DOCUMENT CONTROL	
Title:	**Accessible Information Standard Policy**
Version:	**2**
Reference Number:	**CO120**

Scope:
This policy supports staff to implement the Accessible Information Standard effectively. Any training needs which are identified as locally necessary to enable effective implementation of the standard should be discussed with the service manager to ensure resource allocation.

Purpose:
This policy is to make sure that people who have a disability, impairment or sensory loss get information that they can access and understand, and that they receive appropriate support to help them to communicate.

Requirement for Policy
This is a mandatory requirement under section 250 of the Health and Social Care Act (2012). The Equality Act 2010 also 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.

Keywords:
Accessible, Information, Learning Disability, Sensory, Hearing Loss, Deaf, Blind

Supersedes:
Version 1

Description of Amendment(s):
Formally Reviewed and Re-formatted

Owner:
Equality and Diversity Manager – Kuldip Sohanpal

Individual(s) & group(s) involved in the Development:
This document has been developed in collaboration with the following interested parties: • Equality & Diversity Team • Richelle Buckley

Individual(s) & group(s) involved in the Consultation:	
The document has been circulated for consultation and comments have been taken into consideration and the document amended accordingly: • Accessible Information Standards Steering Group	
Equality Impact Analysis:	
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Responsibility of:	Kuldip Sohanpal
Other Trust documentation to which this policy relates (and when appropriate should be read in conjunction with):	
Policy Associated Documents:	
TAD_CO120_01	Helpful Tips
TAD_CO120_01	Abbreviations

Other external documentation/resources to which this policy relates:	
	Section 250 of the Health and Social Care Act
AIS implementation guidance 2017	Accessible Information Standard Implementation Guidance (NHS England)

CQC Regulations

This guideline supports the following CQC regulations:

Regulation 9	Person centred care
Regulation 13	Safeguarding service users from abuse and improper treatment
Regulation 17	Good governance

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1. INTRODUCTION

The aim of the accessible information standard (AIS) is to make sure that people who have a disability, impairment or sensory loss get information that they can access and understand, and that they receive appropriate support to help them to communicate. The accessible information standard tells organisations how they should make sure that patients / service users, and their carers and parents, can access and understand the information they are given. For example; information in large print, braille or via email, professional communication support from a British Sign Language interpreter, communicating information via pictures rather than words. This will enable effective and accurate dialogue between a professional and a service user to take place so that people access services appropriately and independently, and make decisions about their health, wellbeing, care and treatment.

2. PURPOSE

Research by sensory disability charities and other reports have shown that people with communication difficulties can have difficulties making appointments or be unclear about diagnosis, treatment options and medication. This means that they may have poorer health outcomes than the population as a whole. Missed diagnosis and poorer treatment for these groups can be costly for the NHS.

3. RESPONSIBILITIES, ACCOUNTABILITIES AND DUTIES

Managers

Managers should not underestimate the effects that not being able to provide information in an appropriate manner will have on the service user. Not being able to fulfil the AIS 5 steps can lead to a potential negative detrimental impact. Managers are responsible for providing information about how information needs to be provided in an appropriate manner, any time frame change that needs to be addressed in a timely, open, honest and understandable way.

Managers should observe the requirements of this procedure.

Managers should plan ahead as far as possible to assess the needs of the service user and pro-active choices as appropriate dependent upon service need.

The Manager should support directly all colleagues that need to understand how the AIS is being implemented.

4. EXCLUSION

The provision of foreign or non-English language interpretation or translation is out of the scope of this standard. Staff may record details of an individuals' need for foreign language interpretation or translation alongside recording of information and communication support needs in line with the standard, but this is optional. In addition, individuals who may have difficulty in reading or understanding information for reasons

other than a disability, impairment or sensory loss, for example due to low literacy or a learning difficulty (such as dyslexia) (as distinct from a learning disability), are also excluded from the scope of the Standard. This is in line with the Standard's focus on individuals with information and communication needs related to or caused by a disability, impairment or sensory loss – who are therefore protected by the Equality Act 2010.

The accessibility of the Trust website is also out of scope of the Accessible Information Standard. However, the Standard remains relevant in circumstances where a health or social care professional would usually refer a patient or service user (or their carer or parent) to our website for information. In these instances, it will be the duty of the professional – or their service – to verify that the part of the website is accessible to the individual and, if it is not, to provide or make the information available in another format, for example as a paper copy / braille, via email or on audio CD. If required, staff / services should discuss this requirement with the ICT or Communication Department.

5.   HOW TO FOLLOW THE AIS 5 STEPS

There are five key steps in identifying, recording, flagging, sharing and meeting the information and communication support needs of patients, service users, carers and parents, where those needs relate to a disability, impairment or sensory loss. For example people who have aphasia, autism or a mental health condition which affects their ability to communicate. This includes, but is not limited to, people who are blind or have some visual loss, people who are d/Deaf, deafblind or have some hearing loss and people with a learning disability.

Staff must consider following five steps while communicating with the service users. For example when sending referral letters, arranging meetings or appointments or conducting patient assessment:

- **Ask**

Assess if an individual has any communication / information needs relating to a disability or sensory loss and if so what they are. This should be done when the person visits the services or makes contact for the first time. There is no requirement for a retrospective search or 'trawl' of records to identify patients with needs, although this would be considered good practice.

Patients / service users, carers, parents or any other relevant people should be consulted to identify communication support needs. Specialist assessment by a Speech and Language Therapist may be required to gather this information. It is these needs (and not their disability) which should be recorded. An individual may have more than one communication need, staff must ensure that all have been identified.

Suggested questions to identify whether a service user has information and or communication support needs, and the nature of these needs may include:

- Do you need a format other than print (Arial, size 12 or above, braille or easy read) to read a document?
- Do you have any special communication needs (hearing aid)?
- How do you want us to communicate with you?
- What communications support will help you?
- What is the best way for us to send you information

- **Record**

Needs of service users should be recorded in a clear, unambiguous and standardized way in the records (electronic or paper). An example of this would be "requires BSL interpreter" not "person is d/Deaf". Recording that a person is 'deaf', for example, does not explain whether they are able to read written English, if they use British Sign Language (BSL) or are a lip-reader and / or hearing aid user.

Where the patient uses a Communication and Information Needs Passport, then an electronic copy of this can be taken with permission of the patient and attached to their records (electronic or paper).

Some combinations of recorded needs can occur, for example, 'patient uses a hearing aid' and/or 'lip-reads' plus 'requires contact through short message text message' or 'contact by email'. Staff should consider all these aspects to record individuals' needs and when prompting to identify communication needs. It is the best practice that service user should be made aware of information recorded and periodically be asked to verify its accuracy.

- **Alert / flag / highlight**

Staff should ensure that recorded needs are '**highly visible'** whenever the individuals' record is accessed, and prompt for action. Use of electronic flags or alerts, or paper-based equivalents, so that if a member of staff opens the individual's record it is immediately brought to their attention if the person has a communication or information need and prompt staff to take appropriate action and / or trigger auto-generation of information in an accessible format.

Once data is recorded about service user's information or communication support needs, the system MUST prompt, and staff MUST ensure these needs are regularly reviewed / assessed and, if necessary, updated. This to identify whether service user's needs have changed (such as in the level of sensory loss); and to identify whether the most appropriate method used to meet those needs has changed (through technology advances or in the service user's access to technology). A person with some visual loss may initially request information in large print, but in future may request information through email or audio format.

- **Share**

Include information about individuals' information / communication needs as part of existing data sharing processes, and as a routine part of referral, discharge and handover processes and following information governance frameworks. For example, using Patient Passport.

- **Act**

Take steps to ensure that individuals receive information which they can access and understand, and receive communication support if they need it. For example, send an appointment letter in Braille or book a BSL interpreter for an appointment.

Some service users with a hearing loss will not be able to telephone. Alternative accessible communication/contact methods can include emails and text messages. It is the responsibility of services to ensure that the need for information in an alternative format is flagged and either trigger the automatic generation of correspondence in an alternative format (preferred), or prompts staff to make alternative arrangements. A standard print letter MUST NOT be sent to an individual who is unable to read or understand it. However a copy should be included in the health records.

6.   EQUALITY IMPACT ANALYSIS

As part of its development, this document was analysed to consider / challenge and address any detrimental impact the policy may have on individuals and or groups protected by the Equality Act 2010. This analysis has been undertaken and recorded using the Trust's analysis tool, and appropriate measures will be taken to remove barriers and advance equality of opportunity in the delivery of this policy / procedure

7.   FREEDOM OF INFORMATION EXEMPTION ASSESSMENT

Under the Freedom of Information Act (2000) we are obliged to publish our policies on the Trust's website, unless an exemption from disclosure applies. As part of its development, this policy was assessed to establish if it was suitable for publication under this legislation. The assessment aims to establish if disclosure of the policy could cause prejudice or harm to the Trust, or its staff, patients, or partners. This assessment has been undertaken using the Trust's Freedom of Information Exemption Guide, and will be reviewed upon each policy review.

8.   INFORMATION GOVERNANCE ASSESSMENT

This Policy has been analysed to ensure it is compliant with relevant information law and standards as in place at the time of approval, and are consistent with the Trust's interpretation and implementation of information governance components such as data protection, confidentiality, consent, information risk, and records management.

Compliance will be reviewed against any changes to legislation / standards or at the next review of this document.

9. SAFEGUARDING

All staff have a responsibility to promote the welfare of any child, young person or vulnerable adult they come into contact with and in cases where there are safeguarding concerns, to act upon them and protect the individual from harm.

All staff should refer any safeguarding issues to their manager and escalate accordingly in line with the Trust Safeguarding Families Policy and Local Safeguarding Children/Adult Board processes.

10. MONITORING

The effective application of this policy, including adherence to any standards identified within will be subject to monitoring using an appropriate methodology and design, such as clinical audit.

Monitoring will take place on a biannual basis and will be reportable to the Quality Group via the Clinical Effectiveness and Quality Improvement Team.

11. REVIEW

This policy will be reviewed three-yearly unless there is a need to do so prior to this; e.g. change in national guidance.

12. REFERENCES

NHS England. 2017. Accessible Informational Standards. NHS England Available from: https://www.england.nhs.uk/ourwork/accessibleinfo/ [accessed 9/10/2018]

Freedom of Information Act 2000

Equality Act 2010

Health and Social Care Act 2012