Policy Document

Reference: G23

University Hospitals of North Midlands NHS Trust

Accessible Communication

Version:	**2**
Date Ratified:	**March 2019 by Trust Executive Committee (TEC)**
Date of Next Review:	**March 2022**
Expiry Date:	**March 2023**
Policy Author:	**Quality Improvement Facilitator – Patient Experience**
Executive Lead:	**Chief Nurse**

Version Control Schedule

Version	Issue Date	Comments
1	May 2017	
2	March 2019	

Statement on Trust Policies

The latest version of 'Statement on Trust Policies' applies to this policy and can be accessed here

FOI ref 179-1920

CONTENTS **Page**

1.	**INTRODUCTION**	**4**
2.	**STATEMENT**	**4**
3.	**PURPOSE**	**4**
4.	**SCOPE**	**5**
5.	**ROLES AND RESPONSIBILITIES**	**5**
6.	**ACCESSIBLE COMMUNICATIONS**	**6**
7.	**PROCESS**	**9**
8.	**WRITTEN COMMUNICATION**	**9**
9.	**ELECTRONIC COMMUNICATION**	**10**
10.	**WAYFINDING, INFORMATION POINTS AND RECEPTIONS**	**10**
11.	**PUBLIC EVENTS, CONSULTATIONS AND MEETINGS**	**10**
12.	**EDUCATION/TRAINING AND PLAN OF IMPLEMENTATION**	**10**
14.	**REFERENCES**	**11**
15.	**APPENDICES**	**11**
APPENDIX 1:	**PATIENT DISCLAIMER FOR THE USE OF EMAIL COMMUNICATION**	**12**

FOI ref 179-1920

1. INTRODUCTION

Almost all of the services provided by University Hospitals of North Midlands (UHNM) require communication to take place between healthcare staff and patients or carers. Effective communication is an essential part of providing a high quality service to all sections of the community. In order to ensure that healthcare is effective, UHNM is legally bound to provide information and communicate with patients or appropriate carers in a way that best meets their needs and allows them to participate fully in their own healthcare decisions and support in making informed choices (NHS England July 2015).

Good communication is the key to maintaining patient safety and dignity, as well as satisfaction of service and establishing excellent staff/patient relationship. UHNM provides services to a diverse population, some of whom may have communication support needs. By not meeting these needs we are aware that this may lead to:

- A poor experience of using our services
- A risk to patient safety
- Poorer clinical outcomes
- Barriers to accessing the services we provide
- Unlawful discrimination (under the Equality Act 2010)

An Equality Impact Assessment has been undertaken and there is no actual or potential discriminatory impact identified relating to this document.

2. STATEMENT

UHNM believes that accessible communication and information are central to delivering high quality services.

UHNM is committed to making sure that our patients, other service users and our visitors can communicate with us in ways that best meet their needs. We also want to make sure that everyone can understand and make use of the information we provide.

3. PURPOSE

This policy has been produced to ensure that UHNM is compliant with the requirements of the NHS Accessible Information Standard (31st July 2016). The Standard requires NHS bodies and adult social care providers to support the communication needs of patients, carers and visitors by:

- Identifying
- Recording
- Flagging
- Sharing
- Meeting

any communication support needs of our service users.

Our aim is to provide a framework for ensuring that the communications that take place with patient, carer, visitors or members of the public, are fully accessible to the widest range of people.

This policy sets out in detail:

- What accessible communication is and its aims
- How it will be applied within UHNM
- How we will make sure that we have met our aims under this policy

FOI ref 179-1920

4. SCOPE

This policy applies to all individuals who work at University Hospitals of North Midlands including voluntary workers, students, locums and agency workers, and those holding honorary contracts.

This policy applies to all aspects of communication and information provision including:

- face-to-face communications
- written information including letters, reports, newsletters, forms, questionnaires and posters
- patient menus
- telephone calls and text messaging
- email
- presentations
- UHNM website and intranet
- social media postings- Twitter and Facebook
- public notices
- hand held devices

The policy also covers:

- entrances, reception and information points
- signs, maps and directions around the hospitals
- public meetings, events, consultations and other activities aimed at patients and members of the public.

Although the content of this policy does not specifically address communication issues with staff, it is expected that UHNM staff and managers should follow accessible communication principles when communicating with staff.

5. ROLES AND RESPONSIBILITIES

The Trust Board has overall responsibility for ensuring that this policy is implemented, in particular seek assurance from the Quality and Safety Forum. The Board is also responsible for monitoring the effective implementation of this policy and that its objectives are met.

The Trust Patient Information Ratification Group is responsible for ensuring that patient information published by the Trust is compliant with the Trust's Accessible Communications Standards and Guidance.

The Communications Department is responsible for ensuring that all information and communications aimed at the public is complainant with the Trust's Accessible Communications Standards and Guidance.

There are a number of leaders, managers and staff within the UHNM that are responsible for ensuring that this policy is implemented as outlined below:

The Chief Executive has final responsibility for ensuring that this policy is implemented.

The Chief Nurse is responsible for ensuring that:

- Nurses and Allied Health Professionals are aware of and implement this policy.
- UHNM staff within Corporate Services are aware of and implement this policy as it applies to them.
- UHNM provides effective communication support services to patients and appropriate carers who need it.

FOI ref 179-1920

Associate Chief Nurses, Deputy Associate Chief Nurses, Matrons, Ward Managers and Heads of Departments should ensure that staff within their division are aware of the policy, its requirements as it applies to them and that staff who require training have received it.

The Medical Director should ensure that all medical and dental staff:

- Are aware of this policy, and it's requirements as they apply to medical and dental staff
- Have received appropriate training on this policy so that they can meet their responsibilities.

The Chief Operating Officer is responsible for ensuring that the Trust's wayfinding arrangements are accessible to people with communication support needs. Where this is not possible additional support arrangements are available. Additionally the Chief Operating Officer should ensure that staff within Estates and Facilities Directorate are aware of this policy, implement associated standards and guidance and complete appropriate available training.

The Executive Director of Human and Corporate Resources is responsible for ensuring that staff within:

- Communications Department
- Trust Membership Office
- Equality, Diversity and Inclusion Team

are aware of this policy, implement associated standards and guidance and complete appropriate available training.

Director of Informatics is responsible for ensuring:

- There are effective arrangements in place for the electronic recording of:
  - Patient's and appropriate identified support communication needs
  - That communication support needs are flagged within electronic health records
- That staff within Informatics who have contact with patients, carers or members of the public are aware of this requirements of this policy and receive appropriate training

Service managers are responsible for making arrangements to meet the requirements of this policy within the service that they manage.

All staff that communicate with or produce information aimed at patients, carers visitors or members of the public should implement this policy as far as it applies to them. In particular implement accessible communications standards and guidance relating to their job role.

Line managers are responsible for ensuring that appropriate staff within their management attend available accessible communications training.

It is the direct staff members' responsibility to ensure an appropriate alert is put onto Medway detailing the patients' communication support needs.

6. ACCESSIBLE COMMUNICATIONS

Definition

Accessible Communication means providing people who have a disability, impairment or sensory loss with information that they can easily read or understand. This includes using appropriate methods of communication to remove barriers to using services and enabling participation in activities on an equal basis.

The Aims of Accessible Communications

The aim of making communications accessible is to make sure that everyone who needs communication or information from the Trust receives it in a way that they can fully understand and make use of; and to remove any barriers to using or receiving services. In relation to meetings, events and activities

FOI ref 179-1920

everyone should receive information and be communicated with in a way which facilitates their participation on an equal basis.

General Principles
There are a number of general principles that support the provision of accessible communications. They should be followed appropriately by all UHNM staff who provide information to, or communicate with patients, carers or members of the public.

	Needs	Actions
1	Identify, record and share the communication needs of the person, group or community	• Identify and clarify the communication support needs of the person, group or community • Record any identified communication support needs using appropriate processes and documentation • Share the information and ensure that everyone who needs to communicate with the person/people is aware of their communication support needs • Patient will be asked to complete the relevant consent form for the communication type they require.
2	Use appropriate methods of communication	• Following the identification of communication support needs, use the most effective means to communicate with the person/people or to provide information to them • Ensure the information is provided in such a way that allows the person/people to review it at a later date • Review and evaluate communication support provided to ensure that it has effectively met the identified needs

3	Keep information and communication clear and simple	• Use simple, clear and straight forward language by following Plain English/clear language principles:
		  ○ Use everyday language that most people will understand
		  ○ Avoid using jargon, slang and colloquialisms in communications
		  ○ When using technical terms always explain their meaning
		  ○ Avoid communicating in a way that requires well developed or advanced reading or comprehension skills
		  ○ Use a clear font that can be easily read e.g. Ariel
		• Use an appropriate size of font for the document/information being provided taking into account the needs of the user
		• Use a simple, clear and consistent layout in documents and include navigation aids

4	A flexible and adaptable approach	• Allow additional time for appointments, activities and deadlines for people who need communication support • Be flexible in the provision of communication support. Be aware that even with the same support need, there are various methods of communication that can be used to meet that need.

FOI ref 179-1920

	Needs	Actions
5	Recognise diversity and be inclusive	• Use a variety of communication methods so that groups of people are not excluded from using services or receiving information they can understand • Use language that is inclusive and respectful. Be mindful not to cause offensive to certain people or groups • Use images and photographs the reflect the diversity of the target audience
6	Make appropriate communication support organisational arrangements	• Put into place robust arrangements for meeting communication support needs that have significant or regular demand • Review organisational communication support arrangements on a regular basis

7	The workforce is appropriately skilled in providing accessible communications	• Appropriate organisational arrangements should be put in place to ensure that the workforce (paid and voluntary) is given the skills to identify and respond to diverse communication support needs
		  • Staff receive regular training
		  • Organisational standards and guidance are available to support staff
		  • Information is reviewed to ensure that it complies with organisational standards before it is published

How we communicate.
Communication is a two way process. In order to ensure that communication is fully accessible to individual services users, accessible communications practice will focus on seven domains of communications. The domains are:

- Sight
- Hearing
- Speech
- Language
- Comprehension and cognitive ability
- Reading and writing skills
- Self-advocacy

Each of the above domains will be assessed to ensure appropriate means of communication are used for service users (patients, carers or visitors), groups or communities.

Target groups
By making communication accessible to all, everyone will benefit from easy to understand communication and information. The target groups are the people who should benefit the most from the introduction of accessible communications. This group includes:

- Children and young people
- People with sensory impairments
- People with learning disabilities
- People with communication disabilities
- People with mental health conditions
- Older people
- People who have difficulty communicating in English
- People who find reading and writing difficult

FOI ref 179-1920

Benefits of Accessible Communications
There are a number of benefits to making communications accessible for both the Trust and service users. For service users they include:

- Gaining full access to UHNM services
- Understanding the information healthcare staff are providing them, including understanding about their health and any treatment and care that they are going to, or may, receive
- Being better understood by healthcare staff which will lead to an improved relationship, diagnoses, treatment and care
- Being able to participate more effectively in decision making about their health or that of someone that they care for
- Improved experience of using the services and care provided by UHNM

With improved communication, there is more likelihood service users will:

- Survive and recover
- Take their medication
- Attend for appointments and diagnostic tests
- Have fewer long-term conditions
- Be less limited by their long-term conditions
- Engage with disease prevention such as cancer screening and immunisation.

For the organisation:

- Improved communication with the diverse population and community of service users of UHNM
- Improved satisfaction levels of patients, carers and visitors to the Trust
- Reducing the risks related to poor communications
- Reducing the numbers of complaints and incidents
- Making more effective use of resources
- Helps the Trust in compliance with the law (Equality Act, Human Rights Act, Freedom of Information Act, Accessible Information Standards)

7. PROCESS

Assessing Communication Needs of Patient and Carers
All patients, next of kin and/or appropriate carers should be assessed to determine if they have any communication support needs at the time of initial contact and the outcome of the assessment should be recorded in the patient's health records in accordance with Trust and Divisional procedures.

Where communication supports needs have been identified, an "alert" must be entered into the Medway system to identify communication needs required. This will provide a prompt to ensure the correct method of communication and information provision is used for the individual.

Patients, next of kin and appropriate carers who have identified communication support needs should be communicated with and receive information in accordance with their individual requirements.

Patients' communication support needs, including if there are any communication support needs of their next of kin, should be documented in the patients' health records and the Trusts Care Plan booklet.

8. WRITTEN COMMUNICATION

Refer to policy G04 - Production of Written Information Associated with Care, Treatment and Procedures.

This policy sets out the minimum standards and guidance that all staff should follow when producing written information aimed at patients, carers, visitors or the public.

FOI ref 179-1920

Where patients are provided with a copy of paper information from their records, each copy should be marked as “Patients Copy”.

9. ELECTRONIC COMMUNICATION

All staff communicating electronically with patient and other service users and involved in producing information for the public are expected to follow the principles of Policy G04 and NHS Protect guidelines for Patients recording NHS staff in health and social care settings (see appendix). It should be noted that patients have the right to record consultations and have the right to receive recorded information if they wish. Electronic communications include:

- Email
- Hand held devices (e.g. tablets or IPads)
- Text messaging
- The Trust’s website
- Social media
- Devices used for recording verbal communication.

10. WAYFINDING, INFORMATION POINTS AND RECEPTIONS.

It is UHNM’s aim that all patients, carers, visitors or members of the public should be able to independently find their way to where ever they need to get to within all hospital sites. Where this is not the case appropriate assistance should be available. To this end, UHNM will maintain an accessible wayfinding system and appropriate support for people who have communication support needs.

Reception and information points should be designed and operate so that they are accessible to people using the Trust’s services, seeking information or assistance.

Trust staff involved in designing or maintaining wayfinding systems are expected to implement Trust guidance for wayfinding receptions and information points.

11. PUBLIC EVENTS, CONSULTATIONS AND MEETINGS

UHNM will develop guidance to ensure that:

- Public meetings
- Consultations
- Community Engagement
- Events and public activities

are inclusive and accessible to all sections of the community.

Staff who are involved in organising or delivering any events or activities should follow the guidance to ensure that everyone who the activity is aimed at is able to participate on an equal basis.

12. EDUCATION/TRAINING AND PLAN OF IMPLEMENTATION

- Include at Induction
- Refer to policy G04- Production of Written Information Associated with Care, Treatment and Procedures.
- Refer to policy C43 Gaining Consent.
- Refer to policy C11 Policy for Interpreters
- Refer to policy C24 Handover, Transfer and Escort Arrangements of Adult Patients between Wards and Departments

FOI ref 179-1920

13. MONITORING AND REVIEW ARRANGEMENTS

Monitoring Arrangements

- Audit Team complete monthly spots check on trigger Q1 (within the "Proud to Care" booklets for In-patients) regarding recording patients communication needs. Compliance is recorded on the Nursing Indicator dashboard.
- Quarterly audit of completion of alerts on Medway
- 6 monthly reviews of patient/carer feedback and complaints in relation to communication issues.

Policy Review

Policy will be reviewed in 24 months' time by the policy owner.

14. REFERENCES

1. Accessible Information Standards (NHS England July 2015) https://www.england.nhs.uk/wp-content/uploads/2015/07/access-info-upd-july-15.pdf

2. NHS Protect Patients recording NHS staff in health & social care settings.

15. APPENDICES

1. Consent form

FOI ref 179-1920

APPENDIX 1

Patient disclaimer for the use of email communication

Name……

Please read each statement. Tick the box to confirm you have read and understood each statement.

It is my request that I receive all information via email. ☐

I understand that emails are not always a secure way of sending information and that the Trust cannot always guarantee the confidentiality of information sent via email ☐

I understand that the Trust will use the email address that I provide ☐

I understand that it is my responsibility to inform the Trust if I change my email address ☐

I have read all of the statements above and confirm that I wish staff at University Hospitals of North Midlands NHS Trust to use my email address to contact me and send me any personal information.

Signed……

Date……

FOI ref 179-1920