, new medication.

Discuss and arrange any training that your PA(s) may need, to support you with delegated health care tasks, for example, caring for wounds, catheter care and managing ventilation.

# Top tips for local authorities and clinical commissioning groups (CCGs)

## Make a plan

You should make a plan with each individual. This will help with budget setting and obtaining information about what's important to someone should they be admitted to hospital.

As part of the care planning conversation, discuss (and record) what might work best should a person be admitted to hospital. Ask people to think about, 'If I am not well and have to go into hospital...'.

Find out how many times they have been admitted to hospital in the past and for how long. This will provide a baseline from which to plan.

Discuss whether different arrangements may be needed in an emergency situation, and reasonably predictable or planned admissions.

Identifying someone's 'well' and 'unwell' needs can help you to plan how PAs can support people with during a hospital admission.

Someone's 'well' needs refers to the everyday support that they need to manage their long term health condition or disability. For example, support to get a shower or dressed, at meal times or with communication.

Someone's 'unwell' needs refers to someone's needs if they're admitted to hospital for a reason that's not related to their long term health condition or disability, or if their condition has worsened.

You might agree that a PA can continue to support someone in hospital with their 'well' needs, if the task can be performed in the same way. For example, if someone is admitted to hospital for treatment for an acute condition, such as after a fall, their PA could still support with tasks to meet their 'well' needs, such as with dressing and or at meal times.

## Help others to understand the personal assistant role

Establish links between direct payment and personal health budget teams with other staff and clinicians, for example, at team meetings and workshops.

Contact hospital staff, senior managers and others, and plan to develop their understanding of the PA role, for example, director of nursing, chief nurse in a CCG or local authority, commissioner/officer and director of nursing in local hospitals.

Invite an individual employer and their PA(s) to discuss the role with staff, for example, ward sisters and clinical matrons.



## Top tips for hospital staff

### Understand your responsibilities

Hospitals should be mindful of their responsibilities when people who employ PAs are admitted to hospital.

Human rights and equality legislation:

ensure that you do not unwittingly put yourself in a position where you are discriminating against disabled people by refusing to allow a PA to undertake tasks that might, for example, be an important part of everyday activity for them

health and safety and risk considerations should be weighed up alongside considerations about the human rights and dignity of the person.

Training and supervision:

hospital staff need to provide any training or supervision for PAs who will be doing tasks specifically related to the changed needs of the person in hospital or in relation to different equipment or environmental factors

hospital staff will be responsible for appropriately delegating any new or changed activity that they request a PA to undertake, that is not part of the PAs usual role.

### Understand the personal assistant role

This will ensure that everyone understands the benefits of PAs continuing to support people

## Resources to help

### Case studies from individual employers and personal assistants

Download case studies about the role of PAs and the positive impacts that employing PAs can have on individuals.

There are case studies from people who use a personal budget from health and social care to employ their own PAs.

Visit: [www.skillsforcare.org.uk/IEPACasestudies](http://www.skillsforcare.org.uk/IEPACasestudies)

## Understand the employer/employee relationship

Hospital staff need to understand the unique relationship between an individual employer and their PA(s).

It is the person who needs care and support (or someone acting on their behalf) that employs the PA and is responsible for their actions as an employee, not the hospital.

PAs can be part of that person's admission in the same way as they are a part of that person's home life – they're not there as friends or family, but to enable independent living as experienced by non-disabled people.

Individual employers will need to understand how their insurance policy covers their PAs working within the hospital setting.

Except in situations requiring immediate action or specialist clinical knowledge, hospital staff should talk to the individual employer (or someone acting on their behalf) wherever possible. It should be up to the employer to address any issues that arise, and the hospital staff to liaise with the employer if it is not resolved.

## Plan ahead

Where someone is regularly admitted to hospital, it would be useful to have a signed personalised joint working agreement. It may also be helpful to include a 'competency profile' for a PA(s) that outlines how they support their employer.

Discuss and agree a personalised joint working agreement with the individual employer, their PA(s), hospital ward or unit and the CCG or local authority (where applicable).

Where PAs are performing specific delegated health care tasks, be clear about how decisions will be made about the tasks that PAs can perform in hospitals, and any training, competency and documentation requirements.



In general, PAs could be allowed to continue to carry out a task that they are competent in on the ward, where there are no additional clinical or environmental factors impacting on this task.

Where there are changes, clinically or environmentally, that impact on a specific task, then the PA should either not undertake it on the ward or should receive further training and assessment of competence by an appropriate occupationally competent practitioner.

## Resources to help

### **Agreement for Community Specialist Support Team Staff (South Staffordshire and Shropshire Healthcare Trust)\***

This is an example agreement that the Trust uses when staff from the community team support people on hospital wards/units. You could use it as a template to develop something similar in your local area.

Download it from: [www.skillsforcare.org.uk/TemplateAgreement](http://www.skillsforcare.org.uk/TemplateAgreement)

### **Nursing care plan: patients with paid carers (Nottingham University Hospitals NHS Trust)\***

This is an example care plan that the Trust uses to identify what paid carers will support people with in hospital. It's written for a children's nursing unit, but you could develop something similar.

Download it from: [www.skillsforcare.org.uk/TemplateCarePlan](http://www.skillsforcare.org.uk/TemplateCarePlan)

## Establish governance and risk management arrangements

Agree the role of the PA in hospital and what they should and shouldn't do. This may differ from what they do in the home and ward staff should agree with the PA and their employer, what's appropriate in the person's changed health.

Keep accessible records: it's helpful if the PA role is clearly indicated in the hospital care plans, so that there's a single point of reference in case of difficulties.

\* Please note, this template has been developed by an external organisation, and shared with their permission. The content is correct at time of publishing.

## Resources to help

### Patients with a learning disability: care within hospital (The Pennine Acute Hospitals NHS Trust)\*

This is an example guide that the Trust has developed to help assist hospital staff, family members and paid carers to understand each other's responsibilities when looking after patients with specific and complex needs associated with a learning disability. You could use it as a template to develop something similar.

Download it from: [www.skillsforcare.org.uk/TemplateGuide](http://www.skillsforcare.org.uk/TemplateGuide)

## Check that appropriate insurance arrangements are in place

Trusts may wish to have written agreements or an honorary contract in place to formally acknowledge the continuing care provided by PAs during a hospital admission that makes clear the lines of responsibility and accountability. This can be particularly useful where there are frequent or prolonged periods where a PA is working in the hospital.

Having an honorary contract in place will mean that the PA is covered:

for non-clinical risks under the Trust's membership of the [Liabilities to Third Parties Scheme \(LTPS\)](#)

for clinical risks under the the Trust's membership of the [Clinical Negligence Scheme for Trusts \(CNST\)](#).

It is usually preferable that the Trust issues the honorary contract (rather than the CCG) as that will provide the PA with rights of access to the hospital and person/employer, which the CCG cannot provide as it does not control the hospital premises.

If a CCG issued the honorary contract, the PA would not be covered via the Trust's membership of the above schemes.

If, during a hospital admission, a clinician instructs or supervises a PA to perform either a new task or an existing task in a different way, liability is likely to fall to the hospital in the event of an insurance claim.

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# Conclusion

We hope that you've found this guide useful, and that you've picked up some handy tips to



