

Accessible Information Standard Policy

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What is in this policy?

This Policy outlines the key ways in which University Hospitals Bristol and Weston NHS Foundation Trust (the Trust, UHBW) and its staff 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.

Document Change Control				
Date of Version	Version Number	Lead for Revisions	Type of Revision	Description of Revision
10/12/2016	1.00	Accessible Information Project Manager	Major/Minor	First draft.
27/12/2019	2.00	Patient Experience and Involvement Team Manager	Major	<p>The core focus of the Policy has been changed from a description of the AIS requirements to a number of positive statements that outline the Trust's commitment to ensuring patients' AIS-related needs are met.</p> <p>The Patient Experience and Involvement Team Manager is now the Trust's AIS lead.</p> <p>The Policy Inclusion and Diversity Group is now the corporate Group with oversight for the AIS.</p>
23/03/2020	2.1	Patient Experience and Involvement Team Manager	Minor	Update to reflect Trust name change following merger with Weston Area Health.

Sign off Process and Dates	
Groups consulted	Date agreed
Patient Experience Group	Reviewed electronically (email) by Group members
Patient Inclusion and Diversity Group	Reviewed electronically (email) by Group members
Policy Assurance Group	21/01/2020
Clinical Quality Group	06/02/2020

- **Stakeholder Group** can include any group that has been consulted over the content or requirement for this policy.
- **Steering Group** can include any meeting of professionals who has been involved in agreeing specific content relating to this policy.
- **Other Groups** include any meetings consulted over this policy.
- **Policy Assurance Group** must agree this document before it is sent to the **Approval Authority** for final sign off before upload to the DMS.

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Do I need to read this Policy?

All staff in clinical and non-clinical patient-facing roles must read sections 1,2,3,4,6



- Divisional patient experience leads (Heads of Nursing for bed-holding Divisions and the nominated lead for Diagnostics and Therapies)
- Operational managers
- Members of the Trust's Patient Experience Group and Patient Inclusion and Diversity Group

Must read the whole Policy

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 AIS places a mandatory requirement on NHS providers to identify, record, flag, meet and share 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.

Through the Equality Act and AIS, all University Hospitals Bristol and Weston NHS Foundation Trust (UHBW) staff, volunteers and others representing the Trust must provide every possible reasonable adjustment with regards to communication and information support for service-users with a disability. Furthermore, whilst the AIS apply specifically to patients with a disability, its key principles reflect good practice for supporting all patients who have ongoing communication or information needs.

2. Purpose

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

3. Scope

The AIS applies to patients who have a disability. The AIS also applies to any disability-related information and communication needs that a patient's carer or, for patient's aged under 18 years, their parent/guardian may have. This could include (but is not restricted to):

- (a) People who are blind or have some visual loss
- (b) People who are deaf or have some hearing loss
- (c) People who are deafblind
- (d) People with a learning disability
- (e) People with autism spectrum disorder
- (f) People with a dementia
- (g) People with aphasia
- (h) People with a mental health condition that affects their ability to communicate

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

- (i) Staff with a disability, except where they are acting in a personal or non-employment capacity
- (j) A communication preference which does not relate to a disability

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- (k) An individual who has difficulty with reading or understanding information for reasons other than a disability
- (l) Where disability-related support is required that is not related to information or communication
- (m) Provision of translating and interpreting support to non-English speakers, unless it relates specifically to a disability, impairment or sensory loss (e.g. British Sign Language).
- (n) Communication/information that is not related to a patient's NHS care, treatment or service.

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 Trust's commitment to provide high quality care for everyone who uses UHBW's services.

4. Definitions

4.1 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.

4.2 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".

4.3 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.

4.4 AIS-related needs

A service-user's communication and information needs that arise from a disability.

4.5 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.

4.6 *Alternative format*

Information provided in an alternative to standard printed or handwritten English, for example large print, coloured paper, easy-read, audio, or braille.

4.7 *Service-user*

In the context of this policy: a patient, carer or parent/guardian (for patients aged under 18 years) accessing UHBW's services, who has an AIS-related need.

4.8 *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.

5. *Duties, Roles and Responsibilities*

5.1 *Chief Nurse*

- (a) Executive lead for the Accessible Information Standard.

5.2 *Patient Experience and Involvement Team Manager*

- (a) Corporate governance of the Trust's AIS compliance, including monitoring incidents and complaints, and updating AIS-related risks on the Risk Register.
- (b) Development and oversight of the Trust's AIS implementation plan.
- (c) Reporting AIS updates to the Patient Inclusion and Diversity Group.

5.3 *Patient Experience and Regulatory Compliance Facilitator*

- (a) Monitoring incidents and complaints in relation to the AIS.
- (b) Carrying out AIS audits.

5.4 *Divisional patient experience leads (Heads of Nursing for bed-holding Divisions and the nominated lead for the Diagnostics and Therapies Division)*

- (a) Sharing and promoting the AIS Policy to relevant teams/staff within Divisions.
- (b) Identifying and supporting opportunities to embed the principles of the AIS into Divisional operational practice.

- (c) Supporting AIS compliance through Divisional risk management, incident reporting and complaints processes.
- (d) Facilitating Divisional engagement in corporate AIS improvement projects.
- (e) Ensuring that Divisions provide high quality responses to complaints relating to the AIS.

5.5 Patient Inclusion and Diversity Group

- (a) A sub-group of the Patient Experience Group providing corporate oversight of the AIS.

5.6 Clinical Quality Group

- (a) The Trust committee responsible for approval of the Accessible Information Standard Policy.

6. Policy Statement and Provisions

6.1 Raising awareness of the AIS

UH Bristol will:

- (a) Proactively raise awareness of the AIS to service-users and staff, for example via internal communications and the Patient Inclusion and Diversity Group
- (b) Highlight the availability of information and communication support to service-users via the UHBW external website
- (c) Provide staff with up-to-date guidance on meeting service-users' AIS related needs (e.g. via the Trust intranet)
- (d) Include the AIS in the Trust's mandatory equality and diversity staff training and associated updates
- (e) Publish the AIS Policy on the Trust's external website.

6.2 AIS compliance

UH Bristol will:

- (a) Have a nominated member of staff responsible for providing corporate oversight of the Trust's AIS compliance.
- (b) Regularly monitor AIS compliance through a designated Trust committee and/or Group.
- (c) Have in place an action plan to address areas of the Trust's AIS compliance that require improvement.
- (d) 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.
- (e) Formally monitor risks associated with AIS compliance.

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- (f) Monitor, share and act upon learning from incidents and complaints relating to the AIS.
- (g) Carry out audits in respect of AIS compliance.

6.3 Identifying and recording accessible information and communication needs

UH Bristol will:

- (a) Provide the facility for staff to record people's AIS-related needs on the Trust's main electronic patient record system (Medway).
- (b) Ensure that the Trust's main electronic patient record system has the facility to flag people's AIS-related needs as an alert, ensuring that this alert is visible to any authorised member of staff accessing that patient record.
- (c) Have Standard Operating Procedures in place that require Trust staff to check peoples' AIS related needs at key points in the patient pathway.
- (d) Support the education of Trust staff to better understand the different types of information and communication needs that service-users could have.

6.4 Meeting service-users' AIS related-needs

UH Bristol will:

- (a) Provide service-users with information and communication support for their AIS-related needs, free of charge.
- (b) Ensure that any external providers commissioned by the Trust to provide information and communication support to patients is delivering a high quality service.
- (c) Have a wide range of information and communication support available to service-users, 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.
- (d) Ensure that there are processes in place for service-users with an identified AIS-related need to receive correspondence from the Trust in alternative formats.
- (e) Make information and communication support available for peoples' AIS-related needs in non-clinical contexts, for example to facilitate attendance at Patient and Public Involvement activities, public consultations, and Trust events.

7. Standards and Key Performance Indicators

7.1 Applicable Standards

Accessible Information Standard – see Introduction to this policy.

7.2 Measurement and Key Performance Indicators

Compliance with AIS Policy will be monitored by the Patient Experience and Involvement Team in the following ways:

- The number and nature of incidents raised on the Datix system that relate to instances where the Trust has not met a service-user's AIS-related needs.
- The number and nature of complaints made to the Trust's Patient Support and Complaints Team that relate to instances where the Trust has not met a service-user's AIS-related needs.
- Management data from the Trust's contracted provider of British Sign Language (BSL) and associated services for the deaf, to ensure that a minimum of 95% of interpreter booking requests are being fulfilled
- A quarterly audit to determine the proportion of patients with a BSL interpreter need that have this need flagged on the Medway patient record system (the "red flag audit")
- Progress against the Trust's AIS improvement plan.

This information will be provided for review at each meeting of the Trust's Patient Inclusion and Diversity Group. An AIS compliance risk will be monitored as a Statutory Risk on the Trust Services Risk Register (reference number 1702).

8. References

NHS England Accessible Information Standard:

<https://www.england.nhs.uk/ourwork/accessibleinfo/>

9. Associated Internal Documentation

UH Bristol Translating and Interpreting Policy:

<http://nww.avon.nhs.uk/dms/Download.aspx?r=1&did=14572>

AIS Connect page:

[http://connect/governanceandquality/tandi/Pages/AccessibleInformationStandard\(AIS\).aspx](http://connect/governanceandquality/tandi/Pages/AccessibleInformationStandard(AIS).aspx)

UH Bristol external website AIS page: <http://www.uhbristol.nhs.uk/patients-and-visitors/support-for-patients/accessible-information-and-communication/>

UH Bristol's Simple Guide to the AIS (Connect page):

[http://connect/governanceandquality/tandi/Documents/UHB%20Simple%20Guide%20Accessible%20Information%20Standard%20V.05%20\(Final\).pdf](http://connect/governanceandquality/tandi/Documents/UHB%20Simple%20Guide%20Accessible%20Information%20Standard%20V.05%20(Final).pdf)

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Standard Operating Procedure: Producing Medway Generated Letters in Large Print:

<http://nww.avon.nhs.uk/dms/Download.aspx?r=1&did=23204&f=ProducingOutpatientLettersLargePrint-1.pdf>

UH Bristol's Simple Guide to the AIS (Connect page):

[http://connect/governanceandquality/tandi/Documents/UHB%20Simple%20Guide%20Accessible%20Information%20Standard%20V.05%20\(Final\).pdf](http://connect/governanceandquality/tandi/Documents/UHB%20Simple%20Guide%20Accessible%20Information%20Standard%20V.05%20(Final).pdf)

10. Appendix A – Dissemination, Implementation and Training Plan

The following table sets out the dissemination, implementation and training provisions associated with this Policy.

Plan Elements	Plan Details
The Dissemination Lead is:	Patient Experience and Involvement Team Manager
Is this document: A – replacing an expired policy, B – replacing an alternative policy, C – a new policy:	A
Alternative documentation this policy will replace (if applicable):	Not applicable
This document is to be disseminated to:	Patient Inclusion and Diversity Group (PIDG)
Method of dissemination:	Electronically via representatives on PIDG
Is Training required:	Not Applicable
The Training Lead is:	Not applicable

11. Appendix B – Monitoring Table for this Policy

The following table sets out the monitoring provisions associated with this policy.

Objective	Evidence	Method	Frequency	Responsible	Committee
Monitoring of incidents to identify learning.	Incident reports from Datix Incident Reporting System.	Data extraction from incident reporting system.	Ad hoc as required.	Patient Experience and Regulatory Compliance Facilitator	Patient Inclusion and Diversity Group
Monitoring of complaints to identify learning.	Complaint reports from the Patient Support and Complaints Team.	Data extraction from complaints reporting system.	Ad hoc as required.	Patient Experience and Regulatory Compliance Facilitator	Patient Inclusion and Diversity Group

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Objective	Evidence	Method	Frequency	Responsible	Committee
The proportion of British Sign Language (BSL) booking requests successfully fulfilled	Report from the Trust's external provider of these services	Management report	Monthly	Patient Experience and Regulatory Compliance Facilitator	Patient Inclusion and Diversity Group
Audit to check that patients with a known BSL need have this flagged on Medway.	Medway patient record system / Record of BSL bookings made with Sign Solutions Ltd	Audit	Quarterly	Patient Experience and Regulatory Compliance Facilitator	Patient Inclusion and Diversity Group

12. Appendix C – Equality Impact Assessment (EIA) Screening Tool

Query	Response
What is the main purpose of the document?	This Policy outlines UH Bristol's responsibilities in respect of the Accessible Information Standard (AIS) and sets out the Trust's commitment to ensuring these responsibilities are met.
Who is the target audience of the document? Who is it likely to impact on? (Please tick all that apply.)	<input checked="" type="checkbox"/> Staff <input checked="" type="checkbox"/> Patients <input checked="" type="checkbox"/> Visitors <input checked="" type="checkbox"/> Carers

Could the document have a significant negative impact on equality in relation to each of these characteristics?	YES	NO	Please explain why, and what evidence supports this assessment in relation to your response.
Age (including younger and older people)		<input checked="" type="checkbox"/>	The AIS is aimed at people with a disability only.
Disability (including physical and sensory impairments, learning disabilities, mental health)		<input checked="" type="checkbox"/>	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 people's disability-related communication and information needs are met.
Gender reassignment		<input checked="" type="checkbox"/>	The AIS is aimed at people with a disability only.
Pregnancy and maternity		<input checked="" type="checkbox"/>	The AIS is aimed at people with a disability only.
Race (includes ethnicity as well as gypsy travelers)		<input checked="" type="checkbox"/>	The AIS is aimed at people with a disability only.

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Religion and belief (includes non-belief)	<input checked="" type="checkbox"/>	The AIS is aimed at people with a disability only.
Sex (male and female)	<input checked="" type="checkbox"/>	The AIS is aimed at people with a disability only.
Sexual Orientation (lesbian, gay, bisexual, other)	<input checked="" type="checkbox"/>	The AIS is aimed at people with a disability only.
Groups at risk of stigma or social exclusion (e.g. offenders, homeless people)	<input checked="" type="checkbox"/>	Disabled patients can face a number of healthcare inequalities, including in relation to information and communication.
Human Rights (particularly rights to privacy, dignity, liberty and non-degrading treatment)	<input checked="" type="checkbox"/>	The AIS helps to ensure that NHS organisations do not discriminate against patients who have a disability.

Will the document create any problems or barriers to any community or group? NO

Will any group be excluded because of this document? NO

Will the document result in discrimination against any group? NO

If the answer to any of these questions is YES, you must complete a full Equality Impact Assessment.

Could the document have a significant positive impact on inclusion by reducing inequalities?	YES	NO	If yes, please explain why, and what evidence supports this assessment.
Will it promote equal opportunities for people from all groups?	<input checked="" type="checkbox"/>		The AIS supports equality of access to NHS healthcare.
Will it help to get rid of discrimination?	<input checked="" type="checkbox"/>		The AIS helps to ensure that NHS organisations do not discriminate against patients who have a disability.
Will it help to get rid of harassment?		<input checked="" type="checkbox"/>	
Will it promote good relations between people from all groups?		<input checked="" type="checkbox"/>	
Will it promote and protect human rights?	<input checked="" type="checkbox"/>		The AIS helps to ensure that NHS organisations do not discriminate against patients who have a disability.

On the basis of the information/evidence so far, do you believe that the document will have a positive or negative impact on equality? (Please rate by circling the level of impact, below.)

Positive impact				Negative Impact		
Significant	Some	Very Little	NONE	Very Little	Some	Significant

Is a full equality impact assessment required? No

Date assessment completed: 27/12/2019

Person completing the assessment: Paul Lewis, Patient Experience and Involvement Team Manager

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