

PATIENT INFORMATION POLICY

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The most recent version of this document is held on the **Aireshare Policies** page.

The Trust register of policies held on Airesshare includes:

- IG principles
- Duties
- Retention Periods
- EcoAwaire
- Trust Statement: Values and Behaviours
- Equality and Diversity Statement

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1. ASSOCIATED DOCUMENTS

- Care Quality Commission *Fundamental Standards*
- Information Governance Policy (Airedale NHS Foundation Trust, current version)
- Consent to Care and Treatment Policy (Airedale NHS Foundation Trust, current version)
- Consent in Clinical Research Policy (Airedale NHS Foundation Trust, current version)
- Health Records Policy (Airedale NHS Foundation Trust, current version)
- [Patient Information Flow Charts](#)
- Patient Information Standard Operating Procedures for [creating patient information](#), [reviewing patient information](#) and [meeting the Accessible Information Standard](#)
- [Communication with Patients Approval Group Terms of Reference](#)
- [Patient Information Decision Tool](#)
- [Patient Information Feedback Form](#)
- [Patient Information Checklist](#)
- [Patient Information Mini Guides](#)
- [Readers' Panel Terms of Reference and Role Guide](#)

2. INTRODUCTION

The provision of timely and appropriate information, both written and verbal, is crucial to ensuring that people receive quality healthcare, including their medical treatment, nursing care and experience of hospital services. The Trust will comply with the requirements of the Equality Act¹ and the Accessible Information Standard² to make information available in accessible formats and to provide communication support to those who need this for reasons of disability.

The term *people* is used to refer to patients, families/carers, relatives and users who access care and services provided by Airedale NHS Foundation Trust (ANHSFT). The term *patient information* includes information given to families and carers. It does not include corporate information (such as annual reports and quality accounts), formal responses to complaints, or personal information covered by data protection and Caldicott Principles (such as

¹ Under the Equality Act 2010 the Trust is required to make reasonable adjustments to its services so that they are accessible to disabled people. This includes making our information accessible.

² The Accessible Information Standard was issued by NHS England in 2016 and is mandatory for health and social care providers.

letters to individual patients about their condition or care).

The Trust will seek to ensure that all written information provided for people – both clinical information and non-clinical – is clear, concise, reliable, professionally presented and evidence based. The Trust will also provide information for people from nationally recognised sources where it is appropriate to do so.

2.1 Purpose of the Policy

The purpose of this policy is to ensure that written information supplied by the Trust to people using its services during the course of their healthcare enables them to make informed decisions about their care and treatment. Information is generally provided in the form of leaflets, booklets, pamphlets and occasionally reports. This must include, in the case of treatment and/or care, information about the risks, benefits and alternatives in a style and format which helps people to suitably understand, assimilate and question what is happening to them.

The policy underpins the Trust's compliance with the Accessible Information Standard and ensures that this is a routine part of the way the Trust provides patient information to those with disabilities and sensory impairments. This requires the Trust to identify, record and flag disabled people's needs for accessible information and communication support, to share that information with other providers, and to take action to meet those needs. The Trust will offer accessible information in Easy Read, audio and large print formats as standard, and will seek to provide other formats on request. The Trust also offers face to face communication support, including for those who need this by reason of disability or because their first language is not English. This support can be arranged on request through the Trust's Interpreting Services.

2.2 Who does this Policy apply to?

This policy applies to all areas of the Trust and all individuals employed by the Trust, including those working on behalf of the Trust such as volunteers.

3. UNIQUE DUTIES APPLICABLE TO THIS POLICY

3.1 Director of Nursing

The Director of Nursing is accountable to the Board for safeguarding the patient experience. This policy serves to safeguard the patient experience. The Director of Nursing is also accountable to the Board for ensuring that there are robust systems in place to safeguard quality in accordance with national regulatory standards (e.g. Care Quality Commission). This policy serves to safeguard quality of care.

3.2 Deputy Director of Nursing

The Deputy Director of Nursing is responsible and accountable to the Director

of Nursing in ensuring that there are robust systems in place to safeguard the patient experience, quality standards and safety.

3.3 Clinical directors, assistant directors of operations, department heads and matrons

Clinical directors, assistant directors of operations, department heads and matrons must ensure that all patient information used within their area/division, is current and valid and that expired information is removed from circulation. They must ensure that where a relevant EIDO leaflet exists, it is used appropriately and in preference to locally produced patient information.

3.4 All staff

All staff who have cause to use and/or supply people with written information during the course of their work – including the provision of information about an individual's care and treatment and consent to care and treatment – are responsible for ensuring that:

- The information they give to people has been ratified in accordance with this Policy.
- Any externally produced information has been authorised by the Trust, e.g. the use of EIDO information.
- They have carefully considered whether or not written information they give to people is suited to their individual needs and that they understand what has been given to them to enable informed decisions and choices.
- They are aware of the range of accessible information formats and communication support that people need by reason of disability, and how to arrange this when required.
- They are aware of the needs of people whose first language is not English and how to arrange interpreting support when required.
- They make sure that written information supports and enhances face to face communication and is not a substitute for it.
- People's wishes are respected. Staff must seek to understand from individual patients whether or not they wish their family or friends to be involved in the receipt of any information, which provides explanations and/or advice about their care and treatment.

- They document in their approved³ clinical/nursing records what information they have given to people. This must include any additional supporting information, for example, a description of any risks, benefits and alternatives to treatment/care if this was discussed

3.5 Author(s)

Author(s) seeking to create or update patient information must:

- Follow the guidance and associated procedures which underpin this Policy, and complete all the required documentation.
- Check that the information is not already available (for example from the [EIDO leaflet library](#)) before creating new information.
- Use the Trust's standard design templates unless there is a strong case not to.
- Comply with the requirements of the Accessible Information Standard by:
 - Identifying who the information is for;
 - Identifying if they have any particular information needs arising from disability or sensory impairment;
 - Identifying which formats or languages are required to meet those needs;
 - Creating information that is as readable as possible by default.
- Seek approval from their line manager to secure financial funding in advance to cover any costs associated with creating the information (for example, professional design and printing costs).
- Ensure that any information they produce - and before it is given to people – is:
 - reviewed by the Trust's Readers' Panel, or directly by the people who use a service;
 - approved by the relevant clinical governance group or senior manager; and
 - submitted to the Trust's Communication with Patients Approval Group for ratification.

³ Approved records refers to those records which have been approved by the Health Records Committee as official Trust documentation for staff to record and document information about a patient's care and treatment.

- Review and update any information they produce before its expiry date. This is monitored by the Communication with Patients Approval Group.

3.6 Patient Information Officer

The Patient Information Officer supports staff to comply with this Policy and its associated procedures and documentation. She manages the Patient Information sites on AireShare and the public website. She also facilitates the Trust's Readers' Panel and the Communication with Patients Approval Group.

In the absence of the Senior Health Information Specialist, the Patient Information Officer provides essential cover for the central document library.

3.7 Senior Health Information Specialist

The Senior Health Information Specialist manages the storage of patient information produced locally (i.e. that produced by a member of the Trust's staff) using AireShare.

All documents are uploaded to the central document library on AireShare by the Senior Health Information Specialist who (1) manages the storage of existing patient information; (2) uploads new/revised ratified versions to the AireShare site, and (3) archives outdated/invalid materials⁴.

In the absence of the Patient Information Officer, the Senior Health Information Specialist provides essential cover.

The Health Information Centre can be called upon to provide authors with new/updated information affecting practice (such as National Institute for Clinical Excellence - NICE guidance) and any external information as required.

3.8 Readers' Panel

The Readers' Panel comprises members of the public who volunteer their time to support the creation of high quality written information across the Trust. The panel offers a patient perspective on the content and design of information. It has a particular focus on the use of Plain English and seeks to ensure that information is user friendly and appropriate for its target audience. The panel is used as a means of engaging with people where it is not possible or appropriate to engage directly with the people who use a service.

3.9 Communication with Patients Approval Group

The Communication with Patients Approval Group (CPAG) reviews and

⁴ This will be done through the version history functionality within AireShare.

ratifies all types of written information for patients. The group ensures that all patient information developed by the Trust has followed the Patient Information Policy, agreed process and good practice guidelines. The group receives new information for approval and oversees the review and archiving of existing information. The group reports to PPEE Steering Group.

3.10 Patient Information Service

The Trust has a dedicated Patient Information Service. This offers local people and the community prompt access to high quality patient information products and resources from a wide range of NHS and specialist sources, including national health charities. People can access this service via email, telephone and face-to-face enquiry services as well as through the trust's [Your Health web pages](#).

The Patient Information Service ensures that any information provided to people meets the standards set out in this policy. The service keeps its own records of enquiries and the information issued to people.

4. REQUIREMENTS OF THIS POLICY

Based on national guidance⁵, the Trust has developed clear procedures to enable staff to produce quality patient information. These procedures must be followed when working in accordance with this policy and are set out in the following documents:

- A Standard Operating Procedure for [creating patient information](#): this provides step by step guidance for staff.
- A Standard Operating Procedure for [reviewing existing patient information](#): this provides step by step guidance for staff.
- A Standard Operating Procedure for [supporting patients with information and communication needs](#): this provides guidance for staff on how to meet the Accessible Information Standard.
- Supporting [Flow Charts](#): to guide staff through the process of creation, approval, ratification and review.
- [Supporting forms](#) including a Decision Tool, Feedback Form and Checklist, which are linked into the Flow Charts at the relevant points.
- A set of [mini guides](#) for staff: these cover topics including recommended content, Plain English, accessible information, images and copyright, involving patients, design and printing, and review and archiving.

⁵ NHS England, The Information Standard, www.england.nhs.uk/tis/ (accessed May 2017)

5. CONSULTATION PROCESS

Patient and Carer Panel c/o Patient Experience Lead



Local Governance Group



Roles with additional duties applicable to this policy

This policy was originally developed following consultation, primarily, with members of the Patient and Public Engagement and Experience (PPEE) Steering Group, senior nurses and managers, and members of the Quality and Safety Team. The policy was revised and updated in 2017 following a review of the patient information process and all supporting documentation. This review involved engagement with a wide range of staff, patients, community groups and members of the Readers' Panel, including people with learning disabilities and sensory impairments, carers, young people and speakers of other languages. The revised policy reflects this feedback.

6. TRAINING REQUIREMENTS

Divisional groups are responsible for raising awareness of this policy amongst their staff who are involved in producing patient information. Staff can seek help and guidance from the Patient Information Officer.

7. RECORD KEEPING

This policy will result in the following classes of records being created, which will observe the following retention regimes:

Record Type	Retention period	Disposal method
Annual Audit	24 months	Destruction
PPEE Steering Group Minutes	Duration of associated Group minutes	Destruction
Communication with Patients Approval Group action points and reports to PPEE SG	Duration of associated Group records	Destruction

8. STEPS TO ENSURE EFFECTIVE COMPLIANCE

8.1 Process for monitoring and frequency

Standard to be monitored	Process for monitoring	Frequency	Person responsible for:	Committee accountable for:	Frequency of monitoring
	e.g. audit, ongoing evaluation etc.	e.g. annually 3 yearly	undertaking monitoring & developing action plans	review of results, monitoring action plan & implementation	e.g. monthly, quarterly
Staff document in approved records when they provide people with information	Consent audit	Annually	Trust lead for consent	Clinical Quality, Learning and Improvement Group	Annually
Current, valid and archived information is stored on AireShare in accordance with the Standard Operating Procedure	Self inspection audit of information on AireShare	quarterly	Senior Health Information Specialist	Communication with Patients Approval Group	Exception report
Only current and valid information is available for use within wards/departments	Annual audit of patient information available for use within wards and departments	Annually	Deputy Director of Nursing	Clinical Quality, Learning and Improvement Group	Annually

8.2 Lead Responsible and Accountable Governance Group

Lead responsible: Patient Information Officer

Accountable Governance Group: Patient and Public Engagement and Experience Steering Group

9. DEFINITIONS

Term	Meaning
Caldicott Principles	Following a review about the ways in which patient information was being used in the NHS in England and Wales and the need to ensure that confidentiality was not undermined, a Committee under the chairmanship of Dame Fiona Caldicott, highlighted six key principles that should be followed.
Care Quality Commission	A non-departmental public body of the United Kingdom government established in 2009 to regulate and inspect

	health and social care services in England
Communication with Patients Approval Group (CPAG)	CPAG ensures that all patient information developed by the Trust has followed the agreed Policy, process and good practice guidance. It oversees the approval of new information and the updating and archiving of existing information, and provides assurance to PPEE Steering Group.
EIDO	EIDO Healthcare is contracted by the Trust to supply patient information leaflets supporting the informed consent process.
National Institute for Clinical Excellence (NICE) Guidance	NICE guidance sets the standards for high quality healthcare
Patient and Public Engagement and Experience Steering Group (PPEE)	The PPEE Steering Group provides assurance to the Trust Board via the Executive Assurance Group that the Trust is meaningfully engaging with and listening to patients/users and the public about their experience of care and services.
Clinical Quality, Learning and Improvement Group (CQLIG)	The overall function of CQLIG is to both monitor and review quality and safety within the Trust, focusing on patient safety, clinical effectiveness, patient experience and quality management systems.
Quality Account	An annual account, which all health service providers have to publish about the quality of their services

10. Version Control

Version	Date	Author	What was Changed
3	August 2017	Patient Information Officer	Substantive revision of purpose and duties following patient information review and in support of compliance with Accessible Information Standard

11. APPENDICES

Appendix 1 Equality and Diversity Impact Assessment Template

Appendix 1 Please tick and fill in as appropriate

FULL IMPACT ASSESSMENT TEMPLATE

A. POLICY INFORMATION

Title of policy	Brief description of Policy	What outcomes are expected from application of the policy
<p data-bbox="236 600 467 701">PATIENT INFORMATION POLICY</p> <p data-bbox="236 745 536 813">Who will benefit from the policy</p> <p data-bbox="236 857 547 1070">Patients, carers and the public, including those with information and communication needs arising from disabilities or sensory impairments</p>	<p data-bbox="590 633 903 1093">The purpose of this policy is to ensure that written information supplied by the Trust to people using its services during the course of their healthcare enables them to make informed decisions about their care and treatment.</p>	<p data-bbox="925 633 1527 1440">The policy underpins the Trust’s compliance with the Accessible Information Standard and ensures that this is a routine part of the way the Trust provides patient information to those with disabilities and sensory impairments. This requires the Trust to identify, record and flag disabled people’s needs for accessible information and communication support, to share that information with other providers, and to take action to meet those needs. The Trust will offer accessible information in Easy Read, audio and large print formats as standard, and will seek to provide other formats on request. The Trust also offers face to face communication support, including for those who need this by reason of disability or because their first language is not English. This support can be arranged on request through the Trust’s Interpreting Services.</p> <p data-bbox="925 1485 1527 1597">All patients / groups of individuals will benefit as the provision of any patient information will:</p> <ul data-bbox="973 1608 1527 1955" style="list-style-type: none"> ○ aid an individual’s understanding and knowledge of healthcare; ○ increase people’s ability to manage conditions; ○ contribute to healthy and fulfilling lifestyles; and ○ enable people to make informed decisions about their care and treatment.

What factors that might prevent outcomes being achieved? Staff awareness Cost (staff time and cost of provision of accessible information and communication support)	How do the aims of the policy fit in with Trust corporate objectives Supports Right Care vision of patient centred care, where patients are able to access compassionate, safe care that empowers them, helps make them active and maintains their dignity.	New Policy	
		Existing Policy	Y
		Date of Review	August 2020
		Date EqIA undertaken	August 2017
Name and Title of Individual conducting this analysis, including contact details Helen Roberts, Patient Information Officer, Helene.roberts@anhst.nhs.uk			

B. DATA COLLECTION

What quantitative data has been considered about the policy in respect of the policy relating to protected characteristics (e.g. proportions of service users)	What qualitative data do you have on the different groups (e.g. findings from discussion groups, information from comparator Trusts)?	What gaps in data have you identified? Including actions to address this.
N/A	Findings from extensive review and consultation process including with groups with special information and communication support needs by reason of disability or sensory impairment	N/A

C. IMPACT.

This table is around assessing if the policy has a detrimental impact upon any of the protected characteristics. Consider the information gathered in Section B above in comparing monitoring information with census data as appropriate⁶ and considering any earlier research or consultation. You should also look at the guidance in appendix 1

AGE	+VE	-VE	NONE	REASON FOR REACHING THIS DECISION
Young (Children and young people, up to 18)	Y			Supports provision of information and communication support based on personal need, including on account of age

⁶ www.ons.gov.uk (Office National Statistics website)

Older (Working age, and above)	Y			Supports provision of information and communication support based on personal need, including on account of age
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DISABILITY	+VE	-VE	NONE	REASON FOR REACHING THIS DECISION
Visual impairment	Y			Supports provision of information and communication support based on personal need, including by reason of visual impairment
Hearing Impairment	Y			Supports provision of information and communication support based on personal need, including by reason of hearing impairment
Physically disabled	Y			Supports provision of information and communication support based on personal need, including by reason of disability
Learning disability	Y			Supports provision of information and communication support based on personal need, including by reason of disability
Mental health			Y	
Other (HIV positive, multiple sclerosis, cancer, epilepsy)			Y	

GENDER	+VE	-VE	NONE	REASON FOR REACHING THIS DECISION
Male			Y	
Female			Y	

RELIGION /BELIEF	+VE	-VE	NONE	REASON FOR REACHING THIS DECISION
			Y	

RACE	+VE	-VE	NONE	REASON FOR REACHING THIS DECISION
Promoting equality of opportunity			Y	

Promoting good race relations			Y	
Eliminating unlawful discrimination			Y	

SEXUAL ORIENTATION	+VE	-VE	NONE	REASON FOR REACHING THIS DECISION
Gay Men			Y	
Lesbians			Y	
Bi - Sexual			Y	
Trans communities ⁷ (i.e. Trans-gender, trans- sexual and transvestite and gender reassignment) ⁸			Y	

D. SUMMARY

Which equality groups have positive or negative impacts been identified for (i.e. differential impact)⁹.	Positive impact: age and disability
Is the policy directly or indirectly discriminatory under the Public Sector Equality duty and equalities legislation?	No
If the policy is indirectly discriminatory can it be justified under the relevant legislation?	N/A

⁷ Transgender /transsexual person: a person whose perception of their own gender (gender identity) differs from the sex they were born with.

⁸ Gender reassignment: is the process of transitioning from the gender assigned at birth to the gender the individual identifies with. This may involve medical and surgical procedures.

⁹ Differential Impact suggests that a particular group has been affected differently by a policy, in either a positive or negative way.