Accessible Information Policy

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Document Control Information

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0.1	March 2017	Kevin Wynn	D	Draft of a new policy document.
0.2	May 2017	Amanda Best	D	Minor changes
0.3	December 2017	Amanda Best	D	Changes due to National developments
0.4	July 2018	Amanda Best	D	Amends due to national agreement inc call flow charts
0.5	October 2018	Amanda Best	D	Transferred to new template
1.0	Feb 2019	Amanda Best	A	Police approved at TMG Feb 2019
1.1	December 2020	Amanda Best	D	Policy review. No changes.
2.0	February 2021	Risk Team	A	Policy approved at TMG
2.1	May 2023	Risk Team	A	TMG approved extension until August 2023
A = Approved D = Draft				
Document Author = Amanda Best Quality Improvement Manager				
Associated Documentation: Equal Opportunities Policy Information Governance Policy Policy for Patient Consent to Examination and Treatment Safeguarding Policy Local departmental procedures • A&E Operations • Patient Transport Service • Emergency Operations Centre • NHS 111 Service • Patient Relations • Legal Services • Corporate communications				

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Staff Summary

Successful implementation of this policy aims to lead to improved outcomes and experiences, and the provision of safer and more personalised care and services to those individuals who fall within the scope of the Accessible Information Standard.
The implementation of this policy will demonstrate that the Trust is meeting its legal duties to reduce inequalities between patients in access to health services and in the outcomes achieved.
In implementing the Standard, the Trust is required to complete five distinct stages leading to the achievement of five clear outcomes; the identification, recording, flagging, sharing and meeting of needs.
Communication and/or information needs MUST be identified upon first contact with the Trust or as soon as is practicable thereafter. Staff managing the contact should ask patients or their carers about information and/or communication support needs relating to a disability, impairment or sensory loss, and if so, what they are.
Where applicable, staff should take care to record people's communication needs specifically and separately from any recording of disability or other protected characteristic status. This is both respectful and also ensures that information recorded supports other staff in meeting the individuals' needs.
Any recorded information or communication needs will be made 'highly visible' on the patient records, to ensure that they are seen and acted upon, by all members of staff who may deal with the patient.
The sharing of patient record data, in any circumstance, must be done in accordance with the Trust Information Governance Policy and associated procedural documents
The adjustments made should be reasonable; this does not mean that the patient must always receive information in their preferred format. What is important is that they can access and understand the information.
It is important that documents and information, related to patient care, published by the Trust are accessible and inclusive. This includes documents and information authored and produced in-house and commissioned from external agencies. This ensures that information can be read or received and understood by as many people as possible.

1.0   Introduction

1.1   This policy creates the framework to enable the Trust to provide accessible information in accordance with the NHS England Accessible Information Standards (the Standard). Implementation of this policy will help to improve access to services, promote social inclusion and enable people to make more informed choices about their care.

NHS England state 'communication and/or information needs MUST be identified at registration/upon first contact with the service or as soon as is practicable thereafter.'

1.2   For staff, the provision of accessible information will aid communication with service users, support effective engagement activity, and support choice, personalisation and empowerment. It will also promote the effective and efficient use of resources.

1.3   The provision of accessible information can reduce inequalities and barriers to good health. The implementation of this policy will also demonstrate that the Trust is meeting its legal duties to reduce inequalities between patients in access to health services and in the outcomes achieved.

2.0   Purpose/Scope

2.1   The purpose of this policy is to ensure that Yorkshire Ambulance Service NHS Trust (The Trust) has a clear, consistent, transparent and fair approach to the provision of accessible, inclusive information and communication support to patients, carers, service users, members of the public, staff and other stakeholders.

2.2   Successful implementation of the policy aims to lead to improved outcomes and experiences, and the provision of safer and more personalised care and services to those individuals who fall within the scope of the Standard. It should lead to improvements in patient satisfaction and experience and patient safety.

2.3   The policy is aimed at Trust staff involved in, or who have responsibility for authoring, publication and/or provision of information including staff who have direct contact/ communication with patients, carers, service users, members of the public, or with external stakeholders and partners, by any means.

2.4   The scope of the Standard includes, but is not limited to;

- People who are blind or have some visual loss
- People who are d/Deaf or have some hearing loss
- People who are deafblind
- People with a learning disability
- Where appropriate the parents and carers of patients and service users
- It will also support people who have other 'communication disabilities' such as aphasia, autism or a mental health condition which affects their ability to communicate
- Individuals with any form or type of disability (or impairment) which affects their ability to read or receive information, to understand information, and/or to communicate, are within the scope of this standard.

2.5   The scope of the Standard does not include, for reasons other than disability, impairment or sensory loss;

- The needs or preferences of staff, employees or contractors
- Individuals preferences for being communicated with in a particular way
- Individuals who have difficulty in reading (such as dyslexia)
- Recording of demographic or statistical analysis data
- Corporate communications published by organisations
- Foreign language needs
- Matters of consent and capacity
- Standards for and design of signage.

3.0 Process

3.1 In implementing the Standard, the Trust is required to complete five distinct stages leading to the achievement of five clear outcomes;

- Identification of needs
- Recording of needs
- Flagging of needs
- Sharing of needs
- Meeting of needs.

See Accessible Information Guidance for further information for all the above.

3.1.6 Making documents accessible

It is important that documents and information, related to patient care, published by the Trust are accessible and inclusive. This includes documents and information authored and produced in-house and commissioned from external agencies. This ensures that information can be read or received and understood by as many people as possible.

All electronic documents, including all documents published on the Trust website should adhere to the guidance provided on the Government Service Design Manual website.

3.1.7 Deciding on alternative formats

Proactive publication of alternative formats of documents, information and materials alongside standard documents should be considered.

See Accessible Information Guidance for further information for all the above.

4.0 Training expectations for staff

4.1 Training is delivered as specified within the Trust Training Needs Analysis (TNA).

Trust staff will be briefed on the standard, as appropriate, and will have access to on-line training modules provided by the NHS E-Learning for Healthcare (http://www.e-lfh.org.uk/programmes/accessible-information-standard/open-access-sessions).

5.0 Implementation Plan

5.1 To ensure effective implementation of this policy the latest approved version:

- will be posted on the Trust Intranet site for all members of staff to view;
- will be included in Trust Induction and signpost new members of staff how to find and access this policy;
- will be included in PTS initial training package
- Implementation will be discussed and developed further at Critical Friends Network meetings and with specific groups able to support YAS in determining application of these standards.

6.0 Monitoring compliance with this Policy

6.1 The monitoring of this policy and supporting procedures will be on-going. An AIS working group has been formed and members will provide a quarterly assurance update on each service line and a will conduct a spot audit against the standard undertaken once a year.

Patient feedback will be used to make improvements to the way we approach implementation of the standard and how we meet communication and information needs.

7.0 References

7.1 SCCI1605 Accessible Information Specification. NHS England, Patients and Information. Available at www.england.nhs.uk/accessibleinfo.

Great Britain. 2014. *The Care Act 2014.* London: HMSO. Available at www.legislation.gov.uk

Great Britain. 2010. *The Equality Act 2010.* London: HMSO. Available at www.legislation.gov.uk

Definitions

See Accessible Information Guidance for information on definitions.

Roles & Responsibilities

Trust Board

The Trust Board is responsible for providing leadership and commitment for establishing, maintaining and monitoring compliance with the NHS England Accessible Information Standard, across the Trust. To support the Trust Board in this function, the Quality Committee will receive periodic assurance reports.

Trust Management Group

The Trust Management Group (TMG) has responsibility for approving all procedural documents for which the Trust Board has given delegated responsibility and has overall responsibility for implementing policy.

Diversity and Inclusion Steering Group

The Diversity and Inclusion Steering Group has oversight of the NHS England Accessible Information Standard, and has executive responsibility for the delivery of the wider Trust Diversity and Inclusion Strategy.

Executive Director Quality, Governance and Performance Assurance

The Executive Director Quality, Governance and Performance Assurance has overall responsibility for the implementation and compliance to Accessible Information Standard across the Trust

Head of Diversity and Inclusion

The Head of Diversity and Inclusion is to support the implementation and compliance to the Accessible Information Standard and provides regular updates on progression/compliance to the CCG's.

Department Managers

Department managers are responsible for ensuring that staff members are aware of this policy, advising them on compliance with it, and ensuring that they receive appropriate education.

Department managers are responsible for the effective operational implementation and maintenance of compliance with the NHS England Accessible Information Standard.

Staff

Staff have a responsibility to ensure that they are communicating with colleagues, patients, carers and the public in a way which is effective and ensures that they have been understood. It is therefore the responsibility of all staff to ensure that they are aware of the relevant translation, interpretation and accessible information services available and how to access them.

Staff are expected to continue to follow relevant existing legal duties, including those set out in the Data Protection Act 1998 and Mental Capacity Act 2005 around the handling and processing of data.

It is the responsibility of all staff to put the patient's communication needs at the centre of the services they deliver. Any member of staff may receive a request for information to be made available in another format, and therefore will need to understand this policy and the process.