NHS
Great Western Hospitals
NHS Foundation Trust

Accessible Information Standard Policy

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Status	LIVE		
Target Audience- who does the document apply to and who should be using it.	All employees directly employed by the Trust (including those who deliver services on behalf of Wiltshire Health and Care), whether permanent, part-time or temporary (including fixed-term contract). It applies equally to all others working for the Trust, including private-sector, voluntary-sector, bank, agency, locum, and secondees. For simplicity, they are referred to as 'employees' throughout this policy		
Accountable Director		Carole Nicholl, Director of Governance & Assurance	
Author/originator – Any Comments on this document should be addressed to the author		Caroline Coles, Deputy Company Secretary	
Division and Department		Corporate	
Implementation Lead		Caroline Coles, Deputy Company Secretary	
If developed in partnership with another agency ratification details of the relevant agency		Swindon CCG	

Equality Impact

Great Western Hospitals NHS Foundation Trust strives to ensure equality of opportunity for all service users, local people and the workforce. As an employer and a provider of health care, the Trust aims to ensure that none are placed at a disadvantage as a result of its policies and procedures. This document has therefore been equality impact assessed in line with current legislation to ensure fairness and consistency for all those covered by it regardless of their individuality. This means all our services are accessible, appropriate and sensitive to the needs of the individual.
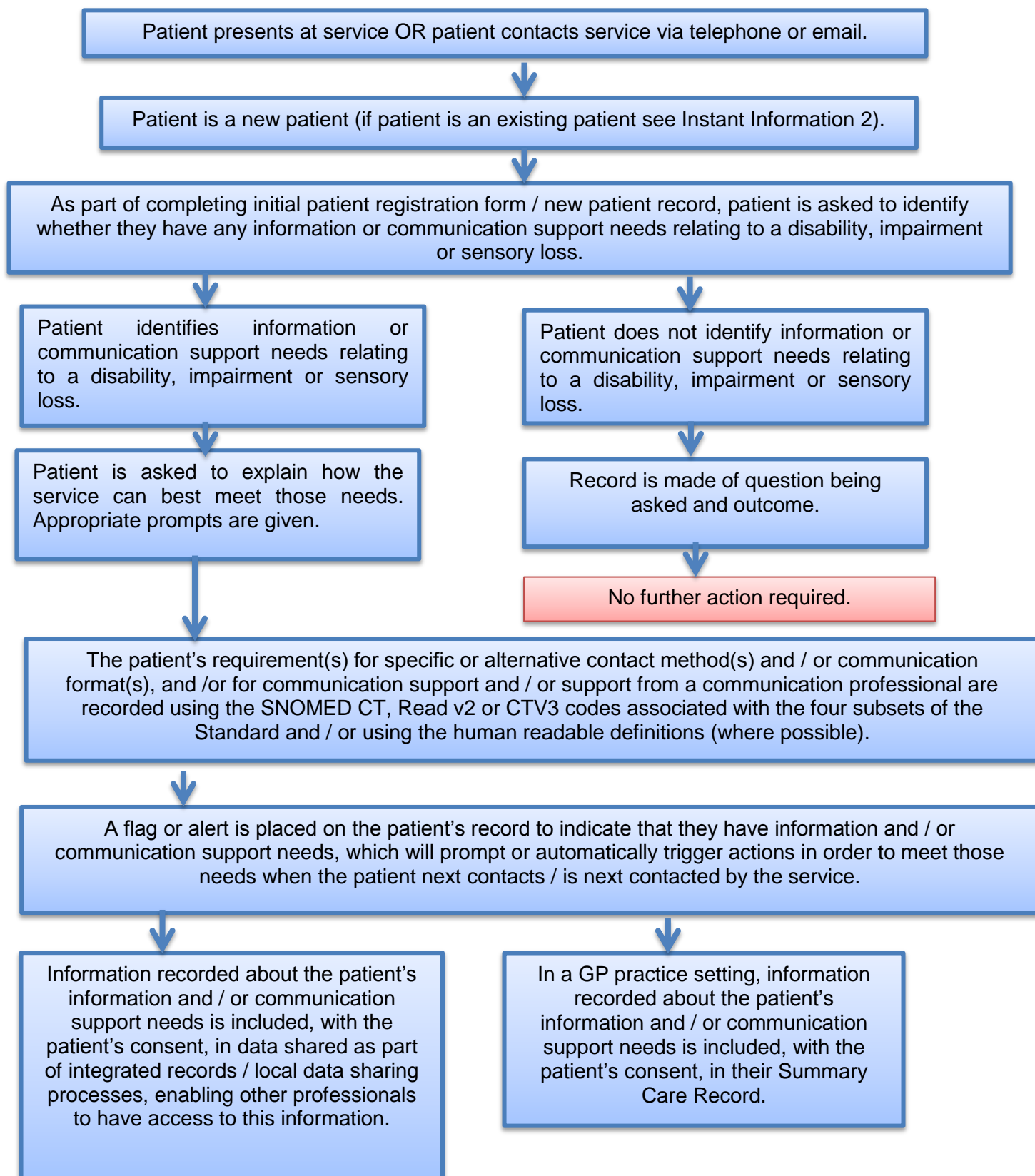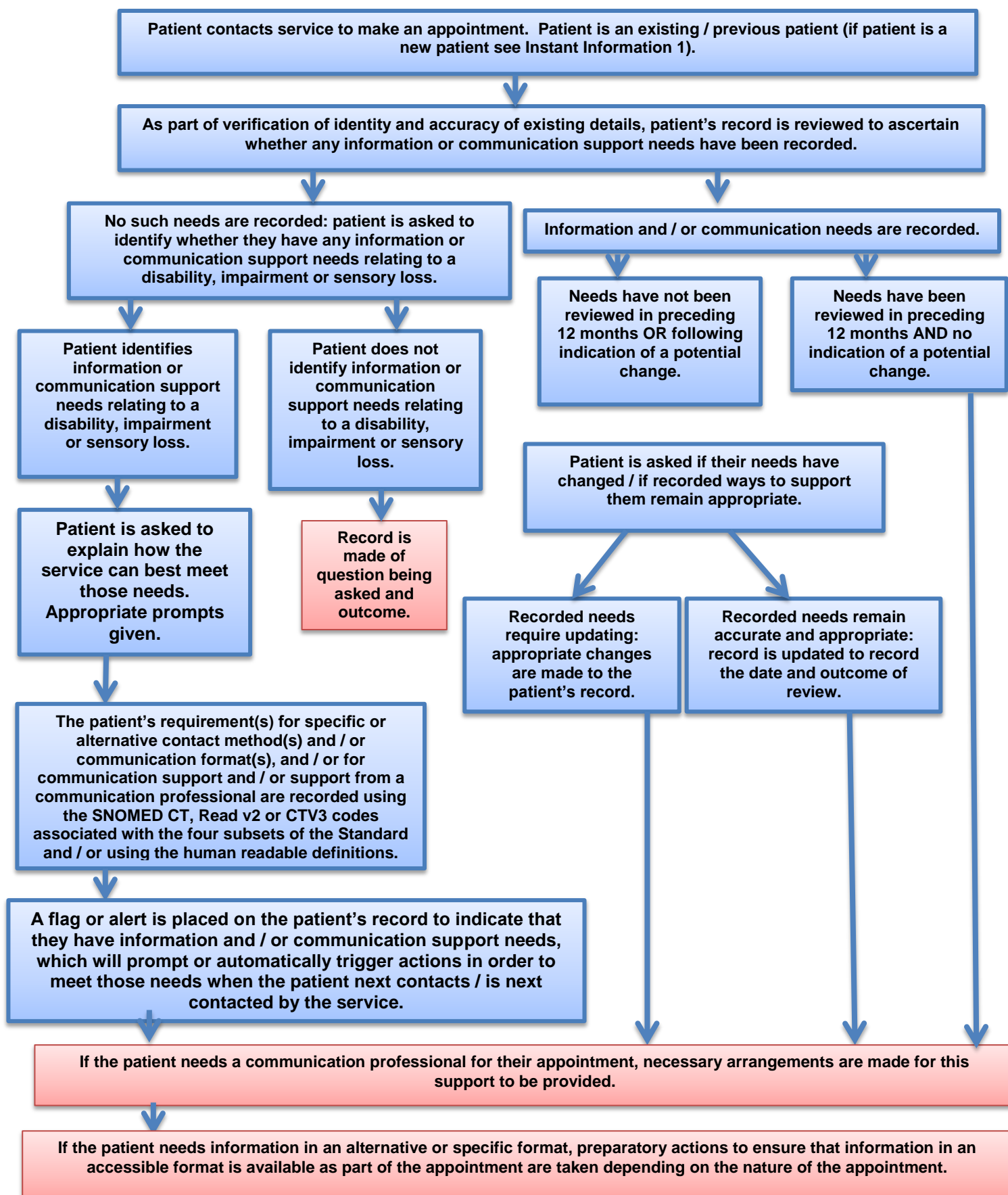
Special Cases

None

Contents

1   Instant Information 1 – NEW PATIENT REGISTRATION PROCESS

Patient presents at service OR patient contacts service via telephone or email.

Patient is a new patient (if patient is an existing patient see Instant Information 2).

As part of completing initial patient registration form / new patient record, patient is asked to identify whether they have any information or communication support needs relating to a disability, impairment or sensory loss.

| Patient identifies information or communication support needs relating to a disability, impairment or sensory loss. | Patient does not identify information or communication support needs relating to a disability, impairment or sensory loss. |

| Patient is asked to explain how the service can best meet those needs. Appropriate prompts are given. | Record is made of question being asked and outcome. |

No further action required.

The patient's requirement(s) for specific or alternative contact method(s) and / or communication format(s), and /or for communication support and / or support from a communication professional are recorded using the SNOMED CT, Read v2 or CTV3 codes associated with the four subsets of the Standard and / or using the human readable definitions (where possible).

A flag or alert is placed on the patient's record to indicate that they have information and / or communication support needs, which will prompt or automatically trigger actions in order to meet those needs when the patient next contacts / is next contacted by the service.

| Information recorded about the patient's information and / or communication support needs is included, with the patient's consent, in data shared as part of integrated records / local data sharing processes, enabling other professionals to have access to this information. | In a GP practice setting, information recorded about the patient's information and / or communication support needs is included, with the patient's consent, in their Summary Care Record. |

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2 Instant Information 2 – EXISTING PATIENT REPEAT CONTACT TO MAKE AN APPOINTMENT PROCESS

Patient contacts service to make an appointment. Patient is an existing / previous patient (if patient is a new patient see Instant Information 1).

As part of verification of identity and accuracy of existing details, patient's record is reviewed to ascertain whether any information or communication support needs have been recorded.

No such needs are recorded: patient is asked to identify whether they have any information or communication support needs relating to a disability, impairment or sensory loss.

Information and / or communication needs are recorded.

Needs have not been reviewed in preceding 12 months OR following indication of a potential change.

Needs have been reviewed in preceding 12 months AND no indication of a potential change.

Patient identifies information or communication support needs relating to a disability, impairment or sensory loss.

Patient does not identify information or communication support needs relating to a disability, impairment or sensory loss.

Patient is asked if their needs have changed / if recorded ways to support them remain appropriate.

Patient is asked to explain how the service can best meet those needs. Appropriate prompts given.

Record is made of question being asked and outcome.

Recorded needs require updating: appropriate changes are made to the patient's record.

Recorded needs remain accurate and appropriate: record is updated to record the date and outcome of review.

The patient's requirement(s) for specific or alternative contact method(s) and / or communication format(s), and / or for communication support and / or support from a communication professional are recorded using the SNOMED CT, Read v2 or CTV3 codes associated with the four subsets of the Standard and / or using the human readable definitions.

A flag or alert is placed on the patient's record to indicate that they have information and / or communication support needs, which will prompt or automatically trigger actions in order to meet those needs when the patient next contacts / is next contacted by the service.

If the patient needs a communication professional for their appointment, necessary arrangements are made for this support to be provided.

If the patient needs information in an alternative or specific format, preparatory actions to ensure that information in an accessible format is available as part of the appointment are taken depending on the nature of the appointment.

3 Document Details

3.1 Introduction and Purpose of the Document

The Accessible Information Standard (AIS) tells organisations how they should ensure that patients/service users and where appropriate, carers and parents with a disability, impairment or sensory loss receive information in formats they can understand and that they receive appropriate support to help them communicate.

The policy sets out a specific, consistent approach to identifying this information and the communication to support the needs of these patient groups.

4 Glossary/Definitions

The following terms and acronyms are used within the document:

AIS	Accessible Information Standard
Identified	Ask if people have any information or communication needs, and find out how to meet those needs
Recorded	Record those needs in a set way that is highly visible, using specific definitions
Flagged	Use alerts or flags to make it clear on the person's file what their needs are, and prompt action to meet those needs
Shared	Share information about the person's needs with other NHS and adult social care providers
Act	Make reasonable adjustments to meet these needs
Alternative Format	Ways in which information is communicated other than through standard text, including Electronic Text, Audio, Captioning and Braille
Advocate	A person who supports someone who may otherwise find it difficult to communicate or to express their point of view
BSL	British Sign Language
d/Deaf	A word used to cover all deaf people d = identifies anyone who has a severe hearing problem D = refer to people who have been deaf all their lives, or since before they started to learn to talk.
Makaton	A word signing system
RNIB	The Royal National Institute of Blind People
CQC	Care Quality Commissioning
NHS	National Healthcare Service
GDPR	General Data Protection Regulation
GWHFT	Great Western Hospitals Foundation Trust
PALS	Patient Advice and Liaison Service
Aphasia	An impairment of language, affecting the production or comprehension of speech and the ability to read and write.
Autism	A mental contribution characterised by great difficulty in

	communication and forming relationships and in using language and abstract concepts.
Braille	A tactile writing system
Tadoma	A method of communication through touch

5 Main Policy Content Details

5.1 Why Accessible Information is Important

Successful implementation of the Standard aims to lead to improved outcomes and experiences, and the provision of safer and more personalised care and services to those individuals who come within the Standard's scope.

5.2 What is accessible information

Information that is accessible may be provided in printed and electronic formats, and through face-to-face and telephone communication. It covers all areas of access to information including:

- alternative formats
- translations
- interpreters
- support for people at meetings, for example, note-takers.

The policy makes the provision of accessible information and services central to the day-to-day work of GWHFT. Information should be provided without delay and at a level that meets individual communication needs. See Appendix C for examples of alternative formats.

5.3 How to Implement the AIS

The Standard requires organisations that provide NHS or adult social care to:

✓ **Identify**. Communication and/or information needs must be identified at registration/upon first contact with the service or as soon as is practicable thereafter. This initial question may be asked over the telephone, face to face, registration or admission form.

In addition, communication and/or information needs must be identified proactively and opportunistically the next time an existing patient/service user makes contact with/is seen by the service but not retrospectively. There is no requirement for a retrospective search or trawl of records to identify patients with needs. A high level process is outlined in the Section 1 / Instant Information 1 & 2.

✓ **Record** those needs clearly and in a set way. Where individuals have information and/or communication needs relating to or caused by a disability, impairment or sensory loss:

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- Such information must be recorded as part of the individual's first or next interaction with the service.
- Information must be recorded onto the electronic database system or paper based systems / records if used.

✓ **Flag** / highlight the person's file or notes so it is clear that they have information or communication needs and how to meet those needs.

✓ **Share** people's information and communication needs with other providers of NHS and adult social care, when they have consent or permission to do so.

Wherever possible, consent must be obtained from the patient/service user to share information. All staff should take care to ensure that they follow relevant existing legal duties, including those set out in the Data Protection Act 2018 / General Data Protection Regulation (GDPR) (ref 4) and Mental Capacity Act 2005 (ref 6) around the handling and processing of data.

The staff member must ensure 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.

✓ **Act** Take steps to ensure that people receive information which they can access and understand, and receive communication support if they need it. Understand how to access interpreting and translation services that are responsive and appropriate to individual communication and/or information needs (see Appendix C).

Make sure that a patient or family's communication needs are addressed in **ALL COMMUNICATIONS**, e.g. when setting appointments, at appointments, when sending letters and care plans, providing health and service information.

5.4 Where a patient or service user has an identified carer, a discussion should take place to identify whether their carer has any information or communication needs. If they do, and with the consent of the patient or service user, and their carer, the information and/or communication support needs of the person's carer should be included as part of the patient/service user's record or notes and flagged appropriately for action. If both the patient/service user and their carer have information and/or communication needs, both should be identified, recorded and flagged, and with explicit consent for sharing.

6. Implications of Non-compliance

6.1 As compliance with the Standard is a legal duty (section 250 Health and Social Care Act 2012), organisations that do not comply with the Standard would be leaving themselves open to legal challenge. Non-compliant organisations should also be aware of the risk of complaints, investigation and negative media coverage.

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6.2   The Specification also makes clear that commissioners must support providers to comply with the Standard, including through contracts, tariffs, frameworks and performance-management arrangements. Commissioners must also seek assurance from providers in this regard.

6.3   In addition, the Care Quality Commission (CQC) has stated that it will, "…look at evidence of how services implement the Accessible Information Standard (ref 1) when we make judgements about whether services are responsive to people's needs."

7.   Training

All staff will receive training through the Equality & Diversity mandatory statutory training.

8.   Key Trust Information to meet the requirements of the Standard

8.1   Services provided by the Trust include:-

- Telephone interpreting (an interpreter can usually be located and on the other end of the phone within two minutes)
- Face-to-face interpreting (when telephone interpreting is not a suitable option)
- British Sign Language (BSL) interpreting
- Document translation (e.g. patient letters, patient leaflets and medical notes)
- Transcription (conversion of a recorded conversation into writing).

Contact the PALS office to access these services.

Further information can be found in Appendix C for explanation of communication support needs for specific patient groups and Appendix D for tips on communication support needs.

9.   Duties and Responsibilities of Individuals and Groups

9.1   Chief Executive

The Chief Executive is ultimately responsible for the implementation of this document.

9.2   **All Managers** have a responsibility to ensure that:

- For non-clinical areas any produced patient information is, and remains, current
- All staff proposing to produce a leaflet are aware of these guidelines

9.3   **All staff** must support an individual with communication or information needs and to take steps to ensure that information produced or commissioned by them is accessible. In addition, any member of staff may receive a request for information to be made available in another language or format, and therefore will need to understand the process as outlined in this policy.

9.4   **Additional Requirement Managers** have a responsibility to monitor and respond to additional requirements as shared via eRS.

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9.5   Document Author and Document Implementation Lead

The document Author and the document Implementation Lead are responsible for identifying the need for a change in this document as a result of becoming aware of changes in practice, changes to statutory requirements, revised professional or clinical standards and local/national directives, and resubmitting the document for approval and republication if changes are required.

9.6   **Target Audience** – As indicated on the Cover Page of this Document
The target audience has the responsibility to ensure their compliance with this document by:

- Ensuring any training required is attended and kept up to date.
- Ensuring any competencies required are maintained.
- Co-operating with the development and implementation of policies as part of their normal duties and responsibilities.

9.7   The Equality & Human Rights Group

The Equality & Human Rights Group will approve this policy and monitor compliance as specified in 10.1.

10   Monitoring Compliance and Effectiveness of Implementation

10.1   The arrangements for monitoring compliance with this policy will be:-

- The number of complaints received
- The number of incidents recorded
- The % of staff who have had mandatory training
- The number of bespoke training sessions held

The above measure will be monitored at least twice per year and reported to the Equality & Human Rights Group.

10.2   **Regulatory Position**

All organisations that provide NHS or adult social care must follow the Accessible Information Standard (ref 1) by law.

CQC (Care Quality Commission) regulate the Trusts activity and its right to provide services.

11   Review Date, Arrangements and Other Document Details

11.1   Review Date

This document will be fully reviewed every 3 years in accordance with the Trust's agreed process for reviewing Trust -wide documents. Changes in practice, to statutory requirements, revised professional or clinical standards and/or local/national directives are to be made as and when the change is identified.

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11.2 References, Further Reading and Links to Other Policies

The following is a list of other policies, procedural documents or guidance documents (internal or external) which employees should refer to for further details:

Ref. No.	Document Title	Document Location
1	NHS England Accessible Information Standard	https://www.england.nhs.uk/ourwork/accessibleinfo/
2	Equality Act 2010	https://www.legislation.gov.uk/ukpga/2010/15/contents
3	Health & Social Care Act 2012	http://www.legislation.gov.uk/ukpga/2012/7/contents/enacted
4	General Data Protection Regulation	https://eur-lex.europa.eu/legal-content/EN/TXT/HTML/?uri=CELEX:32016R0679&from=EN
5	Data Protection Act 2018	http://www.legislation.gov.uk/ukpga/2018/12/contents/enacted
6	Mental Capacity Act 2005	https://www.legislation.gov.uk/ukpga/2005/9/contents

11.3 Consultation Process

The policy was reviewed and agreed at the Accessible Information Standard Project Group on 11 September 2018.

Appendix A – Equality Impact Assessment

Equality Impact Assessment

Are we Treating Everyone Equally?

Define the document. What is the document about? What outcomes are expected?

Consider if your document/proposal affects any persons (Patients, Employees, Carers, Visitors, Volunteers and Members) with protected characteristics? Back up your considerations by local or national data, service information, audits, complaints and compliments, Friends & Family Test results, Staff Survey, etc.

If an adverse impact is identified what can be done to change this? Are there any barriers? Focus on outcomes and improvements. Plan and create actions that will mitigate against any identified inequalities.

If the document upon assessment is identified as having a positive impact, how can this be shared to maximise the benefits universally?

Our Vision

Working together with our partners in health and social care, we will deliver accessible, personalised and integrated services for local people whether at home, in the community or in hospital empowering people to lead independent and healthier lives.

Protected Characteristics (9): Age, Disability, Gender Re-assignment, Marriage & Civil Partnership, Pregnancy & Maternity, Race - including Nationality & Ethnicity, Religion or Belief, Sex, Sexual Orientation

Trust Equality and Diversity Objectives

Better health outcomes for all	Improved patient access & experience	Empowered engaged & included staff	Inclusive leadership at all levels

Appendix B – Quality Impact Assessment Tool

Purpose - To assess the impact of individual policies and procedural documents on the quality of care provided to patients by the Trust both in acute settings and in the community.	
Process -The impact assessment is to be completed by the document author. In the case of clinical policies and documents, this should be in consultation with Clinical Leads and other relevant clinician representatives. Risks identified from the quality impact assessment must be specified on this form and the reasons for acceptance of those risks or mitigation measures explained.	
Monitoring the Level of Risk - The mitigating actions and level of risk should be monitored by the author of the policy or procedural document or such other specified person. High Risks must be reported to the relevant Executive Lead.	

Impact Assessment

Please explain or describe as applicable.

1.	Consider the impact that your document will have on our ability to deliver high quality care.	Successful implementation aims to lead to improved outcomes and experiences
2.	The impact might be positive (an improvement) or negative (a risk to our ability to deliver high quality care).	Promotes provision of safer and more personalised care and services
3.	Consider the overall service - for example: compromise in one area may be mitigated by higher standard of care overall.	Successful implementation aims to lead to improved outcomes and experiences and promotes provision of safer and more personalised care and services
4.	Where you identify a risk, you must include identify the mitigating actions you will put in place. Specify who the lead for this risk is.	There is no risk

Impact on Clinical Effectiveness & Patient Safety

5.	Describe the impact of the document on clinical effectiveness. Consider issues such as our ability to deliver safe care; our ability to deliver effective care; and our ability to prevent avoidable harm.	Promotes diversity of staffing which will have a positive impact on services

	Impact on Patient & Carer Experience	
6.	Describe the impact of the policy or procedural document on patient / carer experience. Consider issues such as our ability to treat patients with dignity and respect; our ability to deliver an efficient service; our ability to deliver personalised care; and our ability to care for patients in an appropriate physical environment.	Promotes diversity of staffing which will have a positive impact on services
	Impact on Inequalities	
7.	Describe the impact of the document on inequalities in our community. Consider whether the document will have a differential impact on certain groups of patients (such as those with a hearing impairment or those where English is not their first language).	Promotes diversity of staffing which will have a positive impact on services

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Appendix C : Advice about communication support needs

Introduction

This section briefly outlines groups who are anticipated to be most affected by the Accessible Information Standard, and provides generic advice as to likely and foreseen support which may be required

Patient groups

The following groups of patients / service users are anticipated to be affected most directly by the Accessible Information Standard:

- People who are blind or have some visual loss;
- People who are deaf or have some hearing loss;
- People who are deaf and blind;
- People who have a learning disability.

The following groups are likely to also be affected by the Accessible Information Standard:

- People with aphasia;
- People with a mental health condition which affects their ability to communicate;
- People with autism.

It should be noted that these categories do not represent all of the groups who may be affected – the scope of the Standard includes all patients, service users, carers or parents with information or communication support needs relating to any kind of disability, impairment or sensory loss.

Types of communication support and alternative formats

i)   Support for people who are blind or have some visual loss

A person who is blind or has some visual loss may need information which is usually written down or provided in standard print in an alternative format such as: audio (on CD or as an MP3 file), braille, email or large print.

Note that people who are blind, deaf and blind or have some visual loss may require information to be sent or shared with them electronically (via email) instead of in a written or printed format. This is because use of email enables the recipient to use (their own) assistive technology or software, for example a 'screen reader' which converts text to speech. Depending on the software or assistive technology used, a person who is blind or has some visual loss may require information sent to them electronically (emailed) in one or more specific formats such as plain text (with or without attachments), HTML, and with attachments in Word or PDF format.

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A person who is blind or has some visual loss may need visual information in the form of an audible alert. For example many blind people cannot read their name on a screen or notice and so will need to be told or guided to the appropriate room and / or seat.

ii)   Support for people who are d/Deaf or have some hearing loss

A person who is d/Deaf or has some hearing loss may require support from a communication professional, including a British Sign Language (BSL) interpreter, BSL interpreter who uses Sign-Supported English, Lip-speaker, Note-taker, or speech-to-text reporter (STTR).

A person who is d/Deaf may also need information which is usually provided in standard print in BSL video format. A person who is d/Deaf or has some hearing loss may also need support to communicate because they:

- Lip-read – in which case the speaker should clearly address the person and face them whilst speaking, avoid touching or covering their mouth, and ensure conversations are held in well-lit areas; and / or
- Use a hearing aid – in which case care should be taken to speak clearly and a loop system may support conversation in reception or waiting areas.

It should be noted that the ability of d/Deaf people to read and understand written English varies considerably and it should not be assumed that having a conversation via written notes is an appropriate way of holding a dialogue. Similarly, it should not be assumed that because someone is wearing one or more hearing aids they no longer need any support to communicate, they may, for instance, be supporting their hearing via lip-reading. The person's communication needs must be established with them in the first instance.

A person who is d/Deaf may need verbal or audio information in the form of visual alert. For example many d/Deaf people cannot hear their name called in a waiting area.

iii)   Support for people who are deaf blind

Types of communication support which may be needed by a person who is deaf blind are as follows. It should be noted that many deaf blind people will use a combination of different mechanisms to support communication.

A deaf blind person may require support from a communication professional:

- British Sign Language (BSL) interpreter, who may need to be particularly skilled to work with deaf blind people who need BSL adapting in the following ways: o BSL interpreter - hands-on signing o BSL interpreter - visual frame signing
- Deaf blind manual interpreter
- Speech-to-text-reporter (STTR)

A deaf blind person may receive individual support from an identified professional to support them in communicating, such as a Deaf blind communicator-guide or Deaf blind intervenor. If so, it would be expected that this person would accompany the deaf blind person. A deaf

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blind person may need written information in an alternative format, such as braille or via email. A deaf blind person may also need support to communicate using a communication tool or aid. They may also rely on the use of Tadoma to communicate or use a Voice Output Communication Aid (VOCA). A deaf blind person may also use non-verbal communication including gestures, pointing or eye-pointing.

iv. Support for people with a learning disability

A person who has a learning disability may need information which is usually provided in standard English provided in an alternative format such as 'easy read' or explained using Makaton.

A person with a learning disability may require support from a communication professional at their appointment, for example an advocate.

A person with a learning disability may also need support to communicate using a communication tool or aid. They may also have a 'communication passport'. A person with a learning disability may also use non-verbal communication including gestures, pointing or eye-pointing. It should be noted that the level of a person's learning disability will have a significant impact on their ability to communicate and therefore level of support needed. People with a mild or moderate learning disability may be living independently and need information in 'easy read' format and verbal information explained more slowly and simply. A person with a more severe or profound learning disability is likely to be supported by one or more carers and will need additional support to communicate, including using a communication tool or aid. People with a more severe learning disability are more likely to communicate in non-verbal and non-traditional ways.

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Appendix D – Tips on Communication Support and Alternative Formats

Tips for Face-to-Face Communication

- Make sure you have the person's attention before trying to communicate with them. If they do not hear you, try waving or taping them lightly on the shoulder .
- Identify yourself clearly. Say who you are and what you do (it may be more relevant to explain your reason for seeing the person rather than the job title).
- Check that you are in the best position to communicate, usually this will be facing the person, but consider whether sitting or standing is more appropriate. Communication at eye level is usually easiest so if you are speaking to a wheelchair user consider sitting down if possible.
- Find a suitable place to talk, with good lighting and away from noise and distractions.
- Speak clearly and a little slower than you would do usually, but do not shout.
- Keep your face and lips visible, do not cover your mouth with a hand, your hair or clothing. If a member of staff is concerned about religious expressions they should discuss this with their manager.
- Use gestures and facial expressions to support what you are saying.
- If necessary, repeat phrases, re-phrase the sentence or use simpler words or phrases.
- Use plain, direct language and avoid using figures of speech such as 'it's raining cats and dogs' or euphemisms such as 'expecting the patter of tiny feet'.
- Check if the person has understood what you are saying. Look for visual clues as well as asking if they have understood.
- Encourage people to ask questions or request further information. Ask if they would like anything in writing as a reminder or reference.
- Try different ways of getting your point across e.g. writing things down, drawing or using symbols or objects to support your point.

Tips for Printed Communication

- Use a minimum font size of 12.
- Use a 'sans serif' font such as Arial.
- Align text to the left and avoid 'justifying' text.
- Ensure plenty of 'white space' on documents, if appropriate add a doublespace between paragraphs.
- Use page numbers.
- The clearest form of print is black on white or black on yellow. Sometimes a white background can cause glare, a yellow background reduces glare.
- Consider making all 'standard' printed letters/documents 'easier to read' using plain English, highlighting important information, and supporting text with diagrams, images or photographs.
- Be concise and use short sentences, aim for 15 words or less per sentence, with one idea in each sentence.

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- Put no more than 4 or 5 sentences together in each paragraph. Even less if you change subject.
- Concentrate on one subject at a time.
- Keep track of the electronic originals of documents you print out so you can reprint in larger font or convert to an alternative format when required.
- Cut out unnecessary detail. Present the important information in a logical sequence, one step at a time.
- Do not use semicolons or hyphens.
- Use everyday language. Avoid jargon and acronyms, and use plain language to make it easier to read.
- Use patient-friendly text. Talk to your reader directly using 'we' and 'you'. If you have to use difficult words, provide an explanation.
- Picture, symbol, images and diagrams to aid understanding of content are helpful, particularly for children and people with a learning disability. However, any images used should be in line with NHS guidelines rather than cartoon drawing or clip art.

Recording of Need

Where individuals have information and/or communication needs relating to or caused by a disability, impairment or sensory loss:
- Such information must be recorded as part of the individual's first or next interaction with the service.
- Information must be recorded onto electronic database system where appropriate.
- Completed communication forms must be filed on the patient/service user file.

Consent

Wherever possible, consent must be obtained from the patient/service user to share information. All staff should take care to ensure that they follow relevant existing legal duties, including those set out in the Data Protection Act 2018 / GDPR (ref 4) and Mental Capacity Act 2005 (ref 6) around the handling and processing of data.

Sharing Information

The staff member must ensure 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.

Carers' and Parents' Needs

Where a patient or service user has an identified carer, a discussion should take place to identify whether their carer has any information or communication needs. If they do, and with the consent of the patient or service user, and their carer, the information and/or communication support needs of the person's carer should be included as part of the

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patient/service user's record or notes and flagged appropriately for action. If both the patient/service user and their carer have information and/or communication needs, both should be identified, recorded and flagged, and with explicit consent for sharing.

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