Accessible Information Policy and Guidance

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Associated Documentation:

Diversity and Inclusion Policy
Information Governance Framework
Data Protection Policy
Information Sharing Policy
Patient Consent Policy
Safeguarding Policy
Disclosure Policy
Freedom of Information Policy

<u>Local Departmental Procedures:</u>

- 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's 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 Yorkshire Ambulance Service NHS Trust (the Trust) to provide accessible information in accordance with the NHS England's Accessible Information Standard (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.

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

1.3 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.

1.4 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 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 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.
- 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.
- Individuals who have difficulty in reading (such as dyslexia).

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.
- 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   Trust Standards

3.1.1   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.

3.1.2   See Accessible Information Guidance for further information.

3.2   Making Documents Accessible

3.2.1   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.

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

3.3   Deciding on Alternative Formats

3.3.1   Proactive publication of alternative formats of documents, information and materials alongside standard documents should be considered. See Accessible Information Guidance for further information.

4.0   Training expectations for staff

4.1   Training is delivered as specified within the Trust's Training Needs Analysis (TNA). Trust staff will be briefed on the Standard, as appropriate, and will have access to online training modules provided by the NHS E-Learning for Healthcare (https://www.e-lfh.org.uk/programmes/accessible-information-standard/).

5.0   Implementation Plan

5.1   The latest approved version of this document will be posted on the Trust Intranet site for all members of staff to view. New members of staff will be signposted to how to find and access this guidance during Trust Induction.

5.2   To ensure effective implementation of this policy, the latest approved version will be included in the PTS initial training package.

5.3   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 ongoing. 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 once a year.

6.2   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

- 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

8.0   Appendices

8.1   This Policy includes the following appendices:

Appendix A – Definitions
Appendix B - Roles & Responsibilities
Appendix C - Accessible Information Guidance

Appendix A - Definitions

The following definitions explain some of the key words and terms used within the Accessible Information Standard.

Advocate	Is a person who supports someone who may otherwise find it difficult to communicate or to express their point of view. Advocates can support people to make choices, ask questions and to say what they think.
Accessible Information	Is information which is able to be read or received and understood by the individual or group for which it is intended, such as information in Easy Read, audio, video, Braille, or a digital format that can be read with a communication device.
Alternative Format	Is information provided in an alternative to standard printed or handwritten English, for example large print, braille, or audio file.
Aphasia	Is 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.
Audio	Is information recorded from speech or synthetic (computer-generated) speech onto cassette tape, CD (compact disc) or as an electronic file such as an MP3.
Braille	Is a tactile reading format used by people who are blind, deafblind or who have some visual loss. Readers use their fingers to 'read' or identify raised dots representing letters and numbers.
British Sign Language (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 differ from English.
BSL Interpreter	Is a person skilled in interpreting between BSL and English. A type of communication support which may be needed by a person who is d/Deaf or deafblind.
BSL translator	Is a person able to translate written or printed English into British Sign Language (BSL), to support face-to-face consideration of a document, or for recording for use in a BSL video for example for publication on a website.
BSL video	Is a recording of a 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.
Communication passport: sometimes called a communication book or 'hospital passport'.	Is a document containing important information (usually) about a person with learning disabilities, to support staff in meeting those needs.

Communication support	Is support which is needed to enable effective, accurate dialogue between a professional and a service user to take place, such as a sign language interpreter, note taker or Text Talk service.
Communication Tool or Aid	Is a tool, device or document used to support effective communication. 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.
d/Deaf	Is a person who identifies as being deaf with a lowercase d is indicating that they have a significant hearing impairment.
Deafblind	The Policy guidance Care and Support for Deafblind Children and Adults (Department of Health, 2014) states that, "The generally accepted definition of Deafblindness is that persons are regarded as Deafblind "if their combined sight and hearing impairment causes difficulties with communication, access to information and mobility.
Deafblind communicator-guide	Is a professional who acts as the eyes and ears of the deafblind person including ensuring that communication is clear.
Deafblind Intervenor	Is a professional who provides one-to-one support to a child or adult who has been born with sight and hearing impairments (congenital deafblindness). The intervenor helps the individual to experience and join in the world around them.
Deafblind manual interpreter - deafblind manual alphabet	Is 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.
Deafblind manual interpreter – block	Is 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.
Disability	The Equality Act 2010 defines disability as follows, "A person (P) has a disability if — (a) P has a physical or mental impairment, and (b) the impairment has a substantial and long-term adverse effect on P's ability to carry out normal day-to-day activities." This term also has an existing Data Dictionary definition.
Disabled People	Article 1 of the United Nations Convention on the Rights of Persons with Disabilities has the following definition, "Persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others."
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.

Hearing loop system	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.
Impairment	The Equality and Human Rights Commission defines impairment as, "A functional limitation which may lead to a person being defined as disabled..."
Interpreter	Is a person able to transfer meaning from one spoken or signed language into another signed or spoken language.
Large print	I printed information enlarged or otherwise reformatted to be provided in a larger font size.
Learning disability	This term has an existing Data Dictionary definition and is also defined by the Department of Health in Valuing People (2001). People with learning disabilities have life-long development needs and have difficulty with certain cognitive skills, although this varies greatly among different individuals.
Lipreading	Is 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. A person can be supported to lipread by the speaker clearly addressing the person and facing them whilst speaking, avoiding touching, or covering their mouth, and ensuring conversations are held in well-lit areas.
Lipspeaker	Is 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.
Makaton	Is 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 deaf blindness or a learning disability.
Moon	Is 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.
Neurodiverse	Neurodiversity encourages inclusive, non-judgmental language. The idea that people experience and interact with the world around them in many ways; there is no one "right" way of thinking, learning, and behaving, and differences are not viewed as deficits.
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 handwritten notes and electronic notetakers type a summary of what is being said onto a laptop computer, which can then be read on screen. Notetakers are commonly used in combination with other communication support, |

	for example people who are watching a sign language interpreter are unable to take notes at the same time.
Sign language	Is a visual-gestural language and way of communicating.
Speech-to-text-reporter (STTR)	A STTR types a verbatim (word for word) 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. A STTR may also be known as a Stenographer or Palantypist.
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.
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 smartphone, laptop, tablet or computer, as well as through the traditional textphone.
Translator	Is 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.
Voice Output Communication Aid (VOCA)	Is also known as a 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.

Appendix B – Roles and 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 Executive Group
The Trust Executive Group (TEG) 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 of Quality and Chief Paramedic
The Executive Director of Quality and Chief Paramedic has overall responsibility for the implementation and compliance to the 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 provide regular updates on progression/compliance to the Integrated Care Boards (ICBs).

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 UK GDPR, Data Protection Act 2018, Freedom of Information Act 2000, Environmental Information Regulations 2004, 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.

Accessible Information Guidance

Author: Head of Safety

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1.0 Introduction

1.1 This guidance supports staff, volunteers, and managers to understand the Accessible Information Standard (AIS) and how it must be adhered to by all Yorkshire Ambulance Service NHS Trust staff.

1.2 For staff/volunteers, 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.

2.0 Purpose/Scope

2.1 The purpose of this guidance is to ensure that Trust staff/volunteers have a clear understanding of the process to follow when communicating with patients and carers.

2.2 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
- People who have other 'communication disabilities' such as aphasia, autism, neurodiverse 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. (such as dyslexia).

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.
- Individual's preferences for being communicated with in a particular way.
- 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 Trust Standards

3.1.1 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.

3.2 Identification of Needs

3.2.1 Communication and/or information needs **must** be identified at registration/upon first contact with the Trust **or** as soon as is practicable thereafter: see appendices C, D, E. Staff/volunteers 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. Staff/volunteers should ask individuals if they have any particular needs or not, and if they do, ask them to explain what those needs are or what support they would like. Staff/volunteers should avoid making any assumptions about individuals' communication needs.

3.2.1 In an emergency situation, when contacting the Emergency Operations Centre (EOC), the priority will always be to identify clinical need. It may become apparent during the call that the patient or their carer may have a communication needs. It is also probable that patients contacting the EOC may well have done so through other agencies or services such as the emergency SMS text service.

3.3.3 Local guidelines will direct staff/volunteers on how to identify individuals with information and/or communication support needs, including who will ask, what question(s) will be asked, how, where, and when.

3.3 Recording of Needs

3.3.1 Once a patient has informed the Trust that they have information and/or communication support needs relating to a disability, impairment or sensory loss, the information provided will be entered onto the patient record.

3.3.2 Staff/volunteers should take care to record people's communication needs specifically and separately from any recording of disability or other protected characteristic status.

3.3.3 For example, recording that a person is 'deaf' does not explain whether they are able to read written English, if they use British Sign Language (BSL) or are a lip reader.

3.3.4 Records relating to accessible information requirements will be reviewed every 12 months, to ensure they are kept up to date.

3.3.5 Local guidelines will direct staff/volunteers on how to record individuals' information and communication needs as part of existing patient/service user record systems and administrative processes, including the use of specific categories and codes.

3.4 Flagging of Needs

3.4.1 Any recorded information or communication needs will be made 'highly visible' on the patient record, to ensure that they are seen and acted upon by all members of staff/volunteers who may deal with the patient.

3.4.2 Local guidelines will direct staff/volunteers on how to ensure that there is an alert, flag or other prompt to notify staff/volunteers of an individual's information and/or communication needs, such that they are 'highly visible' whenever the record is accessed and prompt for relevant action(s) to be taken.

3.5   **Sharing of Needs**

3.5.1   Recorded data about individuals' information and/or communication support needs will be shared as part of existing data-sharing processes, and as a routine part of referral, discharge and handover processes.

3.5.2   The sharing of patient record data, in any circumstance, must be done in accordance with the Trust Information Sharing Policy.

3.6   **Meeting of Needs**

3.6.1   Where information and/or communication needs are identified, information (e.g. correspondence) will be provided in one or more accessible formats (e.g. non-standard print).

3.6.2   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.

3.6.3   Where a decision has been taken that publications or information should be proactively published in alternative formats, the alternative versions of the document or content should be made directly available via the Trust website alongside the 'standard English' version. This includes British Sign Language (BSL) videos, audio files and easy read documents.

3.6.4   All requests for information in alternative formats should be made through the Trust's Communications Department.

3.6.5   A patient's family member, friend or carer may also provide necessary support in certain circumstances and where this is the patent's explicit preference. In these circumstances, staff/volunteers should also consider the requirements of other Trust policies, such as Safeguarding and Patient Consent to Examination and Treatment.

3.6.6   Patients or carers themselves will not be asked to meet the costs of any information or communication needs.

3.7   **Making Documents Accessible**

3.7.1   It is important that documents and information 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.

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

3.7.3   Wherever possible, printed documents should also adhere to the following simple guidelines to support accessibility:

- Use a minimum font size of 12, preferably 14.
- Use a 'sans serif' font such as Arial.
- Align text to the left and avoid 'justifying' text.
- Ensure plenty of 'white space' on documents, if appropriate add a double-space between paragraphs.
- Print on matt and not gloss paper.
- Use page numbers.
- If printing double-sided ensure that the paper is of sufficient thickness to avoid text showing through from the other side.

3.7.4   The following principles of Plain English should also be followed:

- Stop and think before you start writing.
- Make a note of the points you want to make in a logical order.
- Prefer short words.
- Use everyday English whenever possible. Avoid jargon and legalistic words, and always explain any technical terms you have to use.
- Keep your sentence length down to an average of 15 to 20 words. Try to stick to one main idea in a sentence.
- Use active verbs as much as possible. Say 'we will do it' rather than 'it will be done by us;'
- Be concise.
- Imagine you are talking to your reader. Write sincerely, personally, in a style that is suitable and with the right tone of voice.
- Always check that your writing is clear, helpful, and polite.

3.8   Deciding on alternative formats

3.8.1   Proactive publication of alternative formats of documents, information and materials alongside standard documents should be considered, and is most likely to be appropriate, when they:

- Convey messages which have direct relevance to people with a need for information in an alternative format.
- Support people who need information in an alternative format to be involved in decisions about their health or care.
- Invite or encourage people to get involved in Trust decisions which may affect them.
- Support people to provide feedback or to raise a concern or complaint.

3.8.2   These documents would include engagement or consultation documents, and promotional or awareness-raising campaigns.

3.8.3   Consideration should be given to the proactive publication of publicly available corporate documents, such as strategies and plans, in alternative formats where their topic or subject matter would be expected to be of interest or relevance to people who need information in an alternative format. Depending on the length and complexity of the document, it may be appropriate to produce a summary version in alternative formats.

3.8.4   Where documents are unlikely to be of interest to, and do not have a direct impact upon, people with a need for information in an alternative format, it would not

usually be appropriate to proactively publish them in alternative formats. This would include some publicly available corporate documents and Board papers. It may be appropriate to make such documents available in alternative formats upon request, unless their format or content makes this impractical.

3.8.5   When considering the publication of documents (including whether versions in alternative formats should be made available), consideration should also be given to the Equality Act 2010 duties to ensure that people with a disability are not put at a disadvantage when compared to people who are not disabled, and to advance equality of opportunity between different groups.

3.9   Alternative formats

3.9.1   *Braille and moon*

3.9.1.1   Braille and moon are tactile (touch-based) communication formats used by some people who are blind, deafblind or have visual loss.

3.9.1.2   Braille is used far more commonly than moon, however staff should take care to ask an individual who is blind to self-identify their own preferred format and avoid assuming that it will be braille. Many people who are blind now identify email/online information as their preferred information format. Although only a relatively small number of people who are blind now identify braille as their preferred format, braille remains an important communication format for many people who are blind, particularly older people, and is the only communication format for some people who are deafblind.

3.9.1.3   Trust staff/volunteers can access suppliers of braille and moon through contacting the Trust's Communications Department.

3.9.2   *British Sign Language (BSL)*

3.9.2.1   British Sign Language (BSL) is the first, only, or preferred language of many people who are d/Deaf. It is a visual-gestural language which bears little resemblance to English. In some circumstances it may be appropriate and necessary to produce a BSL video version of a document or online content. This will ensure that it is accessible to people who are d/Deaf who use this language. BSL videos should be commissioned from an organisation specialist in their production, as skill is required in interpreting the information and in interpreting 'to camera.' Trust staff/volunteers can access suppliers BSL videos through contacting the Trust's Communications Department.

3.9.3   *Easy read*

3.9.3.1   'Easy read' refers to information which is written using simpler words and phrases, supported by images, symbols or photographs. Consequently, it should be easier to understand than standard documents. Its primary and target audience is people with a learning disability.

3.9.3.2   The publication of easy read information should primarily be a way of ensuring that the Trust's documents and messages are accessible to people with a learning disability. However, it is also recognised that easy read may be helpful for people with lower literacy or a limited ability to read English.

3.9.3.3   As a matter of course, easy read information published by or on behalf of the Trust must:

- Be co-produced (developed and written in partnership) with people with learning disabilities.
- Be tested or assessed for effectiveness by people with learning disabilities. This should include checking that the information is understandable to the target audience.
- Use short sentences of no more than 10 to 15 words, which do not contain words that are not needed. For example, 'for 14 days' not 'for a period of 14 days. Each sentence should have just one idea and one verb.
- Use active sentences, for example 'we are following up your complaint' (active tense) not 'your complaint is being followed up' (passive tense).
- Use full words not acronyms. There are a few exceptions to this where the acronym is very well known, for example NHS.
- Explain any difficult words or ideas which must be used, ideally in the following sentence. If there are lots of difficult or unfamiliar words or ideas, include a glossary.
- Have a text size of a minimum point 14 and use Arial font.
- Include clear page numbers and, for longer documents, a content page.
- Use images, symbols or photographs which support the text and aid the reader in understanding meaning and key messages.
- Be structured such that images, symbols or photographs follow the left-hand margin of the page, with text to their immediate right.
- Use one image, symbol, or photograph to refer to one thing or concept, for example 'ambulance,' and use that image consistently throughout the document.
- Use different images, symbols, or photographs to refer to different things, for example the image, symbol or photograph for 'paramedic' and 'manager' should be different.
- Use inclusive and diverse images, symbols, or photographs, which challenge and do not reinforce negative or outdated stereotypes or assumptions.
- Have images, symbols and photographs at an appropriate resolution and size to avoid pixilation or distortion, and to promote ease of understanding.
- Not be any longer than 24 pages. If content suggests a need for a longer document, this should be split or work should take place with people with learning disabilities to identify the most important information for them, which can be presented in a shorter document. Where one document covers multiple topics, consideration should be given to creating a 'suite' of (short) easy read documents each covering one topic.
- Be printed on matt and not gloss and ensure that text is uncluttered and has a good contrast with the paper.
- Share the same branding/identity and have the same overall appearance as the standard read version.

3.9.4   *Other publications*

3.9.4.1   The Trust may select other suitable and appropriate publications to aid communication needs.

3.10   Types of communication support

3.10.1 *Support for people who are blind or have visual loss*

3.10.1.1 A person who is blind or has visual loss may need information which is usually written down or provided in standard print in an alternative format such as audio (on CD or as an MP3 file), braille, email, large print (ranging from point 16 to point 28) or moon.

3.10.1.2 Note that people who are blind, deafblind or have visual loss may require information to be sent or shared with them electronically (via email) instead of in a written or printed format. This is because use of email enables the recipient to use their own assistive technology or software, for example a 'screen-reader' which converts text to speech.

3.10.1.3 Depending on the software or assistive technology used, a person who is blind or has visual loss may require information sent to them electronically (emailed) in one or more specific formats such as plain text (with or without attachments), HTML, and with attachments in Word or PDF format.

3.10.2 *Support for people who are d/Deaf or have hearing loss*

3.10.2.1 A person who is d/Deaf or has hearing loss may require support from a communication professional, including a British Sign Language (BSL) interpreter, lip speaker, note taker or speech-to-text reporter (STTR). A person who is d/Deaf may also need information which is usually provided in standard print in BSL video format.

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

- Lip-read: in which case the speaker should clearly address the person and face them whilst speaking, avoid touching or covering their mouth, and ensure conversations are held in well-lit areas.
- Use a hearing aid: in which case a 'loop system' should be provided, and care should be taken to speak clearly.

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

3.10.2.4 Telephone conversations with people who are d/Deaf, deafblind or have hearing loss can be supported by the 'Next Generation Text' (NGT) service (previously known as 'text relay').

3.10.3 *Support for people who are deafblind*

3.10.3.1 A person who is deafblind may require support from a communication professional, including a British Sign Language (BSL) interpreter, speech-to-text-reporter or deafblind manual interpreter. People who are deafblind may use 'hands on' or 'visual frame' BSL, and therefore may require support from a BSL interpreter skilled in one of these techniques.

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

3.10.3.3 A person who is deafblind may need written information in an alternative format, such as audio, braille, moon or via email.

3.10.3.4 A person who is deafblind may also need support to communicate using a communication tool or aid. They may also rely on the use of Tadoma to communicate or use a Voice Output Communication Aid (VOCA).

3.10.3.5 A person who is deafblind may also use non-verbal communication including gestures, pointing or eye-pointing.

3.10.4 *Support for people with a learning disability*

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

3.10.4.2 A person with a learning disability may require support from a communication professional, for example an advocate or learning disability communication support worker.

3.10.4.3 A person with a learning disability may also need support to communicate using a communication tool or aid. They may also have a learning disability passport.

3.10.4.4 A person with a learning disability may also use non-verbal communication including gestures, pointing or eye-pointing.

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

3.10.5 *Support for people with aphasia*

3.10.5.1 Aphasia is a condition that affects the brain and leads to problems using language correctly. It is commonly caused by a stroke but can also be the result of a head injury or brain tumour.

3.10.5.2 To support communication with someone who has aphasia:

- Keep messages short, clear and to the point.
- Write down key words and use pictures or diagrams to support understanding.

- Provide a pen and paper to enable the person to write or draw key points themselves.
- Use short, simple sentences and commonly used, familiar words.
- In documents, ensure there is lots of 'white space' around text, use a larger font size and consider using images too.
- Try to keep communication and documents consistent, as repetition will support effective communication.
- Recap the key points at the end of the conversation.

3.10.6   *Support for people with autism spectrum disorder (ASD)*

3.10.6.1   As explained by the [National Autistic Society (NAS)](#), "Autism is a lifelong, developmental disability that affects how a person communicates with and relates to other people, and how they experience the world around them."

3.10.6.2   To support effective communication with someone with autism, thought should be given to the sensory environment (for example, reducing noise and avoiding bright lights) and the way information is communicated to reduce anxiety. Some people with autism find bright colours in documents difficult and some have difficulty with eye contact. It should also be noted that some people with autism, or who are on the autistic spectrum, also have a learning disability.

3.10.6.3   Many people with ASD will find meetings or events stressful, and can find waiting for their turn difficult, so consideration should be given to minimising waiting times or delays, and to engaging with people on a one-to-one basis if that is their preference.

3.10.7   Support for people with neurodiversity

3.10.7.1   Openness and kindness can foster a meaningful connection. Whether you're a child or an adult, you can help through:

- Clear communication:
    - o Use clear and concise language and repeat information when needed.
    - o Be open to different ways of communicating, such as text messaging, signs, pictures, devices.
    - o Outline plans in advance.

- Awareness and openness:
    - o Be aware of sensory sensitivities and needs, adjusting lighting, noise.

- Listen and learn:
    - o Listen and learn how to support people who are neurodiverse.
    - o Be patient. Be flexible.

4.0   Operational Flow Charts

4.1   PTS Operational Flow

Patient/Caller contacts PTS Operations Centre via telephone, NHS number/post code patient taken, and patient details confirmed.

⬇️

Patient details are matched to the system.

⬇️

Eligibility criteria questions are asked, and eligibility established.

⬇️

The date of the appointment and journey details are obtained i.e., collection from hospital, department etc.

⬇️

Identify mobility issues – staff may refer to mobility categories.

⬇️

The nature of the appointment is established i.e., outpatient, inpatient, or other reason for travel.

⬇️

Establish if there are any communication needs and/or any medical or other specific requirements for the journey – input details into free text box and update the patient notes.

⬇️

Provide the caller with details of the booking to confirm they are correct.

⬇️

Journeys planned either day before or on day of travel. Patient requirements such as Language difficulties are visible to the planners, and these notes are considered as part of the allocation to appropriate vehicles.

⬇️

Crews pick up work each morning from Cleric; this includes journeys and the specific needs of individuals including specific clinical/mobility/communication needs. This information is included in both mobility and a notes field.

↓

Crew visit a patient's home prepared with information on patient and needs. If information becomes available on scene staff complete a dynamic risk assessment and will identify how best to manage the patient's needs.

↓

If they are uncertain about how to proceed crews seek further advice from Resource and Logistics teams and/or the PTS team leader and/or Clinical Hub to identify any interventions or activity to ensure the patient can travel.

↓

The Resource and Logistics teams will add details to the patient notes of any information obtained from crews so this can be considered in future journey planning.

↓

If they are unable to communicate, this information should have been picked up at booking and an escort should have been arranged to support the patient both on the journey and at the hospital.

↓

If the person is travelling alone or does not have an escort, crew members have been provided with training and advice on how to support people with a wide range of communication needs via the E&D statutory and mandatory training course.

↓

Following the journey, Resource and Logistics teams will work with customer care team to liaise with individual, family and hospital and explore if a full risk assessment is needed or any interventions that can be put in place to ensure the patient receives the best possible service and we are able to make the patient's specific needs.

↓

Specific note included into the PTS booking system against the individual patient to be considered in future bookings and communications.

↓

Arrive at appointment location.

↓   ↓

| The patient makes their own way to department for appointment and provides details of communication needs | PTS crew member / porter takes patient to destination. Information on communication needs passed to the receiving individual. |

KEY

- Specific Communication Needs as reflected in SNOMED codes are collected and added to notes field in section **ORANGE**.
- Staff are able to access data in section **GREEN**.
- Information on patients' needs will be record on PTS file for reference on future use.
- Sharing the data electronically is not possible between Ambulance Service and Hospital – information will be shared if a physical handover of patient to department/porter at **BLUE**.

4.2 999 Operational Flow

Patient/caller contacts 999 Ambulance Service (Telephone, BSL, Text Relay, Type Talk)

⬇

Ask question "Is the patient/caller breathing normally, conscious?"

⬇

Conscious – establish the nature of the call	Unconscious – patient breathing noisy/irregular

⬇

Yes	No

⬇

Use AMPDS and select the pre-alert from the information received from the patient/caller

⬇

Ask to speak to patient (if appropriate)

⬇

Enter notes into AMPDS system

⬇

Complete triage process using AMPDS

⬇

Complete patients/caller details, name age

⬇

Complete patient/caller details – any specific needs, including communication needs, add in crew notes

⬇

Confirm address, telephone number, and reiterate worsening advice

⬇

Vehicle and crew arrive on scene	Advice and guidance provided over the telephone/text relay/ LanguageLine	Referral made to other agency/ out of hours GP

⬇

Arrive on scene and assess immediate /time critical needs of patient

⬇

If patient unconscious / does not have mental capacity / in crisis or unable to communicate due to the persons' condition, make a clinical assessment and treat. May also refer to notes/family members and carers for history.	If able to communicate undertake a clinical assessment and complete ePR/PCR, assess verbal / hearing communication needs and include details of communications needs in patient's notes.

```
                                    ↓

┌─────────────────────────────────────────────────────────────────────────┐
│              Treat patient and use available resources                    │
└─────────────────────────────────────────────────────────────────────────┘
              ↓                                    ↓
┌────────────────────────────────┬────────────────────────────────────────┐
│ Patient still unable to        │ Treatment has improved patient's       │
│ communicate due to             │ condition – crew able to re-assess      │
│ condition – continue to treat  │ patients' communication needs          │
└────────────────────────────────┴────────────────────────────────────────┘
                                    ↓
┌─────────────────────────────────────────────────────────────────────────┐
│ Assess the need to go to hospital / referral to other service, out-of-   │
│ hours GP or see treat or leave patient with advice and guidance          │
└─────────────────────────────────────────────────────────────────────────┘
        ↓                       ↓                          ↓
┌──────────────────┬───────────────────────┬─────────────────────────────┐
│ Take patient to  │ Make referral for     │ Provide advice and guidance │
│ hospital or      │ patient to other      │ to patient and leave at     │
│ treatment centre │ healthcare provider   │ home                        │
│                  │ and leave at home     │                             │
└──────────────────┴───────────────────────┴─────────────────────────────┘
        ↓                       ↓                          ↓
┌──────────────────┬───────────────────────┬─────────────────────────────┐
│ Complete ePR/PCR │ Complete ePR/PCR and  │ Complete ePR/PCR and        │
│ on way to        │ include patient's     │ include patient's           │
│ hospital and     │ communication needs   │ communication needs in the  │
│ include patient's│ in the notes field.   │ notes field.                │
│ communication    │                       │                             │
│ needs in the     │ Make contact referral │ Provide patient with        │
│ notes field.     │ agency and do a       │ Information leaflet          │
│                  │ clinician-to-clinician│ outlining the treatment/    │
│                  │ handover. Provide     │ and safety information,      │
│                  │ details of            │ provide patients with a see │
│                  │ communication needs.  │ and treat survey and verbal │
│                  │                       │ advice on worsening care to │
│                  │ Provide patient with  │ call us back.               │
│                  │ information leaflet   │                             │
│                  │ outlining the         │                             │
│                  │ treatment/referral    │                             │
│                  │ plan, provide patients│                             │
│                  │ with a see and treat  │                             │
│                  │ survey and verbal     │                             │
│                  │ advice on worsening   │                             │
│                  │ care to call us back. │                             │
└──────────────────┴───────────────────────┴─────────────────────────────┘
```

4.3   NHS 111 Operational Flow

Patient/caller contacts 111 non-Emergency Service (Telephone, BSL, Text Relay, Type Talk)

⬇

Patient/caller asked if they are calling about themselves or someone else.

⬇

Patient/caller asked for their postcode to identify the patient and match them to the spine.

⬇

Complete triage process using NHS pathways.

⬇

Establish patient's specific communication needs and can offer interpretation service/Text Relay/British sign language calls with the following salutation:

"This is the NHS 111 BSL video Relay Service calling you. I am a sign language interpreter and I have a deaf caller who needs to speak to you. I will be relaying your conversation with them. Are you ready for me to go ahead?"

⬇   ⬇   ⬇

| Appointment required at other health provider – book appointment – We provide information on specific needs. | Caller provided with telephone advice and guidance. | 999/urgent response needed by emergency service crew. **(Follow 999 Flow)** |

⬇

Complete patient/caller details and give worsening advice.

⬇

Confirm ethnicity details.

⬇

Complete patient/caller notes.

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5.0   Training expectations for staff

5.1   Training is delivered as specified within the Trust Training Needs Analysis (TNA). Trust staff/volunteers 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).

6.0   Implementation Plan

6.1   The latest approved version of this Guidance will be posted on the Trust's Intranet site for all members of staff/volunteers to view. New members of staff/volunteers will be signposted to how to find and access this guidance during Trust Induction.

7.0   Monitoring compliance with this Guidance

7.1   Regular reporting by service level leads will ensure compliance to this document.