



ACCESSIBLE INFORMATION (COMMUNICATION) POLICY

TH - 21

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1 INTRODUCTION

The Equality Act became law in October 2010 and covers all of the groups that were protected by previous equality legislation, known as Protected Characteristics, one of which is disability. The Act places a legal duty on all service providers to take steps or make “reasonable adjustments” in order to avoid putting a disabled person at a substantial disadvantage when compared to a person who is not disabled. The Equality Act 2010 (section 212) states that, ““substantial” means more than minor or trivial.” The Act is explicit in including the provision of information in “an accessible format” as a ‘reasonable step’ to be taken.

The NHS Constitution states that, “You have the right to be involved in planning and making decisions about your health and care with your care provider or providers, including your end of life care, and to be given information and support to enable you to do this. Where appropriate, this right includes your family and carers.” This applies equally to the Wentworth Clinic

From 1st August 2016 onwards, all organisations that provide NHS care and / or publicly-funded adult social care are legally required to follow the Accessible Information Standard. The Standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of patients, service users, carers and parents with a disability, impairment or sensory loss. Again, this equally applies to the Wentworth Clinic.

2 OBJECTIVE

The purpose of this document is to provide appropriate, timely and effective assistance and support to people where the Trust’s usual methods of communication may disadvantage them. This policy applies to all areas of the Trust’s work to ensure that measures are in place to support communication with non-English speakers, people for whom English is a second language, people with reading or learning difficulties, people with learning disabilities, people with speech and language impairments, (which could have resulted from a stroke, brain injury, dementia, etc.), people with visual impairments and deaf people or people with hearing impairments.

This policy describes how the Trust will ensure that patients and service users (and where appropriate carers and parents) who have information or communication needs relating to a disability, impairment or sensory loss receive:

- Accessible information’ (‘information which is able to be read or received and understood by the individual or group for which it is intended’); and •
- ‘Communication support’ (‘support which is needed to enable effective, accurate dialogue between a professional and a service user to take place’);

Such that they are not put “at a substantial disadvantage...in comparison with persons who are not disabled” when accessing Trust services. This includes accessible information and communication support to enable individuals to:

- Make decisions about their health and wellbeing, and about their care and treatment
- Self-manage conditions;
- Access services appropriately and independently; and

- Make choices about treatments and procedures including the provision or withholding of consent.

3 DEFINITIONS

- **Advocate**
A person who supports someone who may otherwise find it difficult to communicate or to express their point of view. Advocates can support people to make choices, ask questions and to say what they think.
- **Accessible information**
Information which is able to be read or received and understood by the individual or group for which it is intended. Alternative format Information provided in an alternative to standard printed or handwritten English, for example large print, braille or email.
- **Braille**
A tactile reading format used by people who are blind, deafblind or who have some visual loss.
- **British Sign Language (BSL)**
BSL is a visual-gestural language that is the first or preferred language of many d/Deaf people and some deafblind people
- **Communication support**
Support which is needed to enable effective, accurate dialogue between a professional and a service user to take place.
- **Communication tool / communication aid**
A tool, device or document used to support effective communication with a disabled person. They may be generic or specific / bespoke to an individual
- **d/Deaf**
A person who identifies as being deaf with a lowercase d is indicating that they have a significant hearing impairment.
- **Deafblind**
The Policy guidance Care and Support for Deafblind Children and Adults (Department of Health, 2014) states that, "The generally accepted definition of Deafblindness is that persons OFFICIAL Page 7 of 62 are regarded as Deafblind "if their combined sight and hearing impairment causes difficulties with communication, access to information and mobility. This includes people with a progressive sight and hearing loss" (Think Dual Sensory, Department of Health, 1995)." Disability The Equality Act 2010 describes disability as follows, "A person (P) has a disability if — (a) P has a physical or mental impairment, and (b) the impairment has a substantial and long-term adverse effect on P's ability to carry out normal day-to day activities."
- **Disabled people**
Article 1 of the United Nations Convention on the Rights of Persons with Disabilities has the following description, "Persons with disabilities include those who have long term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others."
- **Easy read**

Written information in an easy read format in which straightforward words and phrases are used supported by pictures, diagrams, symbols and / or photographs to aid understanding and to illustrate the text.

- **Impairment**
The disability charity Scope defines impairment as, “long term limitation of a person’s physical, mental or sensory function.”
- **Interpreter**
A person able to transfer meaning from one spoken or signed language into another signed or spoken language.
- **Large print**
Printed information enlarged or otherwise reformatted to be provided in a larger font size.
- **Learning disability**
People with learning disabilities have life-long development needs and have difficulty with certain cognitive skills, although this varies greatly among different individuals.
- **Translator**
A person able to translate the written word into a different signed, spoken or written language.

4 SCOPE

All Clinic personnel
All patients

5 RESPONSIBILITIES

Good, effective communication is the responsibility of all personnel

The Registered Person and Theatre Sister are responsible for ensuring that personnel are communicated with effectively

The Wentworth Clinic will ensure that a key element of staff training and induction will incorporate communication techniques.

6 PROCEDURE

Effective communication requires the use of appropriate language in order to convey clear, concise, relevant and timely information

We communicate in a number of different ways, for example:

- Speaking
- Writing
- Hand-signing
- Symbols
- Pictures

- Photographs
- Use of objects
- Body movements

It is important that individuals are and feel able to express themselves and understand each other. To this end communication must be seen as a two-way activity requiring active listening to the information. There are of course factors, which may affect the act of communicating, for example:

- Our health
- Our physical abilities
- Our mental health
- Our ability to see or hear
- Our ability to speak
- Culture
- Gender
- Age
- Where we live or work

Difficult communication may be due to disabilities affecting either or both individuals, this may cause failure of communication. The following list demonstrates some of the reasons why communication may be difficult. The list is not an exhaustive one

- Problems with reading, writing or working with numbers
- Hearing difficulties
- Problems with eyesight
- Not speaking or reading English as your first language
- Learning disabilities
- Dementia
- A stroke, Parkinson's Disease, multiple sclerosis, a brain injury or other neurological (brain) condition
- Autism
- Voice disorder
- Stammering or stuttering
- A mental-health problem
- Head or neck surgery because of cancer

Internal Communication

There are various methods which the Clinic will employ to communicate with all personnel in order that information can then be, in turn, cascaded within the Clinic.

There must be published minutes following all formal meetings. The minutes must be available to all personnel especially for those who were unable to attend.

Information communicated to personnel should include the following:

- Wentworth Clinic and service goals and vision
- Local information about a particular work area.
- Good news relating to achievements and innovations by personnel

Decisions about the means of communication within the Clinic is the responsibility of all Clinic personnel. Whichever method of communication is chosen, the process must be two-way and involve active listening.

The venue chosen for communication must be appropriate, selected and adapted to the needs of the individual or group, for example:

- Workshops
- Appraisals
- Team briefings and meetings
- Individual meetings between the registered Person and personnel
- Induction

The method of communication must be consistent with the following principles:

- Jargon free, in plain English
- Consistent, clear and current
- Open, honest and accessible
- A two-way, listening process
- Designed to suit its audience

Communication may involve any or all of the following tools:

- Notice boards
- Telephonic
- Intranet
- Formal letters

Good interprofessional communication will encourage effective communication between personnel and their patients

Communication with Patients/Carers

Communicating with patients is an integral and necessary part of the services provided at the Clinic. Patients are communicated with in a number of ways:

- Letters to patients – formal and informal
- Patient information leaflets – pre-admission and at the Clinic
- Face to face conversations with the Surgeon, reception staff, nursing staff etc.
- Publicly available reports/public meetings
- Electronic communication
- Clinic Signage – visible and clear
- Patient Satisfaction Surveys

The method of communication must be consistent with the following principles:

- Jargon free, in plain English
- Consistent, clear and current
- Open, honest and accessible
- A two-way, listening process
- Available in the appropriate language(s) and formats

Assessments will be made of patients at consultation by the Surgeon prior to arrival at the Clinic.

This will avoid the use of assumptions when communicating regarding the delivery of care. Where special needs are identified, care will be planned to incorporate resolving potential or actual communication barriers. For example:

- Non-English speakers - An interpreter, it may be helpful to maintain a register of employees in possession of foreign language skills, or use and Interpretation/Translation service
- Sign-Language specialist
- Hearing Impairment - Allowing patients to retain their hearing aid
- Visual impairment/loss – always introduce oneself to the patient and touch as appropriate to enhance the communication process
- Anxious patient – allow a Carer to accompany the patient, e.g. to the Theatre Unit.

General signage and patient and visitor notices are easily visible and clear. It is the Clinic's policy not to overload signage, as this will avoid confusing persons who may be visually impaired.

There is a leaflet and information available to patients and visitors regarding services at the The Wentworth Clinic.

Communication with the Local Community

Communication to and from the local community comprises various routes as follows

- Wentworth Clinic website
- Support Groups
- Written formal communication
- Advertising

7 EVALUATION

Audit of systems and processes
Review of policy
Patient Satisfaction Surveys
Changes to national guidance or legislation

8 REFERENCES

- NHS Accessible Information Standard (2016) and its updated guidance (2017)
- Equality Act 2010 – specifically the duty to make reasonable adjustments.
- Human Rights Act 1998.

- The NHS Constitution.
- Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (part 3) as amended: Regulations monitored by CQC 9 (person centred care), 10 (dignity and respect), 11 (need for consent), 12 (safe care and treatment) and 13 (safeguarding service users from abuse and improper treatment).
- Equality Delivery System 2 – specifically objectives 2.1 and 2.2.
- European Convention for the Protection of Human Rights and Fundamental Freedoms 1950.
- The United Nations Convention of the Rights of Persons with Disabilities 2008.
- The United Nations Convention of the Rights of the Child 1989.
- Mental Capacity Act 2005.
- Web Content Accessibility Guidelines (WCAG) and the Public Sector Bodies (Websites and Mobile Applications) (No. 2) Accessibility Regulations 2018.

9 RELATED CLINIC POLICIES

Consent for Treatment – General Clinic Policy
Pre-Operative Preparation of Patients
Human Resources - Staffing

10 EQUALITY AND DIVERSITY

This policy aims to meet the diverse needs of services, client base and staffing at the Wentworth Clinic, ensuring that none are placed at a disadvantage over others

This policy has been developed and will be reviewed on the basis that it does not discriminate and is not prejudicial on the grounds of disability, gender, marital status, sexuality, colour, race, nationality, ethnic origin, religious belief or age.