NHS

Essence of Care 2010

Benchmarks for Communication

DH Department of Health

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Description	Essence of Care 2010 includes all the benchmarks developed since it was first launched in 2001, including the latest on the Prevention and Management of Pain. All the benchmarks have been reviewed to reflect the current views of people requiring care, carers and staff	
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Essence of Care 2010

BENCHMARKS FOR THE FUNDAMENTAL ASPECTS OF CARE

Benchmarks for Communication

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Contents

Best Practice – General Indicators

The factors and indicators for each set of benchmarks focus on the specific needs, wants and preferences of *people* and carers. However, there are a number of general issues[1] that must be considered with every factor. These are:

People's experience

- *People* feel that care is delivered at all times with compassion and empathy in a respectful and non-judgemental way
- The best interests of *people* are maintained throughout the assessment, planning, implementation, evaluation and revision of care and development of services
- A system for continuous improvement of quality of care is in place

Diversity and individual needs

- Ethnicity, religion, belief, culture, language, age, gender, physical, sensory, sexual orientation, developmental, mental health, social and environmental needs are taken into account when diagnosing a health or social condition, assessing, planning, implementing, evaluating and revising care and providing equality of access to services

Effectiveness

- The effectiveness of practice and care is continuously monitored and improved as appropriate
- Practice and care are evidence-based, underpinned by research and supported by practice development

Consent and confidentiality

- Explicit or expressed valid consent is obtained and recorded prior to sharing information or providing treatment or care

1 Also see Department of Health (2010) NHS Constitution The NHS belongs to us all. Department of Health: London accessed 07 May 2010 at http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/@ps/documents/digitalasset/dh_113645.pdf

- *People*'s best interests are maintained where they lack the capacity to make particular decisions.[2]
- Confidentiality is maintained by all staff members

People, carer and community members' participation

- *People*, carers' and community members' views and choices underpin the development, planning implementation, evaluation and revision of personalised care and services and their input is acted upon
- Strategies are used to involve *people* and carers from isolated or hard to reach communities

Leadership

- Effective leadership is in place throughout the organisation

Education and training

- Staff are competent to assess, plan, implement, evaluate and revise care according to all *people*'s and carers' individual needs
- Education and training are available and accessed to develop the required competencies of all those delivering care
- *People* and carers are provided with the knowledge, skills and support to best manage care

Documentation

- Care records are clear, maintained according to relevant guidance and subject to appropriate scrutiny
- Evidence-based policies, procedures, protocols and guidelines for care are up-to-date, clear and utilised

Service delivery

- Co-ordinated, consistent and accessible services exist between health and social care organisations that work in partnership with other relevant agencies

2 Mental Capacity Act 2005 accessed 25 November 2008 at http://www.legislation.gov.uk/ukpga/2005/9/contents

- Care is integrated with clear and effective communication between organisations, agencies, staff, *people* and carers
- Resources required to deliver care are available

Safety

- Safety and security of *people*, carers and staff is maintained at all times

Safeguarding

- Robust, integrated systems are in place to identify and respond to abuse, harm and neglect[3]
- All agencies working with babies, children and young *people* and their families take all reasonable measures to ensure that the risks of harm to babies, children's and young *people*'s welfare are minimised.[4]

3 Department of Health (2010) Clinical Governance and Adult Safeguarding – An Integrated Approach Department of Health: London accessed 30 May 2010 at http://www.dh.gov.uk/prod_consum_dh/groups/dh.digitalassets/@dh/@en/@ps/documents/digitalasset/dh_112341.pdf

4 Department of Health (2006) Safeguarding Children. A Summary of the Joint Chief Inspector's Report on Arrangements to Safeguard Children Department of Health: London accessed 30 May 2010 at http//www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4103428

Benchmarks for Communication

Agreed person-centred outcome

People and their carers experience effective communication

Definitions

For the purpose of these benchmarks, ***communication*** is:

> *a process that involves a meaningful exchange between at least two people to convey facts, needs, opinions, thoughts, feelings or other information through both verbal and non-verbal means, including face-to-face exchanges and the written word.*

For simplicity, ***people requiring care*** is shortened to *people (in italics)* or omitted from most of the body of the text. ***People*** includes babies, children, young people under the age of 18 years and adults. ***Carers*** (for example, members of families and friends) are included as appropriate.

The term ***carers*** refers to those who 'look after family, partners or friends in need of help because they are ill, frail or have a disability. The care they provide is unpaid' (adapted from Carers UK, 2008). Please note, within these benchmarks it is acknowledged that the term 'carer' can include children and young *people* aged under 18 years.

The term ***staff*** refers to any employee, or paid and unpaid worker (for example, a volunteer), who has an agreement to work in that setting and is involved in promoting well-being.

The ***care environment*** is defined as an area where care takes place. For example, this could be a building or a vehicle.

The ***personal environment*** is defined as the immediate area in which a person receives care. For example, this can be in a person's home, a consulting room, hospital bed space, prison, or any treatment/clinic area.

Agreed person-focused outcome

People and their carers experience effective communication

Factor	Best practice
1. Interpersonal skills	All staff demonstrate effective interpersonal skills
2. Opportunity for communication	Communication takes place at a time and in an environment that is acceptable to all parties
3. Assessment of communication needs	All communication needs are assessed on initial contact and are regularly reassessed. Additional communication support is negotiated and provided when a need is identified or requested
4. Information sharing	Information that is accessible, acceptable, accurate and meets needs is shared actively and consistently with all *people* and carers and widely promoted across all communities
5. Resources to aid communication and understanding	Appropriate and effective methods are used to enable *people* and carers to communicate
6. Identification and assessment of principal carer	The principal carer is identified at all times and an assessment is made with them of their needs, involvement, willingness and ability to collaborate with staff in order to provide care
7. Empowerment to perform role	*People* and carers are continuously supported and fully enabled to perform their role safely
8. Co-ordination of care	All staff communicate fully and effectively with each other to ensure that *people* and carers benefit from a comprehensive and agreed plan of care which is regularly updated and evaluated
9. Empowerment to communicate needs	*People* and carers are enabled to communicate their individual needs and preferences at all times

10. Valuing *people*'s and carers' expertise and contribution	Effective communication ensures that the *people's* and carers' expert contributions to care are valued, recorded and acted upon and reviewed with staff
11. *People's* and/or carers' education needs	*People's* and carers' information, support and education needs are jointly identified, agreed, met and regularly reviewed

Factor 1
Interpersonal skills

Please note that this benchmark must be used in conjunction with the *How to use Essence of Care 2010* document

Indicators of best practice for factor 1

The following indicators support best practice for communication:

a. *general indicators (see page 4) are considered in relation to this factor*

b. communication is managed effectively and sensitively, including potentially difficult communication such as conveying bad news, dealing with complaints and resolving disputes and hostile situations

c. all staff are courteous, especially when faced with challenging situations

d. staff are aware of the importance of body language and effectively use non-verbal communication to facilitate communication

e. communication is adapted to meet the needs of *people*, carers and groups. This includes consideration of their emotional state, hearing, vision and other physical and cognitive abilities and developmental needs, as well as their preferred language and possible need for an interpreter and translator

f. communication is open, honest and transparent

g. staff are able to establish rapport, undertake active and empathic listening, and are non-judgemental

h. straightforward language is used when communicating with *people* and carers

i. initiatives are in place to assess and provide feedback on the interpersonal skills of staff, such as through the use of audits on the views of *people* and carers

j. *add your local indicators here*

Factor 2
Opportunity for communication

Please note that this benchmark must be used in conjunction with the *How to use Essence of Care 2010* document

Indicators of best practice for factor 2

The following indicators support best practice for communication:

a. *general indicators (see page 4) are considered in relation to this factor*

b. *people* and carers who are physically isolated (for example, those who are in prison) or unable to communicate directly with significant others are enabled to communicate

c. *people* and carers who are at risk from isolation are identified and enabled to communicate and express themselves

d. *people* and carers have choice about where they communicate and who is present (where appropriate)

e. the inclusion of other individuals when communication occurs is agreed with *people* and carers

f. the environment is inclusive and adapted to meet differing communication needs in terms of, for example, lighting, privacy, acoustic conditions, hearing loops

g. appointment times are arranged to facilitate communication

h. systems for effective communication are in place to ensure continuity of care, such as follow-up appointments

i. advocacy services are made available according to the wishes of *people* and carers

j. opportunity exists for communication when *people*, carers and/or staff are not face to face. Confidentiality is maintained, for example, by the use of passwords

k. *add your local indicators here*

Factor 3
Assessment of communication needs

Please note that this benchmark must be used in conjunction with the *How to use Essence of Care 2010* document

Indicators of best practice for factor 3

The following indicators support best practice for communication:

a. general indicators (see page 4) are considered in relation to this factor

b. an appropriate member of staff is identified to assess *people's* and carers' ability to communicate

c. communication needs are assessed at the beginning of each and every episode of care

d. a comprehensive, evidence-based assessment tool is used when a communication need is identified

e. assessment is recorded and regularly re-evaluated

f. a care plan is agreed which meets the communication needs of *people* and/or carers

g. audit of assessment of communication needs is undertaken and the results used to improve practice

h. the need for equipment and resources to aid communication is identified, provided for and documented

i. *add your local indicators here*

Factor 4
Information sharing

Please note that this benchmark must be used in conjunction with the *How to use Essence of Care 2010* document

Indicators of best practice for factor 4

The following indicators support best practice for communication:

a. *general indicators (see page 4) are considered in relation to this factor*

b. information about support networks is shared actively and widely promoted

c. information is explained and provided in an accessible format, for example, diaries, audio cassettes, books, intranet, signed and subtitled videos, large print text and British sign language translations, leaflets, posters, information technology facilities

d. communication needs are ascertained or anticipated and appropriate information is provided

e. an interpreter service is available at the point of need, which includes spoken and sign language where necessary

f. information is kept up-to-date and factual in plain language format with no jargon or abbreviations

g. information given is understood and has the same meaning for all involved

h. strategies are in place to reach and engage *people* and carers within all communities, for example, through out-reach initiatives and use of communication media

i. information is reviewed by *people*, carers, and staff to ensure it is accessible and applicable

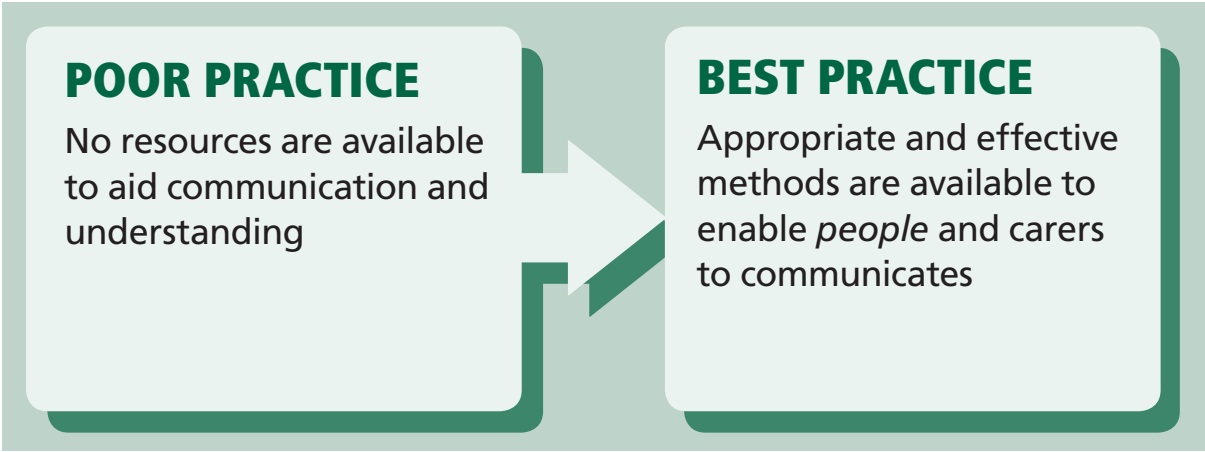
j. audits are undertaken to assess whether *people* and carers have the information they require. The results are used to improve practice.

k. *add your local indicators here*

Factor 5

Resources to aid communication and understanding

Please note that this benchmark must be used in conjunction with the *How to use Essence of Care 2010* document



Indicators of best practice for factor 5

The following indicators support best practice for communication:

a. *general indicators (see page 4) are considered in relation to this factor*

b. resources to aid communication and understanding are available, for example, hearing loops, text phone, large print text, pictures, books, toys, Braille and multilingual literature and other electronic methods of communication

c. there is an up-to-date directory of resources that is readily available

d. staff support *people* and carers in the use of resources

e. the views of *people* and carers on resources are sought and used to improve services

f. the use of the resources is monitored and evaluated, for example, by the use of audit

g. *add your local indicators here*

Factor 6

Identification and assessment of principal carer

Please note that this benchmark must be used in conjunction with the *How to use Essence of Care 2010* document

Indicators of best practice for factor 6

The following indicators support best practice for communication:

a. general indicators (see page 4) are considered in relation to this factor

b. the principal carer is identified and agreed with individual *people*. The burden or impact of care is assessed

c. explicit or expressed valid consent is sought from individual *people* for care to be provided

d. willingness of carers to collaborate is clarified

e. the current responsibilities of the carer are recorded and regularly evaluated

f. the format of the assessment meets needs

g. the confidentiality of *people* and carers is maintained

h. carers' communication needs are anticipated

i. information is obtained from carers to demonstrate their ability and willingness to care. The information is used in planning care

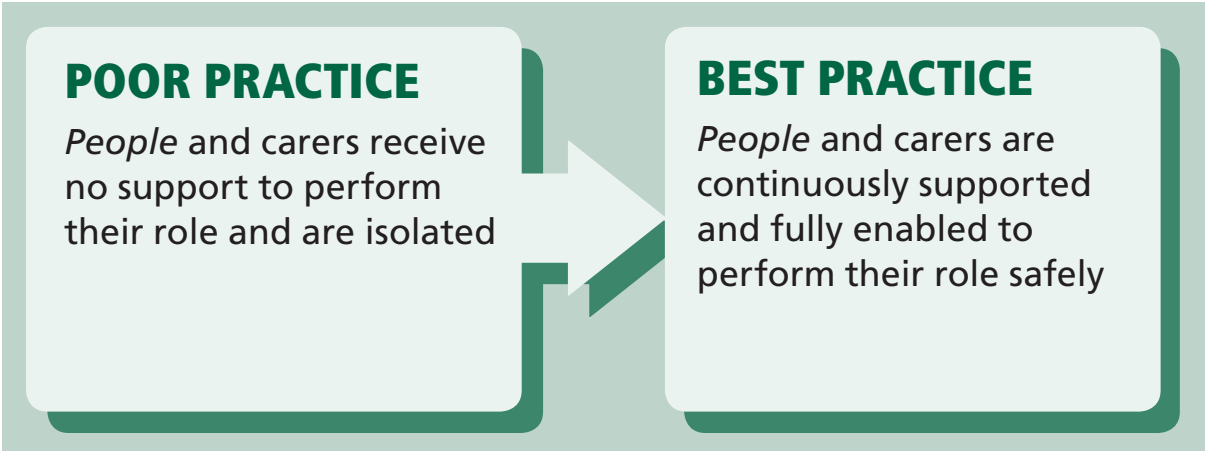
j. if the carer is a child or young person, additional support needs are identified (if required)

k. *people* and carers know who to contact first if they have any questions regarding care

l. a*dd your local indicators here*

Factor 7
Empowerment to perform role

Please note that this benchmark must be used in conjunction with the *How to use Essence of Care 2010* document



Indicators of best practice for factor 7

The following indicators support best practice for communication:

a. *general indicators (see page 4) are considered in relation to this factor*
b. current levels of support are documented and shared with other staff
c. rights to benefits, welfare and services and other help are communicated and appropriate assistance given
d. psychological needs are considered and supported
e. *people*'s and carers understanding of their roles is determined
f. *people* and carers are supported in their roles
g. individual risk assessments are performed and updated frequently
h. *people* and carers are involved in risk assessment
i. *people* and carers limitations are recognised and acted upon and supported

j. mechanisms are in place for crisis intervention especially out of hours and at weekends and holidays

k. support networks exist and *people* and carers know how to access them

l. *add your local indicators here*

Factor 8
Co-ordination of care

Please note that this benchmark must be used in conjunction with the *How to use Essence of Care 2010* document

Indicators of best practice for factor 8

The following indicators support best practice for communication:

a. *general indicators (see page 4) are considered in relation to this factor*

b. the wishes of *people* and carers are listened to, considered and acted upon appropriately

c. all care options are explained

d. information given is fully understood by all staff and/organisations and has the same meaning to everyone involved

e. an identified member of staff takes responsibility for the co-ordination of care and *people* and carers can identify their care co-ordinator and the key agencies providing care

f. evidence-based pathways exist to provide an integrated approach to care and they are used and reviewed

g. records are made available to *people* and carers within appropriate safeguards to ensure confidentiality is maintained and *people* and carers can contribute directly to the care record

h. *people* and carers (where appropriate) are partners in the review of their care management

i. multidisciplinary 'case reviews' take place and benefit care, and outcomes are communicated to *people* and carers and/or staff

j. *people* and carers are involved as partners in person-focused assessment, planning, implementation, evaluation and revision of care

k. evidence is available to demonstrate the continuity of information exchange between staff and giving conflicting information is avoided

l. care plans are understandable by all staff and are free of jargon

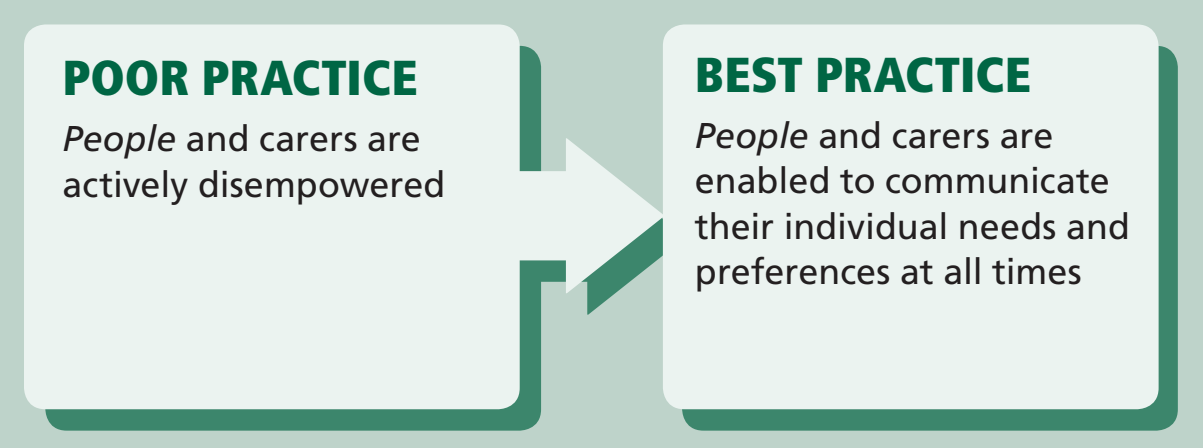
m. care plans are updated, monitored and evaluated and are available to *people* and carers

n. crisis plans are clear, concise and drawn up with *people* and carers

o. *add your local indicators here*

Factor 9
Empowerment to communicate needs

Please note that this benchmark must be used in conjunction with the *How to use Essence of Care 2010* document



Indicators of best practice for factor 9

The following indicators support best practice for communication:

a. *general indicators (see page 4) are considered in relation to this factor*

b. staff are proactive in anticipating the needs and preferences of *people* and carers

c. sufficient time is given to enable *people* and carers to communicate their needs and preferences

d. explicit or expressed valid consent is obtained from *people* prior to treatment or care

e. *people* and carers have access to advocacy services

f. *people* and carers have access to specialist knowledge and skills to make their needs and preferences known, for example, information technology

g. technology is available and is used to meet *people* and carers needs, for example, electronic prescriptions

h. *add your local indicators here*

Factor 10

Valuing *people's* and carers' expertise and contribution

Please note that this benchmark must be used in conjunction with the *How to use Essence of Care 2010* document

Indicators of best practice for factor 10

The following indicators support best practice for communication:

a. *general indicators (see page 4) are considered in relation to this factor*

b. the views of *people* and carers are listened to, valued and respected and used to improve practice and care

c. *people*'s and carers' expertise is included in assessments

d. education received by staff from *people* and carers is evaluated

e. the philosophy used reflects a positive approach to *people*'s and carers' involvement

f. *people*'s and carers' contribution to care is regularly reviewed and evaluated

g. mechanisms are in place to share and act upon examples of good practice by *people* and carers. For example, the Expert Patients Programme

h. feedback is sought to ascertain if *people* and carers feel listened to, valued and respected and whether their views are used to improve practice and care. The results are then used to make improvements

i. (i) *add your local indicators here*

Factor 11

People's and/or carers' education needs

Please note that this benchmark must be used in conjunction with the *How to use Essence of Care 2010* document

Indicators of best practice for factor 11

The following indicators support best practice for communication:

a. *general indicators (see page 4) are considered in relation to this factor*

b. learning needs of *people* and carers are identified

c. *people*'s and carers' technical competence and understanding are assessed

d. education plans are developed and agreed with *people* and carers

e. education opportunities are available for *people* and carers

f. discharge plans show evidence of the support required by *people* and carers

g. current directories of education courses and ongoing information are made available to *people* and carers

h. education of *people* and carers supports an early discharge

i. practitioners are assessed as competent to deliver education to *people* and carers

j. any education for carers includes consideration of respite care

k. *add your local indicators here*

Notes

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