Document Reference Number UHN-PO-CR108

Policy/Guideline Title:	Accessible Information Standard DAPB1605 Policy
Executive Summary:	Since 1st August 2016, all organisations that provide NHS care and/or publicly funded adult social care have been legally required to follow the Accessible Information Standard (AIS). The standard requirements have been updated in June 2025 (ref DAPB1605). This Policy outlines the key ways in which University Hospitals Northamptonshire (the Trust, KGH, NGH, UHN, the Group) and its colleagues will meet the needs of service-users who have accessible information and/or communication needs as a result of a disability, impairment or sensory loss.
Supersedes:	(KGH) HR07 V2 and NGH-PO-1006
Description of Amendment(s):	There are inconsistencies between NGH and KGH policy documents with out of date and incomplete detail within each. A unified UHN policy has been drafted to reflect the UHN Group role as well as to address gaps in information, training and monitoring, roles and responsibilities and governance arrangements. Updates to the AIS (DAPB1605) published June 2025 incorporates legislative changes since 2016, makes organisations duties clearer, adds a sixth 'review stage' to improve compliance with standard and introduces an AIS self assessment framework and made compatible with CQC assessment framework.

This policy will impact on:			
Policy Area:	Equality	Approval Date:	September 2025
Version Number:	1	Review Date:	March 2028
Issued By:		Expiry Date:	September 2028
Author:	Equality Diversity and Inclusion Patient Liaison Officer.	Impact Assessment Date:	15/07/2025

APPROVAL RECORD		
	Committees / Group	Date
Consultation:	Accessible Information Standard and Reasonable Adjustment (AIS and RA) Steering Group	22/07/2025
Ratified by:	UHN Procedural Document Group	tbc

Received for Information:		

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1. INTRODUCTION

The Equality Act (2010) strengthened existing legislation to ensure that people with a range of protected characteristics received equitable access to high quality public services. However, this did not always result in reasonable adjustments being made by NHS organisations for service-users with communication and information needs. The Accessible Information Standard (AIS) was published by NHS England in 2016 to specifically address this issue. The standard covers any disability that affects an individual's ability to access, read or understand information or to communicate, and that ensures that people who have a disability, impairment or sensory loss:

- can access and understand information about NHS and adult social care services
- receive the communication support they need to use the services

The AIS places a mandatory requirement on NHS providers to identify, record, flag, meet, share and review patients' information and/or communication needs, where these needs relate to a disability, cognitive impairment or sensory loss. The AIS also applies to any disability-related information and communication needs that a patient's carer or (for patients aged under 18 years) their parent/ guardian may have.

Review since the COVID19 pandemic (Healthwatch and SignLive) noted that peoples communication needs were not consistently being met.

Recently updated requirements (DAPB1605, June 2025) has been updated in language and structure to make is easier for organisations to implement and comply with their obligations; it has made organisation's responsibilities clearer, added a sixth 'review stage' to help improve compliance with the standard, introduced the Accessible Information Standard self-assessment framework to support with assurance and compliance and made the standard compatible with the Care Quality Commission's assessment framework.

2. PURPOSE

This policy outlines UHN's responsibilities in respect of the AIS DAPB1605 and sets out the Group's commitment to ensuring these are met.

3. SCOPE

The AIS applies to patients who have a disability, impairment or sensory loss.
These categories do not represent all the groups who may be impacted. This could include (but is not restricted to):

- People who are blind or have some visual loss
- People who are deaf or have some hearing loss

- People who are deafblind
- People with a learning disability
- People with autism spectrum disorder
- People with a dementia
- People with aphasia
- People with a mental health condition that affects their ability to communicate

The standard includes all people, and their families and carers, with information or communication support needs relating to any kind of disability, impairment or sensory loss.

The following are not covered by the AIS and are therefore out of scope of this policy:

- Staff with a disability, except where they are acting in a personal or non-employment capacity
- The provision of a language other than English interpretation or translation
- A communication preference which does not relate to a disability
- An individual who has difficulty with reading or understanding information for reasons other than a disability, impairment or sensory loss (for example, people with low literacy
- Where disability-related support is required that is not related to information or communication
- Corporate communications aimed at informing people about the corporate activities or intentions of an organisation – and have no direct interaction with an individual's health, wellbeing or access to services (for example strategies, policies or board papers).
- Signage

The AIS relates to disability-related communication and information needs. However, the core principle of making reasonable adjustments for people with specific needs is applicable to a much wider range of situations, and is part of the Group's commitment to provide high quality care for everyone who uses UHN's services.

4. SUBSTANTIVE CONTENT

4.1 Six Essential Steps

There are six essential steps to implement the standard for people who require communication support. This applies to people with a disability, impairment or sensory loss- as well as their careers and family members who are involved in their care and have a disability, impairment or sensory loss.

1. **Ask**: a consistent approach to identifying people's information and communication needs

2. **Record**: consistently and routinely recording people's information and communication needs in their records as well as in clinical management and administration systems.
3. **Flag:** using electronic flags or alerts, or paper-based equivalents, to indicate that an individual has a recorded information and / or communication need, and to prompt staff to act.
4. **Share:** including recorded data about people's information and communication support needs as part of existing data-sharing processes, and as a routine part of treatment, ongoing care, referral, discharge and hand over processes
5. **Meet:** ensuring people receive information that is accessible to them and receive the communication support they need.
6. **Review:** consistent and regular reviews of people's information and communication needs in patient or service user records and on clinical management or administration systems.

4.1.1 Ask (Identifying needs)

Overview of requirements

UHN colleagues should identify people's communication and information needs at registration or on first contact with the service, or as soon as is practical thereafter.

The next time an individual contacts or is seen by the service, their recorded needs should be checked with them and updated. The recorded details need to be specific about the nature of support required.

Although a retrospective search or audit of records to identify people's needs is not required, it is good practice.

Ways of identifying needs

One of the fundamental principles of the Accessible Information Standard is that people should be asked to define for themselves what their information and communication support needs are. It is these needs and how they best can be met (not the underlying disability itself) that should be recorded. 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 lipreader and / or hearing aid user.

Do not make assumptions about an individual's information and communication support needs without consulting them and, where appropriate, their family or carer.

People must be asked about their needs during their first interaction with the service or at the first possible opportunity. This might be done over the telephone, face-to-face or online and people should be able to choose the method that meets their needs.

Include a standard line in all correspondence asking people to contact the service with details of their information or communication needs.

Following identification of the existence of a communication or information need, the specific nature of the support and /or format required must also be identified. Appendix 2 gives examples of support which may be requested.

Helping people describe their needs

Many people with information and / or communication needs may find it difficult to articulate or explain what those needs are.

Some people, particularly those with more significant needs, will be unable to read or complete a written form or to converse with staff unaided. They will need support.

In addition many people with a sensory loss, especially those who have been affected by sensory loss later in life, do not consider themselves disabled and may not have a good understanding of the types of alternative format /communication support available. Prompts may be very helpful in these instances, e.g.

- Do you have any communication needs?
- Do you need a format other than standard print?
- Do you have any special communication requirements?
- How do you prefer to be contacted?
- What is your preferred method of communication?
- How would you like us to communicate with you?
- Can you explain what support would be helpful?
- What communication support should we provide for you?
- What is the best way to send you information?

Where a patient or service user has an identified carer or parent, they should be asked if they have any information or communication needs. If they do, with the consent of the patient and the carer/parent, the information / communication support needs of the person's carer should be included as part of the patient record or notes and flagged for action.

People with a learning disability

Many people with a learning disability (and some people with other communication needs) have a 'communication passport', 'communication book', 'hospital passport' or similar document. This provides a detailed record of their communication needs and preferences. This is a useful source of information and advice for organisations and staff should ask individuals if they have one of these documents. Information can be copied from it into the organisation's own systems. These documents do not remove the requirement for organisations to maintain their own records.

It may also be appropriate to ask individuals (and their carers or family members) whether they have had a comprehension assessment (or other assessment of their communication support needs).

If an individual has a learning disability, conversations may take longer and fuller explanations may be necessary, and examples or prompts may be needed to identify their information and communication needs.

4.1.2 Record (Recording needs)

Overview of requirements

Information about people's communication or information needs must be recorded during their initial interaction with the service or, if they are already in the system, during their next interaction.

In electronic systems that use other coding systems or terminologies, or where paper records are used, this information must be recorded in line with the human-readable definitions or categories associated with the data items.

If a carer or family member who is involved in the individual's care has information or communication needs, this should be recorded in the notes or care record of the individual they are supporting.

Systems and documentation must be formatted so that any record of information or communication needs is highly visible to users.

Organisations must ensure that information recorded about people's needs is accurate. Systems for editing, checking and quality assuring data should be in place.(https://www.england.nhs.uk/long-read/clinical-coding-snomed-ct/#entering-information-into-clinical-systems:~:text=the%20whole%20system.-,structure%20and%20content%20of%20snomed%20ct,- SNOMED%20CT%20covers)

Examples of good and bad practice when recording people's needs

Bad practice:

"Mr Smith is deaf"

"Ms Jones has sight loss in her right eye"

Why is this bad practice?

Neither description helps identify the specific adjustments or support that will help Mr Smith or Ms Jones.

Good practice:

"Mr Smith uses a hearing aid and lip reads"

"Mr Smith needs a British Sign Language interpreter"

"Ms Jones needs information sent to her in Arial font point size 16"

Why is this good practice?

All these descriptions meet the requirements of the standard because they identify specific needs – and therefore specific support or adjustments that will help people.

4.1.3 Alert/Flag/Highlight (Flagging needs)

Overview of requirements
Communication and information needs must be flagged, highlighted or made highly visible to relevant staff when an individual interacts with the service.

'Highly visible' means it will be obvious to any user of the system. In practice, this means one or all the following:

- visible on the cover, title or front page of a document, file or electronic record.
- visible on every page of an electronic record (for example, as an alert, flag or banner.)

- highlighted on a paper record (for example, using a larger font, a bold font, and/or a distinctive colour.)

Flagging needs effectively

The purpose of the standard's 'highly visible' flagging requirements is to ensure that records of needs are seen by staff and prompt action is taken to meet those needs.

If electronic record or administration systems are used and have the capability, a record of information or communication support needs must be flagged (or linked to an alert) to ensure staff are prompted to:

- respond to people's information and communication support needs

Or:

- automatic processes are triggered that ensure the needs are met (for example, by automatically generating correspondence in an alternative format)

Although not a requirement of the standard, the automatic triggering of action to respond to needs is preferred over manual processes that rely on staff awareness and vigilance. This is reflected in the Accessible Information Standard Maturity Index.

If paper records are used, a clear process must be established so staff are aware of how to highlight a record of needs to their colleagues, and of the meaning of relevant notifications or alerts. In hard-copy records, this may involve using larger print, highlights, stickers or other methods. This information should appear on the front cover or the front page of an individual's records. If there are multiple volumes to an individual's records, the information or communication support needs should be visible on the front cover or front page of each volume.

4.1.4 Share (Sharing needs)

Overview of requirements

Organisations must ensure information about people's needs is included as part of existing data-sharing processes, and as a routine part of treatment, ongoing care, onward referral, discharge and handover.

Information shared should be formatted in line with relevant SNOMED CT codes (or READ v2, CTV3 codes where legacy systems are still in place) or using the associated human-readable definitions or categories.

Data recorded as part of the standard should be included, with consent, in shared and integrated records. Organisations should use existing systems for sharing patient information such as the National Care Records Service (NCRS) , the Summary Care Record (SCR) platform and NHS e-Referral Service (https://digital.nhs.uk/services/national-care-records-

service)(https://digital.nhs.uk/services/summary-care-records-scr) (https://digital.nhs.uk/services/e-referral-service)

All data items associated with the 4 subsets of the standard have been included in the 'inclusion dataset' (SCR v2.1) for Summary Care Records with additional information. This means that if an individual has 'additional information' in their SCR, details of information and communication needs recorded in the GP record using the identified codes will automatically be available to anyone viewing their SCR. (https://digital.nhs.uk/summary-care-records/additional-information)

4.1.5 Act (Meeting needs)

Overview of requirements

Services must provide one or more communication or contact methods which are accessible to and useable by the patient, service user, carer or parent. The method/s must enable the individual to contact the service, and staff must use this method to contact the individual. Examples of accessible communication include e-mail, text message or telephone and text relay. Please refer to UHN Information Management Policy UHN-PO-DSP77 for further detail. Appendix 3 also gives a brief description on the acceptable use of emails.

Information, including correspondence and advice, as well as reasonable adjustments made, must be provided in one or more accessible formats appropriate for the individual.

If it is required, professional communication support must be arranged or provided to enable individuals to fully access UHN services. This support must facilitate effective and accurate dialogue and allow the individual to participate fully in decisions about their health, care or treatment.

Appropriate action must be taken to enable people to communicate, including staff modifying their behaviour and supporting the use of communication aids or tools. Please see Appendix 4 Top tips on communication for patients.

Types of information and communication support

Overview

The standard defines 4 types of information and communication support needs that must be met by organisations. 4 subsets within the SNOMED CT terminology have been created to categorise these needs:

"Accessible Information – requires specific contact method"

"Accessible Information – requires specific information format"

"Accessible Information – requires communication professional"

"Accessible information – communication support"

UHN will ensure that any external providers commissioned by UHN to provide information and communication support to patients is delivering a high quality service.

UHN will offer a wide range of patient information and communication support including (but not restricted to):

- British Sign Language interpreting and associated services for the d/Deaf;
- Patient information leaflets available in alternative formats;
- Makaton interpreting;
- Braille translation;
- Hearing loops;
- Advocates for people with a learning disability or mental health need;
- Note takers / electronic note taking.

The UHN Translation Team will arrange for interpreters for communication support. Email kgh-tr.interpreters@nhs.net or ngh-tr.interpreters@nhs.net; Tel: 01604 343121.

Please see Appendix 2 for Patient Information Communication Support

4.1.6 Review (Reviewing needs)

An individual's needs may change (for example, their sensory loss might increase) or the most appropriate ways of meeting their needs may alter (for example, they might have started using a screen reader when previously they needed large print).These changing needs must be promptly identified, recorded and met.

This means information about people's needs should be checked and updated when data in other fields, such as demographic information, is reviewed. Staff should receive prompts from IT systems to do this. During longer appointments, such as health checks, these reviews should be a matter of course.

Use routine service communications and displays within buildings (posters or screens) to ask patients or service users to tell the service about any changes to their information and communication needs.

Example of a quick check with a patient:
Receptionist: I just wanted to check that our records are up to date. In your records it says you need all the letters we send you in large print format. Is that still the case? Is there anything else that would help you?

Establishing a set review period for patients who have not interacted with a service for some time may help identify whether their information or communication needs have become a barrier to attending appointments / using services

4.2 Raising Awareness of AIS

The standard supports behavioural change as well as technical change. The Group will ensure access to AIS training (please see Section 8).

The Group will proactively:

- raise awareness of the AIS to service-users and staff, for example via internal communications

- Highlight the availability of information and communication support to service-users via the UHN external website
- Provide staff with up-to-date guidance on meeting service-users' AIS related needs (e.g. via the Trust intranet)
- Publish annually on the each Trust's website Trust performance against measures in the self assessment framework as well detailing the actions put in place to enhance and improve outcomes.
- Publish the AIS Policy on each Trust's external website.
- Ensure the complaints process is accessible to all those with communication and information needs by the standard and where it is not accessible take action to remove those barriers.

4.3 AIS Compliance

The Care Quality Commission (CQC) has revised its approach to assessment, with a new assessment framework. Please see Appendix 5 for a copy of this template.

The AIS is not assured by the CQC, that is the role of the Commissioner. However, the performance of organisations in meeting people's needs is considered in CQC assessment of providers. Where the CQC has learned that an organisation is not meeting accessible communication and information needs, it may act.

The Accessible Information Standard also relates to a number of the CQC's fundamental standards (including: person-centred care; dignity and respect; consent; safety; safeguarding from abuse; food and drink; premises and equipment; complaints; good governance; staffing; fit and proper staff; and the duty of candour).

The Accessible Information Standard Self-Assessment Framework supports organisations to understand how they perform against the standard, and to publish a performance rating and action plans to address gaps in provision. It helps organisations, commissioners and CQC to judge performance and compliance and improve assurance.

UHN will:

- Complete the AIS Self Assessment framework
- Have a nominated member of staff responsible for providing corporate oversight of the Trust's AIS compliance.
- Regularly monitor AIS compliance through UHN AIS Steering Group
- Have in place an action plan to address areas of the Trust's AIS compliance that require improvement.
- Set clear expectations to Trust staff in respect of meeting peoples' AIS-related needs, for example through the AIS Policy and associated Standard Operating Procedures.
- Formally monitor risks associated with AIS compliance.
- Monitor, share and act upon learning from incidents and complaints relating to the AIS.

5 ROLES & RESPONSIBILITIES

ROLE	RESPONSIBILITY
Chief Executive and the Trust Board	Are responsible for ensuring there is a policy in place.
Chief Nurse	Executive lead for the Accessible Information Standard.
EDI Patient Liaison Officer	Corporate governance of the UHN AIS compliance, including monitoring incidents and complaints, and updating AIS-related risks on the Risk Register. Development and oversight of the UHN AIS implementation plan. Reporting AIS updates to the AIS Steering Group
Divisional Leads	Sharing and promoting the AIS Policy to relevant teams/staff within Divisions. Identifying and supporting opportunities to embed the principles of the AIS into Divisional operational practice. Supporting AIS compliance through Divisional risk management, incident reporting and complaints processes. Facilitating Divisional engagement in corporate AIS improvement projects. Ensuring that Divisions provide high quality responses to complaints relating to the AIS.
UHN Translation Manager	Ensuring UHN fulfils obligations to AIS-related needs in Translation and Interpretation provision
Clinic/admin staff	Checking and updating communication needs and ensuring this is up to date in relevant computer system
Accessible Information Standard Steering Committee	A sub-group of the Patient Safety Committee providing corporate oversight of the AIS.
All Trust Employees	Have a responsibility to: • Support the Group to achieve its Vision • Act at all times in accordance with the UHN values • Follow duties and expectations of staff as detailed in the NHS Constitution – Staff Responsibilities

6 DEFINITIONS

Accessible Information Standard (AIS)	Since 1st August 2016, all organisations that provide NHS care and/or publicly-funded adult social care have been legally required to follow the Accessible Information Standard. The Standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of patients, service users, carers and parents with a disability, impairment or sensory loss.
Accessible information and communication	Information and/or communication that can be understood by the individual for which it is intended. In the context of the AIS, communication relates to dialogue between an individual and an NHS professional or service. Information is "read or received".
AIS-related needs	A service-user's communication and information needs that arise from a disability.
Alternative format	Information provided in an alternative to standard printed or handwritten English, for example large print, coloured paper, easy-read, audio, or braille.
Aphasia	A condition that affects the brain and leads to problems using language correctly. People with aphasia find it difficult to choose the correct words and can make mistakes in the words they use. Aphasia affects speaking, writing and reading.
Communication support	Any support which is needed to enable effective, accurate dialogue to take place between an NHS professional, service or organisation, and a service-user. Communication support may involve a tool or aid, for example: • Using simple pictures or diagrams. • Using a British Sign Language or Makaton interpreter, lip speaker, or note taker. • Using a hearing loop.
d/Deaf	A person who identifies as being deaf with a lower case 'd' is indicating that they have a significant hearing impairment. Many deaf people have lost their hearing later in life and as such may be able to speak and / or read English to the same extent as a hearing person. A person who identifies as being Deaf with an uppercase 'D' is indicating that they are culturally Deaf and belong to the Deaf community. Most Deaf people are sign language users and have been deaf all their lives. For most Deaf

	people, English is a second language and as such they may have a limited ability to read, write or speak English. The average reading age for Deaf people is 8 years.
Deafblind	People who have a combined sight and hearing impairment which causes difficulty with communication, access to information and mobility. This includes people with a progressive sight and hearing loss.
Disability	The Equality Act 2010 describes disability as follows: a person has a disability if they have a physical or mental impairment, and the impairment has a substantial and long-term adverse effect on the person's ability to carry out normal day-to-day activities.
Impairment	A functional limitation which may lead to a person being defined as disabled
Interpreter	A person able to transfer meaning from one spoken or signed language into another spoken or signed language.
Parent/Guardian/Carer	The AIS defines a parent/guardian as the legally recognised parent or guardian of an individual under 18 years of age or an individual with parental responsibility or delegated authority for a child. The AIS defines a carer as being a person who is either providing or intending to provide a substantial amount of unpaid care on a regular basis for someone who is disabled, ill or frail. A carer is usually a family member, friend or neighbour and does not include care workers.
Read v2, CTV3 codes	These are structured clinical vocabulary for use in an electronic health record
Service-user	In the context of this policy: a patient, carer or parent/guardian (for patients aged under 18 years) accessing UHN's services, who has an AIS-related need.
SNOMED-CT	SNOMED CT is a structured clinical vocabulary for use in an electronic health record

7 COMPLIANCE STATEMENTS

Equality & Diversity

This document has been designed to promote equality, diversity, inclusion and human rights in line with the Trust's Equality, Diversity and Inclusion Strategies. It has also been analysed to ensure that as part of the Public Sector Equality Duty the Trust has demonstrated that it has given 'due regard' to its equality duty and that, as far as is practicable, this document is free from having a potential discriminatory or adverse/negative

impact on people or groups of people who have relevant protected characteristics, as defined in the Equality Act of 2010.

The completed 'equality analysis' assessment tool must be submitted with the policy. The assessment tool must be completed by someone trained to carry out impact assessments.

NHS Constitution

The contents of this document incorporates the NHS Constitution and sets out the rights, to which, where applicable, patients, public and staff are entitled, and pledges which the NHS is committed to achieve, together with the responsibilities which, where applicable, public, patients and staff owe to one another. The foundation of this document is based on the Principles and Values of the NHS along with the Vision and Values of University Hospitals of Northamptonshire (UHN).

Person Identifiable/Confidential Data and Privacy Rights

In line with the UK General Data Protection Regulation (2016) and the Data Protection Act (2018) the Trust is obliged to treat all information in a secure, professional and ethical manner, whilst keeping all person identifiable and personal data confidential. In addition, the Trust will not share employee information with a third party, unless there is a legal basis for disclosure, for example for the detection and prevention of crime, or if it is in the legitimate interest of the Trust.

As part of the Data Security and Protection policies of the Trust and data protection legislation, if the Trust is required to share any reports / information / data relating to the processes and procedures of any of our policies, the data, where possible, will be anonymised to remove person identifiable / confidential data unless there is a justifiable reason not to. It is important that policy leads are aware that policies may be released in response to FOI requests.

For further information regarding a Data Protection Impact Assessment and Sharing Personal Data, please contact the Data Security and Protection Team @ngh-tr.dpo@nhs.net

8 IMPLEMENTATION & TRAINING

E-learning and training resources.

An e-Learning module on the Accessible Information Standard has been developed in association with Health Education England: Accessible Information Standard - elearning for healthcare (e-lfh.org.uk).

Disability Matters have created an e-learning package, 'Disability Matters for the Accessible Information Standard' to help staff improve their understanding of disability, and the information and communication needs of disabled people

Appendix 4 includes 'top tips' for staff communicating with patients:

- tips for clear face-to-face communication
- tips for clear written communication

9 MONITORING & REVIEW

Requirement of the policy and compliance to be monitored	Frequency of audit	Responsibility for audit	Results of monitoring reported at:
Monitoring of incidents and complaints to support learning	Monthly	EDI Patient Liaison Officer	UHN AIS and RA Steering Group
Completion of Self Assessment Framework and action log	Publish Annually	UHN AIS and RA Steering Group	UHN AIS and RA Steering Group

10 REFERENCES & ASSOCIATED DOCUMENTATION

https://www.nhft.nhs.uk/download.cfm?doc=docm93jijm4n1214.pdf&ver=16287

Department of Health and Social Care (2023). The NHS Constitution for England. [online]. London. DHSC. Available from: https://www.gov.uk/government/publications/the-nhs-constitution-for-england [Accessed July 2024]

AIS related documents

Accessible Information Standard- requirements (DAPB1605) (June 2025)

Accessible Information Standard- implementation guidance (June 2025)

Accessible Information Standard- Self Assessment Framework (June 2025)

Accessible Information Standard- Self Assessment Template (June 2025)

AIS Maturity Index

(https://www.england.nhs.uk/long-read/accessible-information-standard-implementation-guidance/#annex-a-resourcesfor-accessible-information-standard-leads)

Reasonable Adjustment Digital Flag

DAPB4019: Reasonable Adjustment Digital Flag

Easy health: www.easyhealth.org.uk

Associated Internal documents

KGH

AIS page- unable to search KNET

Web content accessibility Guidelines (WCAG) 2.0

Producing Patient Information Leaflets TPPP P09, KNET

Interpreting/Translation Policy TPPP 155, KNET

NGH

AIS page on the Street: https://thestreet/ClinicalInformation/Accessible-Information-Standard.aspx

Interpreting, Translation and Language Support Services NGH-GU-290 NetConsent

Developing Patient Information NGH-PO-060

Guidance on acceptable use of emails

UHN

UHN Management of Information Policy UHN-PO-DSP77

APPENDICES

Appendix 1 Equality Impact Assessment (EqIA)

Equality Impact Assessment (EQIA) – Initial Assessment

1.Division	Corporate Nursing Services	2. Department	Patient Experience and Engagement
3. Person(s) completing this form	Amanda Butler, Equality Diversity and Inclusion Patient Liaison Officer	4. Contact Information	Amanda.butler12@nhs.net
5. Others involved		6. Start date of this assessment	15.06.25
7. What is being assessed (please tick)	New Procedural Doc ☐ Existing Procedural Doc ☐ New Service or Function ☐ Existing Service or Function ☐	8. Implementation/ effective date	
9. Name of Policy	Accessible Information Standard (AIS) Policy		
10. What are the aims / objectives of policy this service?	The policy sets out a specific, consistent approach identifying, recording, flagging, sharing and meeting the information and communication support needs of patients, service users, carers and parents with a disability, impairment or sensory loss, under the AIS standard 2016.		
11. Who will be impacted by policy / service (please tick)	Patients ☐ Carers ☐ Public ☐ Staff ☐ Other ☐	11a. If staff are impacted, how many individuals / Which Groups of Staff are likely to be affected?	
12. Who has been involved in the policy / service development (please tick)	Patients ☐ Carers ☐ Public ☐ Staff ☐ Other ☐	12a. If yes, who have you involved and how have they been involved	
13. What further consultation method(s), if any, are you proposing?		14. How are any changes / amendments to the policy / service to be communicated?	

Equality Impact Assessment – Initial Assessment Outcome

15. As part of the completing the above have you or a member of the group conducting EQIA identified any issues relating to the specific service/policy/plan in relation to	No	☐	EQIA Complete - If relating to a procedural document submit as part of the ratification process

gender, race, age, religion/belief, disability, sexual orientation, gender reassignment, marriage & civil partnership or pregnancy & maternity?			- If not relating to procedural documents please send completed EQIA to - KGH - kgh-tr.diversity@nhs.net - NGH - ngh-tr.edi@nhs.net
	Yes	x ☐	Requires EQIA Full Assessment to be completed – see below.

Equality Impact Assessment – Full Assessment

Review of any previous EQIA actions

What actions did you plan last time? (List them from the previous EQIA)	**What improved as a result?** What outcomes have these actions achieved?	**What <u>further</u> actions do you need to take?** (add these to the Action plan below)

Review of information, equality analysis and potential actions

Protected characteristics groups from the Equality Act 2010	**What do you know?** Summary of data about your service-users and/or staff	**What do people tell you?** Summary of service-user and/or staff feedback	**What does this mean?** Positive / Neutral / Negative Impact identified from data and feedback (actual and potential)	**What can you do?** All potential actions to: • advance equality of opportunity, • eliminate discrimination, and • foster good relations
Age	No differential impact identified	No specific feedback	Neutral impact	Ensure equal treatment
Disability	The AIS specifically relates to supporting people with a disability. It is derived from the Equality Act and extends this legislation by setting out how NHS organisations must make reasonable adjustments to ensure peoples disability-related communication and information needs are met.	UHN does not always get it right for patients with AIS related needs. Complaints / PALS concerns raised regarding no BSL interpretation, poor infrastructure in terms of signage and estate/facilities design and communication between wards and departments.	Positive	UHN will offer a wide range including (but not restricted to): -British Sign Language interpreting and associated services for the d/Deaf; -Patient information leaflets available in alternative formats; -Makaton interpreting; -Braille translation; -Hearing loops; -Advocates for people with a learning disability or mental health need; -Note takers / electronic note taking.

Protected characteristics groups from the Equality Act 2010	**What do you know?** Summary of data about your service-users and/or staff	**What do people tell you?** Summary of service-user and/or staff feedback	**What does this mean?** **Positive** / **Neutral** / **Negative** Impact identified from data and feedback (actual and potential)	**What can you do?** All potential actions to: • advance equality of opportunity, • eliminate discrimination, and • foster good relations
Gender reassignment	No differential impact identified	No specific feedback	Neutral impact	Ensure equal treatment
Pregnancy and maternity	No differential impact identified	No specific feedback	Neutral impact	Ensure equal treatment
Race/ethnicity Including migrants, refugees and asylum seekers	No differential impact identified	No specific feedback	Neutral impact	Ensure equal treatment
Religion or belief	No differential impact identified	No specific feedback	Neutral impact	Ensure equal treatment
Sex/Gender	No differential impact identified	No specific feedback	Neutral impact	Ensure equal treatment
Sexual orientation	No differential impact identified	No specific feedback	Neutral impact	Ensure equal treatment

Protected characteristics groups from the Equality Act 2010	What do you know? Summary of data about your service-users and/or staff	What do people tell you? Summary of service-user and/or staff feedback	What does this mean? Positive / Neutral / Negative Impact identified from data and feedback (actual and potential)	What can you do? All potential actions to: • advance equality of opportunity, • eliminate discrimination, and • foster good relations
Marriage and civil partnership	No differential impact identified	No specific feedback	Neutral impact	Ensure equal treatment
Other relevant groups (e.g. carers)	As for disability		Positive	

Equality Impact Assessment – Full Assessment Outcome

Assessment of overall impacts and recommendations	

Equality Impact Assessment – Detailed list of data/community feedback that informed your EQIA

Title (of data, research or engagement)	**Date**	**Gaps in data**	**Actions to fill these gaps: who else do you need to engage with?**

			(add these to the Action Plan below, with a timeframe)

Equality Impact Assessment – Prioritised Action Plan[1]

[1] These actions must now be transferred to service or business plans and monitored to ensure they achieve the outcomes identified.

Impact identified and group(s) affected	Action planned	Expected outcome	Measure of success	Timeframe

Equality Impact Assessment – Final Assessment Outcome

As part of the completing the above have all the issues identified been addressed as part of EQIA assessment	No	☐	Please speak to Head of Organisational Development and Inclusion
	Yes	☐	EQIA Complete - If relating to a procedural document submit as part of the ratification process - If not relating to procedural documents please send completed EQIA to - KGH - kgh-tr.diversity@nhs.net - NGH - ngh-tr.edi@nhs.net

Appendix 2 Patient Information and Communication Support

Format/Type	Description	How to access
Advocate	A person who supports someone who may otherwise find it difficult to communicate or express their point of view. Advocates can support people to make choices, ask questions and to say what they think.	As identified by patient or through Safeguarding team
Audio	Information recorded from speech or synthetic speech (computer-generated) speech onto cassette tape, compact disc (CD) or as an electronic file such as MP3.	(UHN approved supplier) via UHN Translation Team
Braille	A tactile reading format used by some people who are blind, deafblind or have some visual loss. Readers use their fingers to 'read' or identify raised dots representing letters and numbers. Although originally intended for the purpose of information being documented on paper, braille can now also be used as a digital aid to conversation, with some smartphones offering braille displays. Refreshable braille displays for computers also enable braille users to read emails and documents.	(UHN approved supplier) via UHN Translation Team
British Sign Language (BSL)	BSL is a visual-gestural language that is the first or preferred language of many d/Deaf people and some deafblind people: it has its own grammar and. principles which differs from English. It is not a word for word translation of English	(UHN approved supplier) via UHN Translation Team

BSL interpreter-hands-on signing	A BSL interpreter who is able to sign with the hands of the person they are interpreting for placed over their hands, so that they can feel the signs being used. A type of communication support which may be needed by a person who is deafblind.	(UHN approved supplier) via UHN Translation Team
BSL interpreter-visual frame signing	A BSL interpreter who is able to use BSL within the visual field of the person with restricted vision. A type of communication support which may be needed by a person who is deafblind.	(Trust approved supplier) via UHN Translation Team
BSL interpreter – Sign-Supported English (SSE)	A BSL interpreter who is able to communicate using BSL signs but in the order that they would be used in spoken English. A type of communication support which may be needed by a person who is d/Deaf or deafblind.	(Trust approved supplier) via UHN Translation Team
BSL Translator	A person able to translate written or printed English into British Sign Language to support face to face consideration of a document, or for recording for use in BSL video for example for publication on a website.	(Trust approved supplier) via UHN Translation Team
BSL video	A recording of BSL interpreter signing information which may otherwise only be available in written or spoken English. A BSL video may be made available on DVD or via a website.	(Trust approved supplier) via UHN Translation Team
BSL video remote interpreting (VRI)	Also known as video interpreting, remote interpreting or virtual interpreting: an online service in which a BSL interpreter interprets via video software. It works using a computer and webcam, a smartphone or tablet. It enables a direct connection to an interpreter so that the d/Deaf person can sign to them what they want to say. The interpreter then speaks this to the hearing person (via video link) and signs back their spoken reply.	(Trust approved supplier) via UHN Translation Team

Communication passport	Also called Hospital Passport or communication book. A document containing important information about a person with learning disabilities, to support staff in meeting those needs. It will include a person's likes and dislikes, and outlines ways in which they communicate.	LD Liaison nurses
Communication tool/communication aid	A tool, device or document used to support effective communication with a disabled person. They may be generic or specific / bespoke to an individual. They often use symbols and / or pictures. They range from a simple paper chart to complex computer-aided or electronic devices.	Pictocomm book Speech and language department
Deafblind communicator-guide	A professional who acts as the eyes and ears of the deafblind person including ensuring that communication is clear.	(Trust approved supplier) via UHN Translation Team
Deafblind intervenor	A professional who provides one to one support to a child or adult who has congenital deafblindness. The intervenor helps the individual to experience and join in the world around them.	(Trust approved supplier) via UHN Translation Team
Deafblind manual interpreter-deafblind manual alphabet	A person skilled in interpreting between the deafblind manual alphabet / block alphabet and English. The deafblind manual alphabet is a tactile form of communication in which words are spelled out onto a deafblind person's hand. Each letter is denoted by a particular sign or place on the hand.	(Trust approved supplier) via UHN Translation Team
Deafblind manual interpreter - block	A person skilled in interpreting between the deafblind block alphabet and English. The block alphabet is a tactile form of communication in which words are spelled out on to the palm of the deafblind person's hand.	(Trust approved supplier) via UHN Translation Team
Easy Read	Written information in an 'easy read' format in which straightforward words and phrases are used supported by pictures, diagrams, symbols and / or photographs to aid understanding and to illustrate the text.	On intranet, www. Easyhealth, LD Liaison Nurse

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Term	Explanation	How to access
Hearing loop system	A hearing loop or 'audio frequency induction loop system' allows a hearing aid wearer to hear more clearly. It transmits sound in the form of a magnetic field that can be picked up directly by hearing aids switched to the loop (or T) setting. The magnetic field is provided by a cable that encloses, or is located close to, the intended listening position at the reception desk The loop system allows the sound of interest, for example a conversation with a receptionist, to be transmitted directly to the person using the hearing aid clearly and free of other background noise.	On wards and departments at UHN
Large Print	Printed information enlarged or otherwise formatted to be proved in a larger font size. A form of accessible information or alternative format which may be needed by a person who is blind or has some visual loss. Different font sizes are need by different people. It is the font or word size which needs to be larger and not the paper size.	Information produced at NGH:-Desktop publishing Other documents: NAB* Northampton Association for the Blind via UHN
Lipreading	A way of understanding or supporting understanding of speech by visually interpreting the lip and facial movements of the speaker. Lipreading is used by some people who are d/Deaf or have some hearing loss and by some deafblind people.	(Trust approved supplier) via UHN Translation Team
Makaton	A communication system using signs, symbols and speech. There are three levels of Makaton, used according to the individual's circumstances and abilities – functional, keyword and symbol reading. Makaton may be used by people with deafblindness or a learning disability.	LD Liaison Nurse

Moon	A tactile reading format made up of raised characters, based on the printed alphabet. Moon is similar to braille in that it is based on touch. Instead of raised dots, letters are represented by 14 raised characters at various angles.	Northampton Association for the Blind via UHN Translation Team
Non-verbal communication	Communicating without using speech and instead using gestures, pointing or eye-pointing.	Individual patient /carer
Lipspeaker	A person who repeats the words said without using their voice so others can read their lips easily. A professional lipspeaker may be used to support someone who is d/Deaf to communicate.	(Trust approved supplier) via UHN Translation Team
Notetaker	In the context of accessible information, a notetaker produces a set of notes for people who are able to read English but need communication support, for example because they are d/Deaf. Manual notetakers take hand written notes and electronic notetakers type a summary of what is being said on a laptop computer which can be read on screen.	(Trust approved supplier) via UHN Translation Team
Speech-to-text reporter (STTR)	A STTR types a verbatim account of what is being said and the information appears on screen in real time for users to read. A transcript may be available and typed text can also be presented in alternative formats. This is a type of communication support which may be needed by a person who is d/Deaf and able to read English.	(Trust approved supplier) via UHN Translation Team

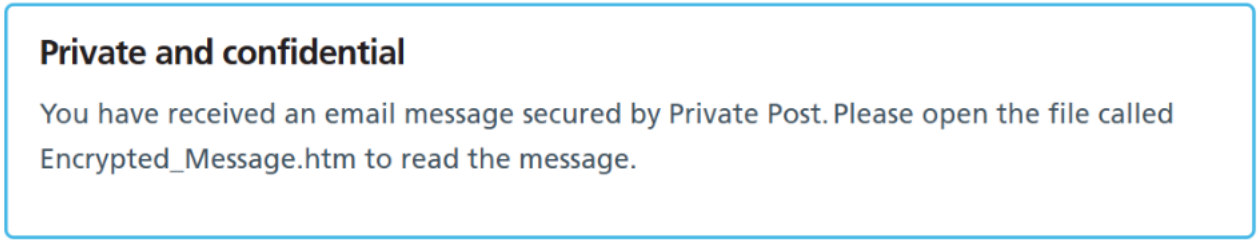
Tadoma	Tadoma involves a person placing their thumb on a speaker's lips and spreading their remaining fingers along the speaker's face and neck. Communication is transmitted through jaw movement, vibration and facial expressions of the speaker. A type of communication which may be used by a deafblind person.	(Trust approved supplier) via UHN Translation Team
Text Relay	Text Relay enables people with hearing loss or speech impairment to access the telephone network. A relay assistant acts as an intermediary to convert speech to text and vice versa. British Telecom (BT)'s 'Next Generation Text' (NGT) service extends access to the Text Relay service from a wider range of devices including via smartphones, laptop, tablet or computer as well as through the traditional textphone	Text Relay
Translator	A person able to translate the written word into a different signed, spoken or written language. For example, a sign language translator is able to translate written documents into sign language.	(Trust approved supplier) via UHN Translation Team
Voice Output Communication Aid (VOCA)	Also known as speech generating device (SGD). An electronic device used to supplement or replace speech or writing for individuals with severe speech impairments, enabling them to verbally communicate	Patient's own device

Appendix 3 Guidance on the acceptable use of e-mails

The Information/communication needs of patients and service users, (and where appropriate, their carers or parents) must be identified at registration or upon first contact with the services or as soon as practicable thereafter. For some individuals, the use of email will serve as the only means to meet their communication needs.
PLe
The acceptable use of the Trust's email facilities includes legitimate use with respect to Trust and work-related business, professional contacts and career development. Email communications are covered by the Data Protection Act 2018. Reference to any living individual must be in accordance with the Act's Principles.
All email use must be in accordance with the UHN Management of Information Policy UHN-PO-DSP77 which are available from the Net Consent. This policy places a responsibility on all employees to keep all confidential information secure, use it only for the purposes intended and do not disclose it to any unauthorised third party.

When sending emails, the following should be observed:

- Patients are able to contact staff via email addresses, as these are accessible in the public domain and made available on clinical correspondence.
- Where email correspondence from patients is anticipated by a service, it is recommended that the service adopts a generic email account which will enable multiple team members to view and respond to emails. This reduces the risk of a patient's email being missed due to planned or unplanned absence
- It is possible to encrypt emails to patients using [secure] in the email header. Where this is used, the patient will need to register for the NHSmail encryption service if they have not done so already. Once registered, they will be able to open the email in their internet browser. Patients will receive an email which looks like this:



- Whilst this is recommended, it is understood that some patients may find the decryption process challenging and may prefer that emails are not encrypted.
- Should a patient request that an email is not encrypted, it is important that the patient understands the risks associated with sharing of data via email and that public email domains like Yahoo and Gmail are not secure. Staff should not communicate with patients about confidential matters using insecure email domains without the explicit permission of the recipient. This can be achieved by calling the individual to validate the email address and then asking them to confirm in writing that they are happy to communicate in this manner.
- Emails sent to patients through insecure means should contain a footer with the following disclaimer:
- 'The transmission of data to this email address without encryption is not secure. The recipient has been made aware of this risk and has confirmed that they accept this risk.'
- Any information sent to or received from patients that is relevant to their clinical journey shall be summarised into the clinical notes or a copy of the email should be included in the clinical notes in full (either direct upload to the electronic document management system (EDMS) or printed and placed in paper notes where it will be sent to the medical records department to be scanned to the EDMS).
- If staff wish to send an email attachment larger than 5MB they should follow the approved method for large file transfer: Egress large file transfer web form – NHSmail Support
- On no account may defamatory or abusive Emails be sent. Should this occur, it will be treated seriously and may lead to disciplinary/ legal action being taken against the sender, the Trust or both
- In the event that an email is sent to the wrong recipient, This should be logged onto the incident reporting system and the details emailed to the UHN Data Security and Protection Team ngh-tr.dpo@nhs.net
- In the event that anyone discovers a serious breach, whether deliberate or accidental, he/ she must report the incident to the the UHN Data Security and Protection Team ngh-tr.dpo@nhs.net

Appendix 4 Summary of Accessible Information Standard: Staff Resource and Tip Sheet

Summary of the Accessible Information Standard

This is an overview of the Accessible Information Standard for staff. Download the overview in Word format.

Overview of the Accessible Information Standard

The Accessible Information Standard (DAPB1605) sets out a consistent approach to identifying, recording, flagging, sharing, meeting and reviewing the information and communication support needs of patients and service users, their families and carers.

It applies to all providers across the NHS and adult social care and supports anyone with information or communication needs relating to a disability, impairment or sensory loss.

It includes people who are blind, d/Deaf, or deafblind as well as people who have a learning disability, people with aphasia, autistic people, or people with a mental health condition which affects their ability to communicate.

The standard's objective

People using NHS and adult social services who have information or communication needs relating to a disability, impairment or sensory loss must receive:

- accessible information: information they can access and understand. For example, a blind person might need to receive information from their GP practice in Braille
- communication support: any communication support they need to access services and take part in informed decisions about their health and care. For example, a Deaf person might need a British Sign Language interpreter to attend their appointments

What do organisations have to do?

When providing services to people with information and communication needs covered by the standard, organisations must meet requirements across these 6 steps:

- **identify needs**: find out if an individual has any communication or information needs relating to a disability or sensory loss and, if so, what they are
- **record needs**: record those needs in a clear, unambiguous and standardised way
- **flag needs**: ensure recorded needs are highly visible whenever the individual's record is accessed and action is prompted
- **share needs**: include information about people's information and communication needs as part of existing data sharing processes (and following existing information governance frameworks)
- **meet needs**: take steps to ensure individuals receive information they can access and receive appropriate communication support if they need it
- **review needs**: regularly review information and communication support needs and repeat the above steps to ensure records are always up to date

More information

Visit www.england.nhs.uk/accessibleinfo or email england.AISQueries@nhs.net .(http://www.england.nhs.uk/accessibleinfo) (mailto:england.AISQueries@nhs.net)

Tips for clear face-to-face communication

These tip sheets are designed for staff implementing the standard and provide advice on:

- clear face-to-face communication
- clear printed communications

Tips for clear 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 tapping 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 your job title.
- Ensure privacy when having sensitive conversations.

- Check 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, sit down to have the conversation if possible.
- Find a suitable place to talk, with good lighting and away from noise and distractions.
- Speak clearly and a little more slowly than you would do usually, but do not shout.
- Keep your face and lips visible. Do not cover your mouth with your hand, your hair or clothing.
- 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 like ‘feeling under the weather’ or ‘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. For example, writing things down, drawing or using symbols or objects to support your point.

Tips for clear written communication

- Use the most accessible format – preferably multiple formats – to meet the needs of as many people as possible. A web page or email may be much more accessible to people with visual impairments – but a printed letter may be suitable for others.
- Use a minimum font size of 12 point, preferably 14 point (which is readable by a significantly greater number of people).
- Use a clear, uncluttered and sans serif font such as Arial.
- Align text to the left margin and don’t justify text.
- Ensure plenty of ‘white space’ on documents, especially between sections. Avoid ‘squashing’ text onto a page and, if possible, include double-spacing between paragraphs.
- Use page numbers.
- If you are printing, think about how people will view your printed document. A letter might be in 14 point, but a poster will usually need to be in a much bigger font size.
- If you are printing, use matt and not gloss paper.
- If printing double-sided, ensure the paper is of sufficient thickness to avoid text showing through from the other side.

- Correctly format documents and use style and accessibility functions or checks. Ensure an easy-to-follow and consistent heading structure.
- For content that is going to be read on screen, always include 'alt text' descriptions of diagrams or images. These descriptions should convey the same information to those who cannot see the images as sighted readers have.
- For content that is going to be read on screen, use the most accessible format. Emails and HTML pages are more accessible than Word documents, which are generally more accessible than PDFs. If you can avoid it, don't include letters as PDFs attached to emails without putting the same content in the body of the email.
- Consider making all 'standard' printed letters / documents easier to read using plain English, highlighting important information and supporting text with diagrams, images or photographs.
- Keep track of the electronic originals of documents you print out so you can re-print in larger font or convert to an alternative format.

This section briefly outlines the groups most likely to be impacted by the standard and offers general advice on the support they may need. However, organisations should address the specific needs of each person, which should be determined in conversation with them.

Specific groups

The following groups of patients or service users are impacted most directly by the standard:

- people who are blind or have some visual loss
- people who are d/Deaf or have some hearing loss
- people who are deafblind
- people who have a learning disability

The following groups are also likely to be impacted:

- people with aphasia
- people with a mental health condition that affects their ability to communicate
- people with autism

These categories do not represent all the groups who may be impacted. The standard includes all people, and their families and carers, with information or communication support needs relating to any kind of disability, impairment or sensory loss.

Common types of communication support and alternative formats

Support for people who are blind or have some visual loss

A person who is blind or has some visual loss may need information that is usually written down or provided in standard print in an alternative format such as audio (on CD or as an audio file), Braille, email/screen-readable or large print.
People who are blind, deafblind or have some visual loss may require information by email or screen-readable format, instead of in a printed format. This allows them to use their own assistive technology or software (for example, a screen reader which that converts text to speech). Depending on the software or assistive technology used, they may need information in specific formats like plain text (with or without attachments), HTML, or attachments in Word or PDF format.
A person who is blind or has some visual loss may need visual information provided as an audible alert. For example, blind people cannot read information on a screen in a waiting room or notice and so will need another way of finding the appropriate room or seat.

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, such as a British Sign Language (BSL) interpreter, a BSL interpreter who uses sign-supported English, a lipspeaker, a notetaker, a relay-intralingual interpreter or a speech-to-text reporter (STTR).

A person who is d/Deaf may also need information that is usually provided in standard print in BSL video format.

A person who is d/Deaf or has some hearing loss may need support to communicate because they:

- lipread: the speaker should clearly address the person and face them while speaking, avoid touching or covering their mouth, and ensure conversations are held in well-lit areas
- use a hearing aid: care should be taken to speak clearly. A loop system may support conversation in reception or waiting areas
- use other communication methods

The ability of d/Deaf people to read and understand written English will vary. Do not assume that having a conversation using written notes is an appropriate way of holding a dialogue.

Also, do not assume that because someone is wearing one or more hearing aids, they no longer need any support to communicate. For example, they may be supporting their hearing using lipreading. 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 alerts. For example, many d/Deaf people can not hear their name being called in a waiting area.

Support for people who are deafblind

Many deafblind people use a combination of different mechanisms to support communication. They may require support from a communication professional, such as:

- a British Sign Language (BSL) interpreter. This interpreter may need particular skills in 'hands on signing' and/or'visual frame signing'
- a deafblind manual interpreter
- a speech-to-text-reporter (STTR)

A deafblind person may receive support from an identified professional, such as a deafblind communicator-guide or deafblind intervenor. This person would typically accompany the deafblind individual.

A deafblind person may need written information in alternative formats such as Braille or email.

A deafblind person may also need support to communicate using a communication aid (for example, a voice output communication aid (VOCA)) or technique (like Tadoma).
A deafblind person may use non-verbal communication including gestures, pointing or eye-pointing.

Support for people with a learning disability

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

They may also require support from a communication professional (such as an advocate) during their appointment.
Communication tools or aids may be necessary to help them communicate effectively and they may use non-verbal communication including gestures, pointing or eye-pointing.

They may have a ‘communication passport’ or similar document setting out their information and communication support needs. The nature of a person’s learning disability may impact their ability to communicate and therefore the level of support they need. An individual with a mild or moderate learning disability may be living independently and need information in easy read format, with verbal information explained more slowly and simply.

A person with a more severe 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-standard ways.

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Appendix 5 AIS Self Assessment Framework Template

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NHS England

Accessible Information Standard (AIS) self-assessment template

Date of completion	
Name of organisation	
Name of integrated care board in which the organisation is situated (eg Birmingham and Solihull ICB)	
Region	
Tier 1 local authority for the area	
Job title of the person completing assessment	
Job title of senior responsible officer for accessible information standard	

Total RAG Assessment

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	Assessment question	Measuring	Evidence	Organisation response	RAG
1	How well do you identify people's information and communication needs?	Step 1: Identify	• An approach has been agreed on how to identify people with communication or information needs relating to disability, impairment or sensory loss. • Overarching implementation (identify, record, flag, share, meet and review of needs). • To ensure that people receive information which they can access, understand and receive communication support if they need it.		
2	Are you reliant on paper-based systems and if so, is the process compliant with the six steps of the AIS?	Steps 1 to 6: Identify, record, flag, share, meet & review	• Yes/ No (if applicable) • A clear process for recording people's information and communication needs in line with the standard is in place. • Paper based system process tracks six steps		
3	Are people's communication & information needs recorded and flagged in electronic systems using SNOMED or where non electronic records are being	Steps 2 & 3: record & flag	• Staff are aware of how to record information and communication needs. • IT system supports recording & flagging.		

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	used, are you using specific definitions to record needs?		• Evidence of booking system adjustments e.g. SMS/Email/Online access. • People's feedback on ease of booking		
4	Does your IT systems have sufficient functionality to identify, record, flag, share and review information and communication needs?	Steps 1, 2, 5 & 6: Identify, record, meet & review	• A clear process for recording people's information and communication needs in line with the standard is in place. • System capability; Recording, sharing, reviewing,). Logging gap, outcomes; complaints or incident logs reviewed • Use of interim work arounds e.g. paper records		
5	How well does your organisation ensure that individuals receive information in a format they can understand, and the information and communication support they need?	Step 5: Meet	• A process for sending out correspondence in alternative formats is in place • A process for producing or obtaining information in alternative formats is in place • A process for arranging or booking professional communication support is in place • What data do you have on the provision of these services?		

x 8.27 in

6	Do you review the recorded information and communication needs of people?	Step 6: Review	• Describe how this is reviewed and how often		
7	Are staff appropriately trained and have an awareness of both the AIS and how to meet people's needs, using your organisation's systems?	Overarching implementation	• Training strategy is in place. • Training briefings have been given to staff. • Training is delivered and there are opportunities to share learning. • Training evaluation forms are collected		
8	Do you promote the opportunity for people, their families and their carers to receive and to request information and communication in an accessible format?	Overarching implementation	• An accessible communication policy that is in line with the AIS, has been developed. • Public campaigns or posters • Web updates with analytics of web use		
9	How do ensure your complaints process is accessible to everyone?	Step 5 and 6: Meet and Review	• Consideration has been given to the accessibility of relevant websites and the availability of relevant information online • There are alternative and accessible ways to submit a complaint • Complaint themes are analysed. • Accessibility checked via feedback		
10	Are you able to track complaints related to failures to meet the AIS within the last 12 months?	Overarching implementation	• Complaints are themed or coded by AIS compliance		

11	How does your organisation use information and communication needs data to inform service planning, quality improvement, or population health?	Overarching implementation	• Use of Population health management tools to segment populations with communication needs • Identify individuals at risk due to unmet communication needs • Evidence that this data is used to inform service planning, commissioning, or quality improvement		
12	Have you a designated responsible lead for AIS?		• Name and role of Lead • This role is recorded in governance or accountability docs e.g. committee minutes, team structure, job description		
13	To what extent does your organisation share and publish this SAF?		• Evidence that the SAF is published (e.g. on organisation website or annual report) • Date and location of publication • Accessibility of the published docs e.g. available in alternative formats • Internal policy confirming publication approach or frequency		
14	To what extent has your organisation developed an action plan to support improvement?		• Evidence that the action plan is published (e.g. on organisation website or annual report) • Quality Improvement (QI) projects		

			• Accessibility of the action plan e.g. available in alternative formats		

6	Do you review the recorded information and communication needs of people?	Step 6: Review	• Describe how this is reviewed and how often		
7	Are staff appropriately trained and have an awareness of both the AIS and how to meet people's needs, using your organisation's systems?	Overarching implementation	• Training strategy is in place. • Training briefings have been given to staff. • Training is delivered and there are opportunities to share learning. • Training evaluation forms are collected		
8	Do you promote the opportunity for people, their families and their carers to receive and to request information and communication in an accessible format?	Overarching implementation	• An accessible communication policy that is in line with the AIS, has been developed. • Public campaigns or posters • Web updates with analytics of web use		
9	How do ensure your complaints process is accessible to everyone?	Step 5 and 6: Meet and Review	• Consideration has been given to the accessibility of relevant websites and the availability of relevant information online • There are alternative and accessible ways to submit a complaint • Complaint themes are analysed. • Accessibility checked via feedback		
10	Are you able to track complaints related to failures to meet the AIS within the last 12 months?	Overarching implementation	• Complaints are themed or coded by AIS compliance		