



DHU Accessible Information Standard Policy

Policy Reference: DHU/CO/AIS/087/11-2016

Version: 0.1

The current version of any policy, procedure, protocol or guideline is the version held on the DHU internet. It is the responsibility of all staff to ensure that they are following the current version.

Printed copies of this policy are no longer document controlled and may not be reflective of current practices.

This policy in its entirety is applicable to DHU Health Care CIC and all subsidiary companies.

1. Document Control

Policy profile: DHU Health Care CIC

Policy reference	DHU/CO/AIS/087/11-2016
Policy title	DHU Accessible Information Standard Policy
Current version	0.1
Ratified by	
Implementation date	
Last review date	
Next formal review	
Responsible DHU Director	Director of Nursing and Quality

Applicable Organisations

Name of Organisation:	Date of Acceptance:	Name of Committee/Group Accepting:
DHU 111 (East Midlands) CIC		Core Clinical Governance Oversight Committee (CCGOC)
DHU Derbyshire Urgent Care (CIC)		Core Clinical Governance Oversight Committee (CCGOC)
DHU Urgent Care LLR (CIC)		

Posted on DHU intranet:
Notice of review date:

Document Creation

Document Author	Patient Experience & Engagement Manager
Responsible Director	Director of Nursing and Quality

Change History

Version	Date	Detail of Changes
0.1	29.11.2016	New Policy on communication difficulties reflects the new 'Accessible Information Standard', and the requirement to have systems implemented by 31 st July 2016.

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3. Background

In late 2015 the Accessible Information Standard (SCCI1605) was approved for publication by the Department of Health (DoH) and NHS England under section 250 of the Health and Social Care Act 2012.

By 31st July 2016 the Accessible Information Standard applied to and therefore had to be implemented and adhered to by all providers of NHS care or treatment; all providers of publicly-funded adult social care; adult social care or service bodies (in their role as service providers); independent contractors providing NHS services, including primary medical services (GP practices), dental services, optometric services and pharmacy services; NHS Foundation Trusts and NHS Trusts; providers of NHS and / or adult social care from the voluntary and community or private sectors and providers of public health services, including advice and information.

4. Scope

The following roles may be affected by this policy:

- Staff providing a service to people with communication difficulties
- Management of DHU

The following Patients may be affected by this policy:

- All Patients with identified communication difficulties

The following stakeholders may be affected by this policy:

- Family, advocates, friends or relatives of the Patient
- Local Authority or commissioners of the service

5. Purpose

- To effectively manage the health and care of all Patients, by ensuring that communication difficulties and information needs are addressed and barriers to involvement are minimised.
- To ensure that DHU reflects and has relevant policies, procedures and works in a way that supports the meeting of the Accessible Information Standard.
- That DHU provides care and support to meet the Accessible Information Standard by the final implementation date of 31st July 2016.
- To support DHU in meeting the following Key Lines of Enquiry:

Key Question	Key Line of Enquiry (KLOE)
CARING	C2: Are people who use services and those close to them involved as partners in their care?

RESPONSIVE

R2: Do services take account of the needs of different people, including those in vulnerable circumstances?

- To meet the legal requirements of the regulated activities that DHU is registered to provide:
 - Health and Social Care Act 2012, Section 250
 - Equality Act 2010
 - The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014
- To ensure that the five identified outcomes of the Accessible Information Standard are consistently met. This requires that all communication needs of Patients are identified, recorded, flagged, shared and met.
- To follow the Mental Capacity Act Code of Practice so that people are helped to make a decision for themselves using all possible and appropriate means of communication.
- To identify and where possible overcome barriers to communication so that the person is involved as much as possible in the planning and delivery of their treatment.
- To reduce the effects of communication difficulties to ensure that the person's independence is promoted in all aspects of their life.

6. Equipment & medication covered by the policy

Not applicable

7. Policy detail

7.1 Procedure

There are five basic steps to ensure that communication and information needs are met, these are detailed within the Accessible Information Standard:

- **Ask:** identify / find out if an individual has any communication / information needs relating to a disability or sensory loss and if so what they are
- **Record:** record those needs in a clear, unambiguous and standardised way in electronic and / or paper based record / administrative systems / documents
- **Alert / flag / highlight:** ensure that recorded needs are 'highly visible' whenever the individual's record is accessed, and prompt for action
- **Share:** include information about individuals' information / communication needs as part of existing data sharing processes (and in line with existing information governance frameworks)

- **Act:** take steps to ensure that individuals receive information which they can access and understand, and receive communication support if they need it

All patients are regularly reviewed to identify any ongoing or emerging communication difficulties.

All communication and information issues will be recorded on a standardised administrative process in a clear and uniform way to facilitate the management and oversight of individual communication and information issues.

Patients with communication difficulties are referred to appropriate community support specialists. Support specialists could include but are not necessarily limited to:

- Interpreters (including British Sign Language interpreters)
- Speech therapist
- Advocacy services
- Psychologists

Staff are trained to care effectively for Patients who have communication difficulties, and be aware of where specialist support might be available.

Staff are trained in the principles and practice involved in assessing mental capacity; and in particular that inability to communicate a decision (whether by talking, using sign language or any other means) can indicate a lack of capacity to make a particular decision under the Mental Capacity Act 2005.

DHU arranges appropriate equipment or communication aids to support Patients to communicate as effectively as possible.

DHU ensures that information about the person's treatment is provided in a format, and in a way that encourages the Patient to be as informed and involved as possible in decisions that affect their life.

Information and communication resources are developed internally or sourced externally to facilitate the effective communication and involvement of all people attending DHU in their own care as much as possible.

Resources could include, but should not be limited to, easy read documents, interpreters, braille, and sign language. Consideration should also be given to the potential for the increased time required to share information or receive information from Patients, and the length of appointments need to reflect this.

The Patient will be individually assessed as to their needs, ensuring that suitable equipment and help is in place.

A consistent approach to the identification of Patients information and communication needs is developed.

There is a consistent and routine recording of Patients information and communication needs where they relate to a disability, impairment or sensory loss. The information is recorded in a standardised way that reflects current, recognised terminology.

When there are recognised information and communication needs, these are systematically alerted by DHU to ensure that appropriate action and resources are provided.

Where communication and information needs have been identified they are shared with other relevant stakeholders and are built in to a standardised referral and handover processes.

All communication and information needs are met, and there is a systematic way of ensuring that resources are sourced to meet the needs in as creative and detailed way as required.

Staff are trained to effectively care for Patients with communication difficulties and understand the importance of effective communication in delivering good health and social care.

The impact of the effectiveness of the interventions will be regularly assessed and reviewed and DHU will always seek to develop new methods to increase the Patients communication.

7.2 Definitions

➤ Communication Difficulties

- Include the inability to convey or understand meaning in messages whether they are verbal, written or by another medium. Those difficulties may be caused by language, deafness, cultural factors, mental impairment, including thought disorder, learning disability, autism, or a learning difficulty, or other personal, situational or environmental factors.

➤ Accessible Information Standard

- NHS England define the standard as follows: The aim of the Accessible Information Standard is to make sure that people who have a disability, impairment or sensory loss get information that they can access and understand, and any communication support that they need.
- The Accessible Information Standard tells organisations how they should make sure that patients and Patients, and their carers and parents, can access and understand the information they are given. This included making sure that people get information in different formats if they need it, for example in large print, braille, easy read or via e-mail.

- The Accessible Information Standard also tells organisations how they should make sure that people receive any support with communication that they need, for example support from a British Sign Language (BSL) interpreter, deafblind manual interpreter or an advocate.
- The Accessible Information Standard is in line with current health and social care strategy; supporting the reduction of inequalities; enhancing personalisation; greater empowerment of Patients as equal partners in their own care; improved transparency and access to information.
- These are key themes in the NHS Five Year Forward View and the importance of access to advice and information is one of the fundamental components of the Care Act 2014. It is also in line with the CQC's commitment to ensuring high quality care for people who use health and social care services.

8. Policy Monitoring to ensure success

a) Controls to ensure policy is effectively delivered

Intranet, Corporate Website, paper forms available at all DHU bases to be given to patients etc if required as well as staff training and feedback.

b) How will the policy be deemed to be successful?

Audit feedback, e.g. CFEP reports etc.

c) How will both staff and service users be involved in determining its success?

Patient Experience Group (PEG) for West Leicestershire and local groups will be involved from the outset of the creation of new forms, documents and changes to any of the services.

The disseminating of information, e.g. forms regarding communication and signposting to our website etc.

9. References & further information

a) National and local source documents used as your evidence base

- NHS England, Patients and Information, (2015), SCCI1605 Accessible Information Implementation Guidance. (Online) Available from <http://www.england.nhs.uk/accessibleinfo> (Accessed: November 2016)
- NHS England, Patients and Information, (2015), SCCI1605 Accessible Information Specification. (Online) Available from <http://www.england.nhs.uk/accessibleinfo> (Accessed: November 2016)
- NHS Choices, (2015), Caring and communication difficulties. (Online) Available from: <http://www.nhs.uk/Conditions/social-care-and-support-guide/Pages/communication-problems-carers.aspx> (Accessed: November 2016)

b) Legislation & Regulation that applies to this policy:

- Health and Social Care Act 2012, Section 250;
- Equality Act 2010;
- The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014;

c) Any other DHU policies that need to be cross-referenced

d) Sources of further information including professional and other agency support

e) This policy relates to the following Clinical Quality Commission domain:

- CQC essential standard;
- CQC specific outcome;

DRAFT

10. Appendices

DRAFT

11. Equality impact risk assessment (EIRA)



Health Care CIC

To be completed by the document author and attached to the document when submitted for consideration and approval.

	Title of document	Yes/No	Comments
1.	Does the policy/guidance affect one group more/less favourably than another on the basis of:		
	• Race	No	
	• Ethnic origins (including gypsies and travellers)	No	
	• Nationality	No	
	• Gender	No	
	• Culture	No	
	• Religion or belief	No	
	• Sexual orientation including lesbian, gay and bisexual people	No	
	• Age	No	
2.	Is there any evidence that some groups are affected differently?	No	
3.	If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?	N/A	
4.	Is the impact of the policy/guidance likely to be negative?	No	
5.	If so can the impact be avoided?	N/A	
6.	What alternatives are there to achieving the policy/guidance without the impact?	N/A	
7.	Can we reduce the impact by taking different action?	No	