

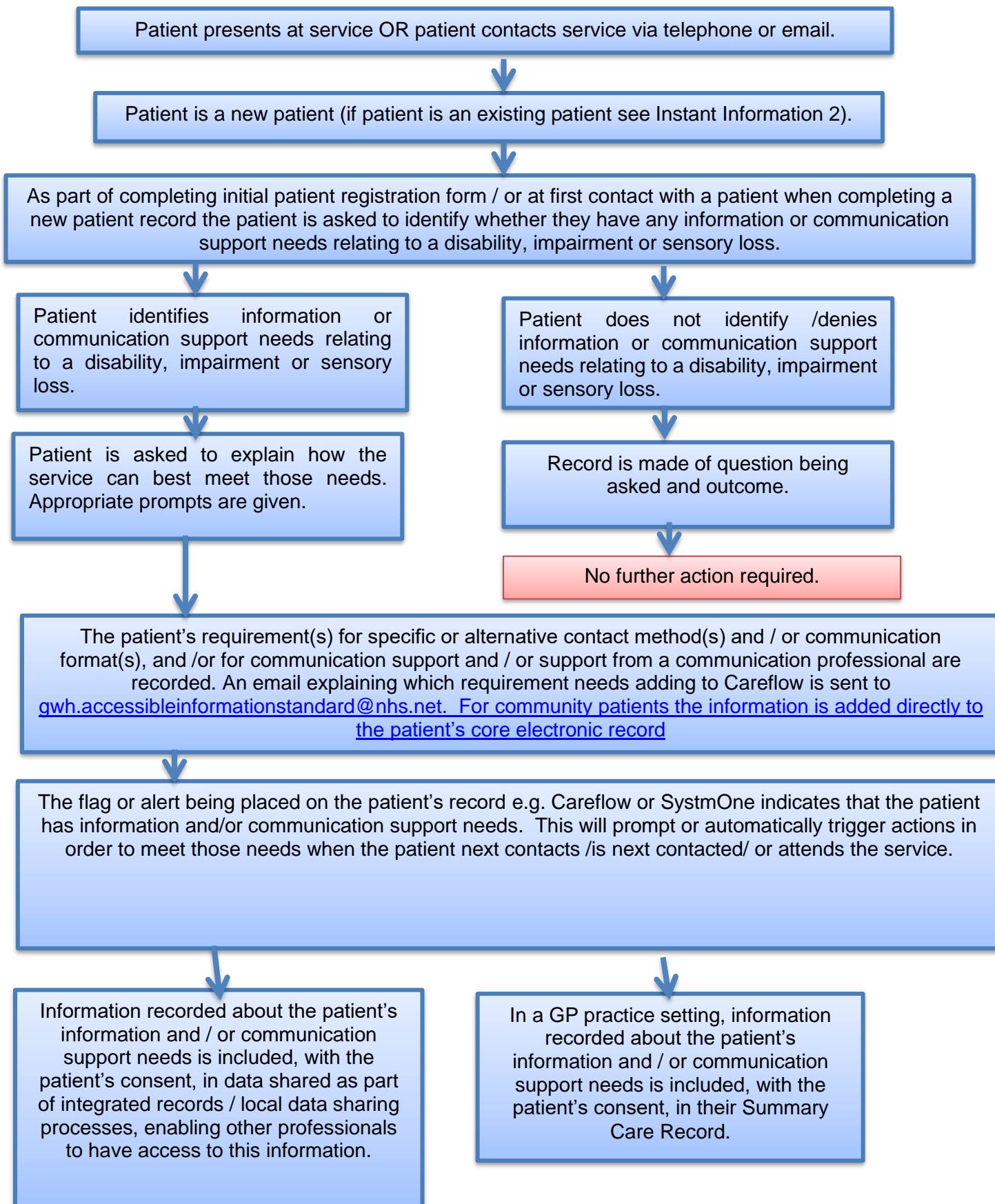
Accessible Information Standard Policy

Document No	Corp - 00120	Version No	2.0
Approved by	Policy Governance Group	Date Approved	08/11/2022
Ratified by	Equality, Diversity & Inclusion Group	Date Ratified	21/09/2022
Date implemented (made live for use)	08/11/2022	Next Review Date	21/09/2025
Status	LIVE		
Target Audience- who does the document apply to and <u>who should be using it.</u> - The target audience has the responsibility to ensure their compliance with this document by: <ul style="list-style-type: none"> • 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.	All employees directly employed by the Trust 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	Chief Nurse		
Author/originator – Any Comments on this document should be addressed to the author	Accessible Information Standard Lead & Matron for Outpatients & Sexual Health		
Division and Department	Corporate		
Implementation Lead	Accessible Information Standard Lead & Matron for Outpatients & Sexual Health		
If developed in partnership with another agency ratification details of the relevant agency	N/A		
Review period. 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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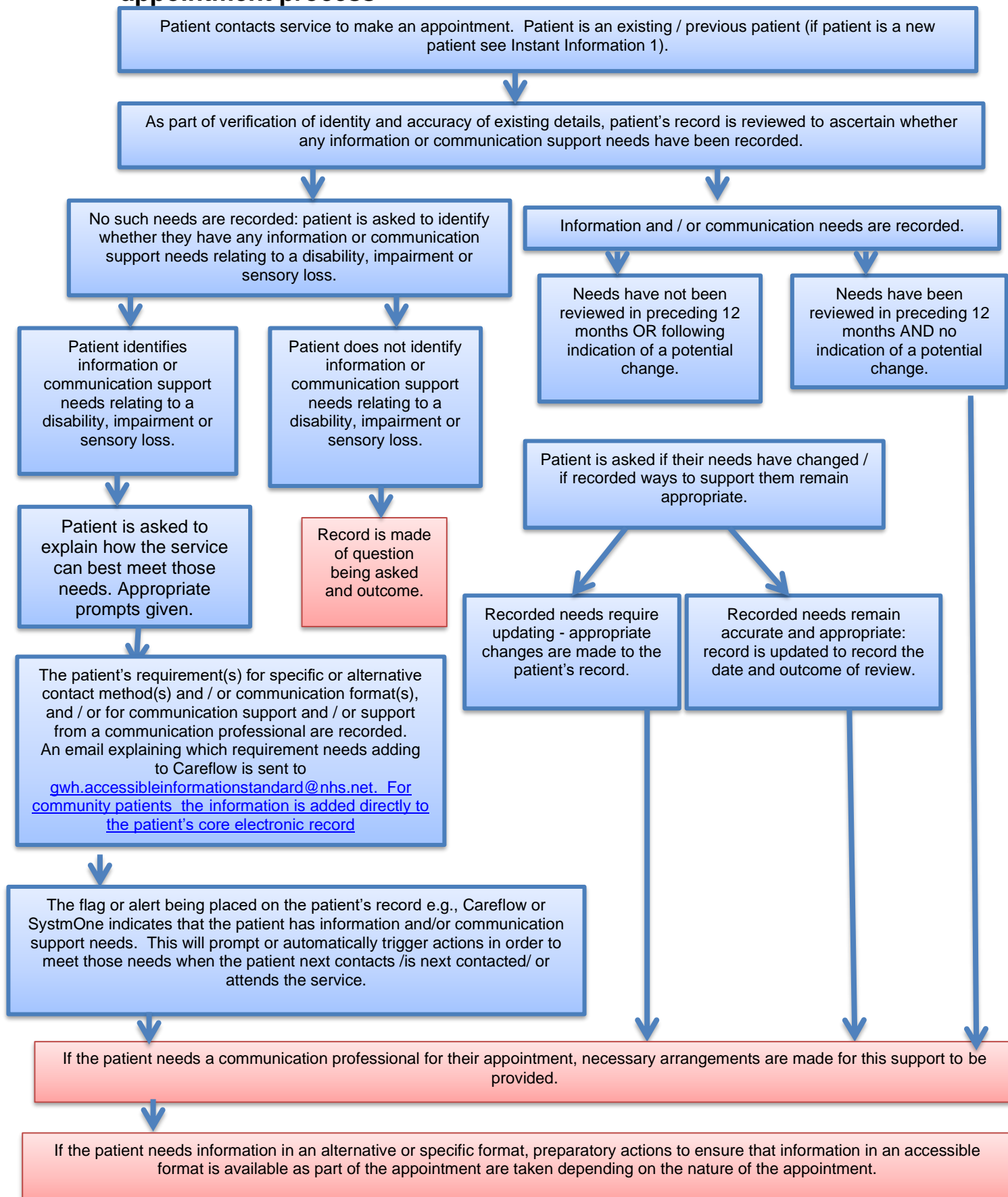
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1 Instant Information 1 – New Patient Registration Process



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2 Instant Information 2 – Existing patient repeat contact to make an appointment process



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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/communication in formats they can understand.

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.

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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
Hidden	Information in patient records is retained so that there is a complete and up-to-date history. However, if information is no longer relevant then it can be 'hidden' on some electronic systems.

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 individuals who come within the Standard's scope.

5.2 What is Accessible Information

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

- Alternative formats of information, such as letters in Clear Read (enlarged fonts), Easy Read (pictorial), Braille format.
- Interpreter/Video interpreters for BSL
- Hearing Loop Systems
- Email Communications that can be used via different software or text relay
- Longer clinical appointments should be offered to meet accessibility requirements

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 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 contacts/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.

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✓ **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:

- 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 and paper-based systems / records if used.

✓ **Flag** / highlight the person's file or notes so 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 / UK 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 (BSL) or services that are responsive and appropriate 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. If a carer changes or is no longer needed by the patient or service user, any information about the carer's needs must be removed from alerts or 'hidden' in the electronic health record. It must not be removed entirely so there is a complete history.

- 5.5 Notable exclusions are needs of staff (except when or if they are a patient, service user, parent or carer). Corporate communications or publications which do not relate to direct patient care or services - not directly affecting an individual's health or wellbeing. Foreign language interpretation or translation.

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.
- 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 be required to undertake Equality & Diversity mandatory training. Additionally, it is advocated staff also complete the two-part AIS training module accessed via the Employee's Staff Record.

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

- 8.1 AIS Services provided by the Trust include:

- British Sign Language (BSL) interpreting (also available via Sign Live services) accessed via PALS
- Hearing Loops in patient facing departments
- Paper letters for appointments sent in preferential/identified format that matches requested need
- Regular communications strategy and departmental awareness to highlight the standard to patients.

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.

8.2

The Trust has a capture point via the Trust website to submit Accessibility Needs via the 'My Needs form'. This can be completed at <https://www.gwh.nhs.uk/patients-and-visitors/extra-help/tell-us-about-your-needs/>. Submissions are verified and manually added as a bespoke accessibility alert to patients' electronic records. The information on the Trust's community

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electronic patient record can be shared with our community partners and primary care where patient consent and sharing are in place

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.

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

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.

The document author has established and chairs an Accessible Information Standard Working Group who meet monthly with stakeholders from specialties that have patients with requirement needs. The group also engage with patients as speakers, advocates and attendees as well as guest speakers.

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 and non-mandatory training
- The number of departments that have had bespoke training sessions

The above measures will be monitored at least twice per year and reported to the Equality, Diversity and Inclusion 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 2 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.

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

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Ref. No.	Document Title	Document Location
6	Mental Capacity Act 2005	https://www.legislation.gov.uk/ukpga/2005/9/contents

11.3 Consultation Process

The following is a list of consultees in formulating this document and the date that they approved the document:

Job Title / Department	Date Consultee Agreed Document Contents
Head of Information Governance	08/2022
Head of Patient Experience and Engagement	08/2022
Divisional Director of Nursing (ICC or appointed delegate)	08/2022
Deputy Health Records Manager	08/2022
Head of Service for Outpatient Administration	08/2022
Director of Improvement and Partnership	09/2022
Lead for Equality, Diversity & Inclusion	11/2022
Systems Management & Patient Administration Lead GWH	09/2022
Systems Management & Patient Administration Lead Primary Care	11/2022

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.



Trust Equality and Diversity Objectives

Better health outcomes for all	Improved patient access & experience	Empowered engaged & included staff	Inclusive leadership at all levels
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Appendix B – Quality Impact Assessment Tool

<p>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.</p>		
<p>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.</p> <p>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.</p>		
<p>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.</p> <p>High Risks must be reported to the relevant Executive Lead.</p>		
<p>Impact Assessment</p> <p>Please explain or describe as applicable.</p>		
1.	Consider the impact that your document will have on our ability to deliver high quality care.	Successful implementation will lead to improved outcomes and experiences for patients
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 and inclusive 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 and a patient centred approach 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 and a patient centred approach 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 and a patient centred approach which will have a positive impact on services

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 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.

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 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.

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 double-space 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 must 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 / UK 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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