

POLICY & PROCEDURE FOR THE DEVELOPMENT & REVIEW OF INFORMATION FOR SERVICE USERS & CARERS

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POLICY STATEMENT:

Service users have the right to make informed decisions and choices about treatment and care. Carers have the right to make informed decisions and choices about the support available. Knowledge about their mental health condition and medication can aid a service user's recovery. Without access to relevant information service users and carers are disempowered. Therefore it is essential that they are provided with information about the services provided by the Trust and the treatment, care and support they can receive.

1. Introduction

This document explains:

- i) why the policy is necessary (rationale)
- ii) to whom it applies and where and when it should be applied (scope)
- iii) the underlying beliefs upon which the policy is based (principles)
- iv) the standards to be achieved (policy)
- v) how the policy standards will be met through working practices (procedure)

1.1 Rationale (Why)

The purpose of this document is to provide a framework for the development and review of information for service users and carers and to ensure that all information for service users and carers is developed and produced in accordance with statutory, non statutory and Trust requirements.

1.2 Scope (Who, Where & When)

This policy will apply to all Trust staff for use within the Trust.

The Public Participation Committee will fulfill a strategic role in the delivery of information for service users and carers:

- i) Establishing procedures for the development and review of information for service users and carers which are in accordance with statutory and non-statutory requirements (NHSLA, Standards for Better Health, Audit Commission, Healthcare Commission) and compliant with corporate guidance.
- ii) Developing and monitoring Trust-wide information where required.
- iii) Ensuring that information is available for service users and carers about how to raise concerns and the support available to do this.

- iv) Receiving and commenting on plans put forward by Governance Committees for the development of information for service users and carers.
- v) Instigating information audit(s) if there are areas of concern.
- vi) The Public Participation Committee will report to the Service Delivery Board and the Trust Board.

Governance forums in all Trust services will have a duty to:

- i) Develop relevant information for service users and carers. This should be informed by the views of service users and carers from the working Together Group, consultations, evaluations, complaints, representations from advocacy organizations, etc.
- ii) Ensure that relevant information is available to service users and carers.
- iii) Ensure that all information produced is compliant with and meets the criteria and processes outlined in this document.
- iv) The process can be initiated by the following Committees: The Clinical Risk Committee, Health Care Governance Committee (both corporate and local), Acute Care Forums (both corporate and local), the Working Together Group, the Public Participation Committee, the Trust-wide Carers Committee, Service User Groups, Carer Groups, external partners.
- v) Ensure that service users and carers are involved throughout the process for the development and review of information for service users and carers. The service users and carers involved will have knowledge and recent experience of the service, treatment or procedure and will be recruited and supported in accordance with Trust policy on involving service users and carers and the Trust protocol on payments to service users and carers.

1.3 Principles (Beliefs)

This policy is to ensure that:

- i) Service users are enabled to make informed decisions and choices about treatment and care and carers are enabled to make informed decisions and choices about the support available.
- ii) Information is given in the easiest and most appropriate form of communication for the person concerned and at various times.

All service user and carer information produced by the Trust in any medium will be ratified prior to implementation by the Public Participation Committee on behalf of the Trust Board.

2. Policy (What)

- 2.1 Service users have the right to make informed decisions and choices about treatment and care. Carers have the right to make informed decisions and choices about the support available.
- 2.2 All practical and appropriate steps should be taken to enable service users and carers to access relevant information to enable them to make informed decisions and choices.
- 2.3 Information should be given in the easiest and most appropriate form of communication for the person concerned and at various times.
- 2.4 A person must be assumed to have the capacity to understand information and make decisions about their care and treatment unless it is established that they lack the capacity to do so.

3. Corporate Procedure (How)

This is a corporate procedure for East London Foundation Trust.

- 3.1 The Public Participation Leads, Service Users and Carers will work with Chairs of Governance Forums to ensure that Governance forums will themselves or through a designated sub group with clear lines of accountability and responsibility:
 - i) Identify the need for the information for service users and carers
 - ii) Ensure information is provided about its services and care and treatment provided
 - iii) Be clear about the content and purpose of the information
 - iv) Approve the production of the information
 - v) Identify a lead person to oversee the development of the information
 - vi) Identify a lead clinician where required for clinical information
 - vii) Draft information to be evaluated by relevant service users/carers before production
 - viii) Agree production of and methods of dissemination of the information
 - ix) Agree how the information will be reviewed and the timescale
 - x) Ensure all information for service users and carers is made available on the Trust website, central access P drive

3.2 Criteria

All information produced for service users and carers must meet the following standards:

- i) Reflect Trust values - Ensure the meaningful participation of service users, their carers and families in the shaping and delivering and evaluation of their care and the future direction of our services
- ii) Be dated to show when it was produced
- iii) Show a review date
- iv) Give consideration to the content, text and layout to ensure that it meets the requirements of accessible information (*see Trust guidance and the NHS Toolkit for producing patient information, 2003 DOH Publications*)
- v) All information will be impact assessed to ensure that it meets the standards required for equality and diversity (*see Trust guidance*)
- vi) Be available in a range of formats

All information produced for treatments, medications or procedures will also provide the following:

- i) **Risks**
- ii) **Benefits**
- iii) **Alternatives**

3.3 Review

All information for service users and carers will be reviewed regularly. The frequency for the review for each item will be agreed by the relevant Governance Committee or delegated group and will be stated on the information. The review will follow the documented process for production of information and service users and carers must be involved in this review.

Information will be reviewed and updated before the review date where significant changes have taken place that make the information incorrect, misleading or out of date.

3.4 Advice and Guidance, on what is currently available

Guidance for producing information is provided in the NHS Toolkit for producing information (DOH 2003) and in Trust guidance notes provided by the Communications Department. For more direct advice and guidance contact the Head of Communication and Public Relations.

4. Archiving Arrangements

The Trust Secretary will be responsible for maintaining the Trust library of information for service users and carers

Master copies of all such documents will be published on the Trust intranet.

Directors must submit all approved service user and carer information to the Trust Secretary for updating the Trust library.

An archive of procedural documents will be kept in the Executive Directors file in the shared drive.

On receipt of a revised document, the Trust Secretary will enter this into the Trust library and move the previous version to the archive file and mark with the date it became inactive.

All directors (and other staff on request) have access to the archive file (Shared Drive/Executive Directors/Procedural Documents). Alternatively, copies of archived documents can be requested from the Trust Secretary.

5. Development and Consultation Process

This policy and procedure has been developed by the Associate Director for Public Participation in consultation with the Working Together Group for information for service users and carers and with due regard for the standards contained in the NHSLA Risk Management Standards (April 2007).

6. Monitoring

The Healthcare Governance Committee will be responsible for the monitoring and review of the effectiveness of the information produced within their respective services with consideration given to audit on a regular basis. (NHSLA)

The ratifying committee will ensure information for service users and carers is produced in accordance with Trust Policy during the ratification process. This monitoring will be minuted. The committee will consist of the Head of Communication and Public Relations, the Deputy Chief Executive, Director of Nursing & Partnerships, the Director for Social Inclusion, and the Associate Director for People Participation, and will meet on a six-weekly basis to review all information.

The Working Together Group and Public Participation Committee may also instigate an audit of information if there are area(s) of concern.

7. Review

The relevant Governance Committees will be responsible for ensuring the provision of information and for regularly ensuring that service users and carers are satisfied with this provision.