



University Hospitals Sussex
NHS Foundation Trust

Policy for Accessible Information	
Summary statement: How does the document support patient care?	This document sets out how the Trust will meet the information and communication support needs of patients, services users, carers and parents with a disability, impairment or sensory loss.
Staff / stakeholders involved in development: <i>Job titles only</i>	<i>Chief Nursing Officer Chief Information Officer Head of information governance Director of Communications Head of Patient Information Director of Patient Experience, Engagement and Involvement Director of integrated education</i>
Division:	
Department:	
Responsible Person:	
Authors:	Director of Patient Experience, Engagement and Involvement
For use by:	This policy applies to all staff communicating directly with patients and the public.
Purpose:	This document sets out how the Trust will meet the information and communication support needs of patients, services users, carers and parents with a disability, impairment or sensory loss.
This document supports:	This policy supports: <ul style="list-style-type: none">• the 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).

	<ul style="list-style-type: none"> • 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.
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If you require this document in another format such as Braille, large print, audio or another language please contact the Trusts Communications Team	
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4.0				

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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.”

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.

2. Purpose

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. Responsibilities, Accountabilities and Duties

The Trust Board are responsible for:

The Trust Board is responsible for:

- Ensuring that its services are fair and accessible to all patient/service users.
- Ensuring access to trained interpretation and translation services. Ensuring compliance with the Accessible Information Standard
- Ensuring that patients, service users, carers and parents with information and / or communication needs related to or caused by a disability, impairment or sensory loss have these needs met
- Ensuring that patients, service users, carers and parents are provided with appropriate communication support, including using aids or equipment and / or by staff making adjustments to their behaviour or the language they use to enable effective communication.
- Ensuring that the Trust meets digital accessibility standards

All Trust staff in communication with patients and the public are responsible for:

- identifying and recording the information and / or communication needs of their patients and service users – and where appropriate their carers or parents – where such needs relate to or are caused by a disability, impairment or sensory loss, and:
- Such information must be recorded as part of the individual's first or next interaction with the service.
- ensuring that the information and / or communication needs of patients and service users are identified and recorded:
 - Upon registration with the service;
 - As part of the initial contact or interaction with the service;
 - In an emergency or urgent care scenario, as soon as is practical after initial interaction with the service;
 - At first appointment;
 - Upon receipt of a 'certificate of vision impairment' from an ophthalmologist;
 - Upon receipt of notification that a person has a sensory loss or learning disability;
 - When a diagnosis or symptoms indicate a new or revised communication or information support need;
 - As part of care or support planning.
- Such information be recorded in line with the human readable definitions / categories
- proactively prompting individuals to identify that they have information and / or communication needs, and support them to describe the type of alternative format and / or support that they need.
- ensuring that information recorded about individuals' information and communication support needs is accurate.
- Ensuring that patients, service users, carers and parents with information needs (a need for information in a non-standard print format) are sent or otherwise provided with information, including correspondence, in formats which are appropriate, accessible and that they are able to understand.
- Ensuring that patients, service users, carers and parents with information and / or communication support needs are given a longer appointment where this is needed to support effective communication / the accessible provision of information

The People directorate are responsible for:

- Procuring interpretation and translation services ensuring that the provider(s) are competent with: terminology and the understanding of medical terms/procedures; Confidentiality; DBS checked; professionally accountable; accuracy in transmission; and mitigating the risk factor of claims of medical negligence for inaccurate interpreting.
- Ensuring that communication professionals (including British Sign Language interpreters and deafblind manual interpreters) have appropriate qualifications; Disclosure and Barring Service (DBS) clearance; and are signed up to a relevant professional code of conduct.

- Chairing the Patient and Carer Information Group, whose purpose includes assurance that patient education materials are accessible [see also TW219 - Producing Patient Education Materials Policy and Procedure]
- ensuring sufficient training for staff to support conformance with the standard, including training on producing patient education materials, and on making documents web-accessible.
- Procuring and promoting the use of externally-produced patient education materials, ensuring these are available in Easy Read formats.
- Advising clinical staff on the production of local patient education materials, maintaining standards for their accessibility, and making these available via the Trust website in a web-accessible format.
- Overseeing the production of patient education materials in audio and video formats in collaboration with clinical staff. Incorporating captioning (in all cases) and BSL translation (as appropriate).

IT, data and system leads/ information governance are responsible for:

- Ensuring new electronic patient or service user record or administration systems specify compliance with this information standard in IT systems and software supplier contracts
- a clear procedure for the accurate and consistent identification, recording, flagging and sharing of patient information
- Ensuring that electronic recording and administration systems enable recording of information and communication needs, that paper-based systems and documentation enable recording of needs and systems and documentation are formatted so as to make any record of information or communication needs highly visible, in line with the standard.
- Ensuring that systems for edit checking / quality assurance of data are in place
- Ensuring that where online systems enable patients or service users to access their own records, and subject to UK General Data Protection Regulation / Data Protection Act 2018 safeguards, such systems enable an individual to review the data recorded about their communication and information needs and request changes if necessary
- Ensuring that IT platforms intended for patient use meet digital accessibility standards.

Communications team are responsible for:

- Developing all UHSussex websites to meet digital accessibility standards
- Creating and supporting others to create corporate and patient information documents (such as leaflets) that meet the digital accessibility standards both in format and language used
- Ensuring that the Trust website complies with web-accessibility legislation.
- Ensuring that the Trust website enables management and archiving of patient education materials and allows provision in a web-accessible format.

The patient experience team are responsible for:

- Overseeing quality assurance to ensure that the type of communication support or alternative format provided to patients, service users, carers and parents is effective in meeting those needs.
- Ensuring patients and service users are encouraged and enabled to provide feedback about their experience of receiving information in an appropriate format or communication support, including having access to an accessible complaints policy.

5. Policy

5.1 How information and communication needs will be met

UHSussex 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 and communications support such that they are not put at a substantial disadvantage. This will be achieved by ensuring the following:

- A. Information published by the Trust on websites, digital platforms and in print are accessible for those with information or communication needs and is compliant with the Web Content Accessibility Guidelines (WCAG) and the Public Sector Bodies (Websites and Mobile Applications) (No. 2) Accessibility Regulations 2018.
- B. Patient / service user administration and record systems, platforms, processes and documentation adhere to the Accessible Information Standard
- C. Contracts for patient / service user record and administration systems include the requirement for the system to adhere to the Accessible Information Standard
- D. Information governance risks associated with communication needs have been identified and mitigating actions completed such that residual risks are as low as reasonably possible.
- E. Clinical and other safety risks associated with communication needs have been identified and mitigating actions completed such that residual risks are as low as reasonably possible.
- F. Undertaking staff training where required to ensure patients and service users have their information or communication needs met
- G. Information and communication needs are identified and recorded when service users first interact or register with the service and that these needs are updated
- H. Patient / service user records include consistent population of fields relating to information and communication support needs.
- I. Record systems and relevant documentation enable recording of information and communication needs, and are formatted so as to make any record of information or communication needs highly visible
- J. Feedback from patient surveys, PALS (Patient Advice and Liaison Service), local Healthwatch or other sources demonstrates that individuals are aware of nature of the information which has been recorded about their information and

/ or communication needs. This is included in thematic analysis from patient experience data quarterly.

- K. Where online systems enable patients or service users to access their own records, there is evidence that individuals have viewed and / or contributed to their records with regards to information and communication needs.
- L. Care plans include information about individuals' information and communication needs
- M. Electronic patient and record systems automatically identify a recorded need for information or correspondence in an alternative format and / or communication support, and flag, prompt or otherwise make this highly visible to staff whenever the record is accessed.
- N. Electronic patient or service user administration and record systems automatically identify relevant recorded needs and either automatically generate correspondence or information in an alternative format or enable staff to manually generate correspondence in an alternative format upon receipt of an alert.
- O. Systems are in place to ensure that a standard print letter is not sent to an individual for whom this is not an appropriate or accessible format.
- P. Arrangements and protocols are in place such that information about individuals' information and / or communication support needs is included as part of existing data-sharing processes, and as a routine part of referral, discharge and handover.
- Q. There are mechanisms in place for individuals to make a complaint, raise a concern or pass on feedback in alternative formats and with communication support. This information is available via the Trust's Policy on Raising Concerns and Complaints which is available on the Trust website.

5.2 Interpreting and translation

This is addressed by the interpretation and translation policy.

Use of family or friends and interpreters

It is generally unacceptable to use a friend or family member as an interpreter (in cases where there is a language support need), when discussing treatment, care and medical issues with a patient, as the interpreter must be impartial. If the patient, service user or carer expresses a wish to use an adult family member or friend as an interpreter, the importance of using a professional interpreter should be fully explained to them.

If the patient insists on using a friend or family member, respect their choice provided the friend or family member agrees to interpret accurately what is said, and that there is no conflict of interest. The offer of using a professional interpreter, and the patient, service user or carer's choice not to accept should be recorded in their notes. However, in cases of adult and children's safeguarding and protection; mental health, domestic violence or other sensitive issues, it is not acceptable to use family members or friends as interpreters. If the patient/service user (that has a language need) is a child, a professional face-to-face interpreter must be used at all times when discussing important, sensitive or confidential information. This, of course, does not prevent the family from being present to provide support to the child. In line

with legislation and guidance on Safeguarding Children, for the purposes of this policy a child is considered as anyone up to the age of 18 years of age. For social interaction, basic requests and general conversation, where confidentiality is not an issue, it would be acceptable to use an adult family member, friend or member of staff if both parties are in agreement.

It is inappropriate to use children as interpreters under any circumstances. If the patient requiring an interpreter is a child, it is unacceptable to use the child's family/carers to interpret under any circumstances. A professional face-to-face interpreter provided by the Trust should be used in every instance. It is generally not recommended to use a telephone interpreter for patients that are children. The Laming Report, investigating the death of Victoria Climbié states "When communication with a child is necessary for the purposes of safeguarding and promoting that child's welfare, and the first language of that child is not English, an interpreter is required.

As with children, adults in need of an interpreter to fulfil a language or communication need, and is deemed as a safeguarding risk should have a professional face-to-face interpreter provided by the Trust in every instance.

5.2.2 Use of staff as interpreters

It is generally unacceptable to use staff as interpreters. However, there are certain circumstances where it may be acceptable. These are in cases of an emergency (see 'emergency situations') or where the staff member is part of the patient or service user's care team, and it is for the purpose of social interaction, or it has not been possible to arrange an interpreter, e.g. due to time constraints. It should be borne in mind that although staff may be happy to interpret, it is not the most appropriate use of their time and the quality or impartiality of their interpreting cannot be guaranteed. If a member of staff has been used instead of an interpreter from an agency, the staff member's name and the reasons for using them must be noted in the patient's notes/file on this instance.

5.3 Consent

Clinicians are required to seek informed consent before initiating treatment, discussing patient specific information, carrying out procedures or examining a patient who has the mental capacity to give consent. If the patient has English as a second language, cannot speak English or requires communication support, it is not acceptable to say that they do not have the mental capacity to give or withhold consent.

In all cases it is extremely important to find the most effective way of communicating with the person concerned, as good communication is essential for explaining relevant information in an appropriate way, and for ensuring that the steps being taken meet the individual's needs. In such circumstances clinicians should make reference to the Mental Capacity Act, Mental Capacity Act Policy and Policy for Consent to Examination and Treatment. The clinician must make arrangements for an interpreter (and/or any relevant communications support) and treatment should not be initiated until this happens, (exceptions are noted in the 'Emergency

Situations' section in this policy). Any patients with a speech or language disorder must be referred to the Speech and Language Therapists before any decisions around Mental Capacity are made – it is usual for the SLT to conduct the Mental Capacity assessment for this group of patients.

The Trust procures the EIDO Inform database of patient consent leaflets for clinicians to access patient consent leaflets in Easy Read format and in languages other than English.

5.3.1 Intimate Examinations & Procedures

Please refer to the Policy on Chaperones for Adults during Intimate Examinations and Procedures, for advice on the correct use of chaperones. An interpreter is not to be used as a chaperone under any circumstances. If interpretation is required during a procedure or examination, the patient should be shielded from the interpreter by use of curtains or screens where possible. For Deaf or hearing impaired patients their privacy and dignity should be maintained whilst ensuring they can still maintain visual contact with the interpreter. People with Learning Disabilities may find it beneficial to have the support from their friends, family or paid carer under these circumstances, but this should be discussed with the patient/service user

5.3.2 Emergency situations

In emergency situations it may be necessary to use staff members, adult family members, friends or paid carers to help communicate basic information about care or personal history, but they should not be used to interpret clinical information, medical terminology or facilitate decision making about clinical care. In cases where there is a language or communication support need (i.e. British Sign Language). In the event of an emergency situation requiring interpretation relating to consent or treatment, decisions must be made in the patient's 'best interests', and should not be delayed waiting for an interpreter. This should be fully documented in the patient notes. Clinicians should try to communicate with the person and keep them informed of what is happening. Depending on the situation you may decide that telephone interpreting is more appropriate given the circumstances, you will on average have a 30-40 second wait before being connected to an appropriate telephone interpreter. See Appendix 1 for contact details, and the 'Interpreter and Translation Policy.

5.4 Information for everyday communications

Each new publication or piece of information should be assessed on an individual basis and apply the following principles:

- Use a clear and easy to read font such as Arial.
- Use a minimum font size (point size) of 12.
- Keep sentences short – this means an average sentence length should be approximately 15- 20 words.
- Use the correct template, see: www.uhsussex.nhs.uk/about/our-identity/ for templates

- Patient education materials must be produced in accordance with TW219 - Producing Patient Education Materials Policy and Procedure
- Simplify the language and make it appropriate for the reader – a guide of alternative words can be found on the Plain English Campaign website: <http://www.plainenglish.co.uk/files/alternative.pdf>
- Further information on how to improve accessibility is on our intranet: www.uhsussex.nhs.uk/accessibility/

5.5 Translation

Patient/service user information should be offered and available in the relevant language and/or appropriate format, (e.g. large print, Easy Read, audio or Braille for example), and information should use language and images that reflect and promote equality of opportunity and values diversity (see Translation and Interpretation Policy).

Examples of information that may require translating include:

- Appointment letters – also consider the use of bilingual appointment letters that are on the EDHR Info-net site.
- Patient information leaflets.
- Written instructions for taking medicine – i.e., medicine labels.
- Consent Forms. Please see the range of patient information that is available on the intranet for operational information about services/methods of communication that are available to patients.

Card medic can be used in many circumstances and this is available as an icon on most desktops.

There might be occasions where a patient/service user may bring medical notes, letters, etc. with them. Interpreters are not allowed to translate documents, but can offer a 'sight translation' – this will give the member of staff/team treating the patient/service user the general spirit of the documentation, which will aid in deciding if the document needs to be translated or not. If you need a document translated before requesting a document translation service, please check the EIDO healthcare library of NHS patient leaflets and information to establish if it already exists.

5.6 Exclusions from the policy

In line with the Accessible Information Standard, the following aspects are out of scope of this policy:

- The needs or preferences of staff, employees or contractors of the organisation (except where they are also patients or service users (or the carer or parent of a patient or service user).
- Recording of demographic data / protected characteristic strand affiliation.
- Recording of information or communication requirements for statistical analysis or central reporting.

- Expected standards of general health and social care communication / information (i.e. that provided to individuals without additional information or communication support needs).
- Individuals' preferences for being communicated with in a particular way, which do not relate to disability, impairment or sensory loss, and as such would not be considered a 'need' or 'requirement' (for example a preference for communication via email, but an ability to read and understand a standard print letter).
- Expected standards, including the level of accessibility, of health and social care websites.
- 'Corporate' communications produced / published by organisations which do not relate to direct patient / service user care or services, and do not directly affect individuals' health or wellbeing.
- Implementation of the Equality Act 2010 more widely, i.e. those sections that do not relate to the provision of information or communication support. This exclusion includes other forms of support which may be needed by an individual due to a disability, impairment or sensory loss (for example ramps or accommodation of an assistance dog).
- Foreign language needs / provision of information in foreign languages – i.e. people who require information in a non-English language for reasons other than disability.
- Matters of consent and capacity, including support for decision-making, which are not related to information or communication support.
- Standards for, and design of, signage

6. Training Implications

Training on producing patient education materials and on producing web-accessible documents is provided by the Knowledge and Library Service. These should be signposted as part of employees local departmental induction.

7. Monitoring Arrangements

This policy will be monitored by the communications and patient information teams when new guidance is received.

8. Due Regard Assessment Screening

Section 8 - Due Regard Assessment (Standard Text – each policy writer can add to the below as they see fit)

University Hospitals Sussex NHS Foundation Trust has a statutory duty to assess and consult on whether planning, policies and processes impact service users, staff and other stakeholders with regard to age, disability, gender (sex), gender identity, marriage or civil partnership, pregnancy and maternity, race (ethnicity, nationality, colour), religion or belief and sexual orientation. It recognises

that some people may face multiple discrimination based on their identity. A review of the assessed impact of this policy against these criteria can be seen (Appendix 1).

9. Links to other Trust policies

Translation and interpretation policy

Appendices

Appendix 1 – Due Regard Assessment Tool

Appendix 2 – Dissemination, Implementation and Access Plan

Due Regard Assessment Tool

To be completed and attached to any policy when submitted to the appropriate committee for consideration and approval.

		Yes/No	Comments
1.	Does the document/guidance affect one group less or more favourably than another on the basis of:		
	• Age	N	
	• Disability	N	
	• Gender (Sex)	N	
	• Gender Identity	N	
	• Marriage and civil partnership	N	
	• Pregnancy and maternity	N	
	• Race (ethnicity, nationality, colour)	N	
	• Religion or Belief	N	
	• Sexual orientation, including lesbian, gay and bisexual people	N	
2.	Is there any evidence that some groups are affected differently and what is/are the evidence source(s)?	Y	Those with additional information needs as described in the policy
3.	If you have identified potential discrimination, are there any exceptions valid, legal and/or justifiable?	N	
4.	Is the impact of the document likely to be negative?	N	
5.	If so, can the impact be avoided?	N/A	
6.	What alternative is there to achieving the intent of the document without the impact?	N/A	
7.	Can we reduce the impact by taking different action and, if not, what, if any, are the reasons why the policy should continue in its current form?	N	
8.	Has the document been assessed to ensure service users, staff and other stakeholders are treated in line with Human Rights FRED A principles (fairness, respect, equality, dignity and autonomy)?	Y	

If you have identified a potential discriminatory impact of this policy, please refer it together with any suggestions as to the action required to avoid/reduce this impact. For advice in respect of answering the above questions, please contact uhsussex.equality@nhs.net 01273 664685).

Template Dissemination, Implementation and Access Plan

To be completed and attached to any policy when submitted to Corporate Governance for consideration and TEC approval.

	Dissemination Plan	Comments
1.	Identify:	
	<ul style="list-style-type: none"> Which members of staff or staff groups will be affected by this policy? 	All staff with any contact with the public or patients
	<ul style="list-style-type: none"> How will you confirm that they have received the policy and understood its implications? 	Shared on intranet, approved by Trust Board with request for leaders to disseminate
	<ul style="list-style-type: none"> How have you linked the dissemination of the policy with induction training, continuous professional development and clinical supervision as appropriate? 	Policy is included on the intranet with new staff advised of the location of policies
2.	How and where will staff access the document (at operational level)?	Intranet

		Yes/No	Comments
3.	Have you made any plans to remove old versions of the policy or related documents from circulation?	Y	
4.	Have you ensured staff are aware the document is logged on the organisation's register?	Y	