

Accessible Information and Communication Policy

Sample policy template. This is a Verivius-authored template anchored to the statutory regulation and current CQC/professional guidance. Providers must adapt the operational sections to their own organisation, service type, workforce, premises and professional requirements. Where this template and live law or regulator guidance diverge, the live source wins.

Statutory anchor: Regulation 9 (person-centred care), Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (SI 2014/2936). This policy also engages Regulation 10 (dignity and respect), Regulation 11 (need for consent) and Regulation 17 (good governance), and is informed by the Accessible Information Standard (NHS England DAPB1605) and the reasonable-adjustments duty in the Equality Act 2010. **Primary source:** <https://www.legislation.gov.uk/ukxi/2014/2936/regulation/9> **Last reviewed:** 2026-07-19
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Policy owner: Registered Manager. **Applies to:** all staff involved in assessment, reception, care, treatment, communication, records, referrals, complaints and information sharing.

1. Who this accessible information policy is for

This sample policy is for CQC-regulated providers that need a practical accessible information and communication policy for service users, patients, relatives, representatives and advocates. It is relevant to adult social care, dental, GP, independent healthcare, diagnostic, ambulance, community and private clinic services.

This is the right starting point where a provider needs an accessible information policy, communication needs policy or reasonable adjustments process for CQC evidence, not just a generic equality statement. It covers how the service identifies, records, flags, shares and meets communication needs across assessment, consent, appointment information, complaints, safeguarding, referrals, handovers, privacy information and digital access.

For the wider person-centred care evidence trail, use the [Regulation 9 person-centred care explainer](#) and the article on [Regulation 9 evidence](#). This policy should sit alongside the service's consent policy, equality and diversity policy, complaints policy, safeguarding policy, privacy notice, service user guide and records standards.

2. What the regulation says

The care and treatment of service users must be appropriate, meet their needs, and reflect their preferences. (Reg 9(1): the headline duty)

carrying out, collaboratively with the relevant person, an assessment of the needs and preferences for care and treatment of the service user (Reg 9(3)(a): collaborative assessment)

The full text of the regulation is at

<https://www.legislation.gov.uk/ukxi/2014/2936/regulation/9>. Where this policy and the regulation diverge, the regulation wins.

All providers and commissioners of NHS and publicly funded adult social care services must have regard to the Accessible Information Standard. This includes independent providers of NHS-funded services and private, voluntary or community providers of publicly funded adult social care. Other providers should use its six-step approach as good practice where relevant, alongside CQC Regulation 9, Regulation 10, Regulation 11, Regulation 17 and Equality Act duties.

3. Plain-English summary

Care and treatment must be appropriate, meet the service user's needs, and reflect their preferences. The regulation lists nine specific things you have to do to deliver person-centred care, including: assessment with the service user, designing care to meet their preferences, involving them and the people supporting them in decisions, providing information, making reasonable adjustments, and considering well-being when meeting nutritional and hydration needs.

For services in scope of the Accessible Information Standard, the operating sequence is to identify, record, flag, share, meet and review information and communication support needs. A diagnosis or impairment label is not enough. The record must tell staff what support the person needs and prompt them to provide it.

4. Purpose

The purpose of this policy is to make sure that people using [Service Name] receive information they can access, understand and use, and receive communication support where they need it.

Accessible communication is part of person-centred care, dignity, consent, safety, equality and good governance.

5. Policy warning

The service must not assume that a person understands information simply because it has been given to them.

Important information must not be provided only in a format the person cannot use, such as small print, unsupported English, inaccessible digital forms or verbal-only explanations where the person needs another format.

Failure to meet communication needs can affect consent, safety, complaints, safeguarding, medicines, appointments and treatment decisions.

6. Scope

This policy applies to:

- initial assessment
- booking and reception
- care and treatment information
- consent discussions
- complaints
- safeguarding
- care plans
- appointment information
- letters, emails and text messages
- digital portals
- telephone and video contact
- referrals and handovers
- notices and signs
- service user guide
- privacy information
- emergency information
- discharge or transfer information

6.1 Local arrangements before adoption

Before adoption, [Service Name] records and tests:

- the named Accessible Information Standard lead and senior governance owner
- the questions staff use to identify information and communication support needs at first contact and review
- the clinical and administrative systems in which needs are recorded, coded and flagged

- the approved routes for booking interpreters, communication professionals and advocates, including urgent and out-of-hours requests
- the formats the service can produce directly and the suppliers used for easy-read, large-print, audio, Braille, translation or other formats
- who checks accessible correspondence before it is sent and how staff stop standard-format correspondence where it would not meet a recorded need
- how needs are shared during referral, transfer, discharge and handover without disclosing unnecessary information
- how a person can check and request correction of the communication information recorded about them
- the review prompts, audit sample and improvement route used to keep records accurate and current

The local procedure must work across reception, booking, clinical or care delivery, complaints and emergency contact. Staff must be able to find the flag and arrange the adjustment without relying on one person's memory.

7. Principles

The service will:

- ask about communication and information needs
- record needs clearly
- flag needs so staff can see and act on them
- share needs lawfully where needed for care or treatment
- act to meet those needs
- review needs regularly
- make reasonable adjustments
- avoid discrimination
- support valid consent and involvement
- check understanding

8. Responsibilities

The provider is responsible for ensuring systems and resources support accessible communication.

The Registered Manager is responsible for implementing this policy and auditing compliance.

Managers and senior staff are responsible for making sure staff know how to identify and meet needs.

All staff are responsible for checking communication needs, using recorded adjustments and escalating gaps.

9. Operational workflow: identify, record, flag, share, meet and review

Staff follow this sequence whenever a need is disclosed, observed or recorded by another service:

1. **Identify:** ask the person what information or communication support they need and how staff should provide it. Do not record only a diagnosis or impairment.
2. **Record:** enter the specific need and required action clearly in the approved clinical and administrative records, using current standardised terminology or coding where the service is required to do so.
3. **Flag:** make the need highly visible to authorised staff at the point of booking, contact, care or treatment, and make the flag prompt an action rather than merely display information.
4. **Share:** include the minimum necessary information in existing referral, transfer, discharge or handover processes where there is a lawful reason to share it.
5. **Meet:** provide the agreed format, communication professional, appointment adjustment, aid or other support, then check that the person can access and understand the information.
6. **Review:** ask whether the recorded need and action remain accurate at planned review points and after a communication failure, change in condition, request from the person or service transition.
7. **Escalate and learn:** if a need cannot be met before care or treatment, escalate to the person in charge, assess whether it is safe and lawful to proceed, record the decision and create an improvement action for any system gap.

The sections below set the controls for each stage.

9.1 Identifying needs

Staff must ask whether the person has any information or communication needs.

Needs may relate to:

- visual impairment
- hearing impairment
- sensory loss
- learning disability
- autism
- dementia
- cognitive impairment

- acquired brain injury
- mental health
- language
- literacy
- speech impairment
- use of British Sign Language
- use of Makaton or other communication systems
- need for easy-read information
- need for large print, audio or digital format
- need for interpreter or advocate
- need for support person

The service must not rely only on visible disability. Staff should ask sensitively.

10. Recording needs

Communication and information needs must be recorded in a clear and standardised way.

The record should include:

- need identified
- preferred communication method
- required format
- support required
- interpreter or communication professional needed
- whether family or advocate may support communication
- consent for sharing communication needs
- review date

The record must be visible to staff who need it.

11. Flagging needs

The service must have a way to flag communication needs so staff act on them.

Flags may be used for:

- booking appointments
- reception contact
- clinical consultations

- care visits
- complaints
- safeguarding concerns
- referrals
- emergency contact
- letters or digital communication

A flag must not disclose unnecessary sensitive information to people who do not need it.

12. Sharing needs

Where lawful and necessary, communication and information needs should be shared with other services involved in the person's care or treatment.

Sharing may be relevant for:

- referral letters
- hospital transfer
- ambulance or patient transport
- safeguarding referral
- GP communication
- specialist appointment
- complaints handling
- discharge planning

The service must share enough information to support safe communication, but not more than necessary.

13. Acting on needs

The service must take practical steps to meet recorded needs.

This may include:

- easy-read information
- large print
- audio
- braille
- translated material
- interpreter

- BSL interpreter
- communication aid
- longer appointment
- quiet waiting space
- written summary after conversation
- visual prompts
- support from advocate or representative
- accessible digital documents
- telephone alternative to digital forms
- face-to-face option where needed
- checking understanding

Staff must not ignore recorded needs because meeting them is inconvenient.

14. Consent and capacity

Accessible communication is essential to valid consent.

Before obtaining consent, staff must make reasonable efforts to ensure the person can understand, retain, use and weigh relevant information and communicate their decision.

Where there is reason to doubt capacity, the Mental Capacity Act 2005 must be followed.

Failure to provide accessible information can invalidate the decision-making process.

15. Complaints and safeguarding

People must be able to raise concerns and complaints in ways they can access.

The service must provide accessible complaints information and communication support.

Where safeguarding concerns arise, staff must make sure the person's communication needs are considered when obtaining their views, explaining actions and sharing information.

16. Digital access

Digital systems must not exclude people who cannot use them.

Where forms, booking, privacy notices, complaints or care information are digital, the service must provide reasonable alternatives.

The service should check whether digital content is accessible, readable, mobile-friendly and compatible with assistive technology where relevant.

17. Interpreters and family support

The service should use professional interpreters where clinical, safeguarding, consent, complaint or confidentiality risk requires it.

Family members or friends may support communication where appropriate and where the person agrees, but they should not normally replace a professional interpreter for high-risk, sensitive or complex matters.

Children should not be used as interpreters for adult clinical or safeguarding matters except in an emergency where no alternative is available.

18. Review of communication needs

Communication needs must be reviewed:

- at planned review
- when the person's condition changes
- when staff identify misunderstanding
- after complaint or incident
- after missed appointment linked to communication
- after transfer or referral concern
- when the person or representative asks for a change

19. Training

Staff must receive training appropriate to their role.

Training should include:

- equality and reasonable adjustments
- communication needs
- Accessible Information Standard (DAPB1605) where applicable
- consent and understanding
- use of interpreters
- easy-read and accessible formats
- recording and flagging needs
- confidentiality
- safeguarding communication
- digital exclusion

Training must be recorded.

20. Audit

The Registered Manager must audit accessible information and communication at least annually.

The audit should check:

- whether needs are asked about
- whether needs are recorded
- whether flags are used
- whether the full identify, record, flag, share, meet and review sequence is working
- whether accessible formats are provided
- whether interpreters are arranged where needed
- complaints accessibility
- consent records
- missed communication incidents
- staff training
- action completion

Findings must be added to the action plan or risk register where required.

21. Records

The service must keep:

- communication needs record
- accessible-format requests
- interpreter bookings
- consent and capacity records
- complaints accessibility records
- referrals showing shared communication needs
- training records
- audit records
- actions taken

22. Policy review

This policy will be reviewed annually, or sooner following a CQC finding, complaint theme, communication-related incident, equality concern, digital-system change or change in relevant guidance.

23. Sources and further reading

This template is based on CQC's guidance for providers and managers, the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, and other topic-specific legislation and guidance listed below. It is a starting point for adaptation, not a substitute for legal, clinical, HR, safeguarding or specialist professional advice.

- CQC Regulation 9: Person-centred care (<https://www.legislation.gov.uk/ukxi/2014/2936/regulation/9>)
- CQC Regulation 10: Dignity and respect
- CQC Regulation 11: Need for consent
- CQC Regulation 17: Good governance
- NHS England Accessible Information Standard requirements (DAPB1605), where the service is in scope (<https://www.england.nhs.uk/long-read/accessible-information-standard-requirements-dapb1605/>)
- NHS England Accessible Information Standard implementation guidance (<https://www.england.nhs.uk/long-read/accessible-information-standard-implementation-guidance/>)
- Equality Act 2010 reasonable-adjustments duty (<https://www.legislation.gov.uk/ukpga/2010/15>)
- Equality and Human Rights Commission guidance
- CQC equality and human-rights guidance
- Mental Capacity Act 2005 (<https://www.legislation.gov.uk/ukpga/2005/9>)
- ICO guidance where communication involves personal data sharing

24. When to seek further advice

Seek specialist advice where the issue involves serious harm, safeguarding, deprivation of liberty, restraint, children, professional misconduct, controlled drugs, radiation, termination of pregnancy, infection outbreak, water safety, employment dismissal, DBS barring referral, or regulatory enforcement.

For this policy specifically, seek advice where communication affects consent, capacity, serious treatment decisions, complaints, legal notices, refusal of care, discrimination risk or high-risk information sharing.

25. Document control

Version	Date	Author	Changes
v1	2026-06-10	Verivius (sample)	Conformed new cross-cutting draft to the Verivius policy standard.
v1.1	2026-07-10	Verivius (sample)	Added intent-first guidance for providers looking for an accessible information, communication needs and reasonable-adjustments policy. No regulatory claims changed.
v1.2	2026-07-19	Verivius (sample)	Updated the Accessible Information Standard reference to DAPB1605 and added local adoption decisions, the six-step operating workflow and auditable system controls.

This sample policy template was issued by Verivius. It is a template, not a substitute for legal advice or the provider's own policy-development process. Where this template and live law or regulator guidance diverge, the live source wins.

An example for guidance, not a ready-to-use policy. This sample is deliberately generic and is not a finished policy. Before any service uses it, rewrite it around your own service, procedures, roles and local arrangements, and remove or replace anything you cannot actually provide (for example a reference to specific training you cannot access). It is guidance, not legal advice, and you are responsible for ensuring any policy you adopt is current.