

Funding agreement

Name:	NHS Number:
DoA:	Ward:
Start Date:	Review Date:

<p>Rational for requesting funding (State reason why ward are requesting carers. If hospital don't pay for additional support what will happen?)</p>
<p>Expected Measurable Outcomes: (By the hospital providing this funding, how will this help?)</p>

Nature of Involvement			
Agreed Number of support hour's in a 24 hour period		Who will be providing this support	Achieve Together
Who has agreed the funding?			
(Tick as appropriate)			
Personal Care		Support with food and fluids	
Administering medication		Managing behaviours and anxieties	
Support with investigations			

Role/responsibilities: (of everyone involved in care delivery)	
Name:	Role/responsibilities:
Carer:	<ul style="list-style-type: none"> • Inform ward staff of your arrival and ask for a handover. • To hand over any health care concerns to Ward staff.
Ward Staff:	<ul style="list-style-type: none"> • To remain as responsible for assessment, treatment and overall care. • Provide a handover to care staff on arrival. • Inform carers of any changes. • When carers administer medication ensure ward staff are present to witness administration. • Provide breaks' am, pm and nights.
LD Liaison Nurse:	<ul style="list-style-type: none"> • To maintain involvement and continue contact with Patient, Ward staff and carers

