NHS
Yorkshire
Ambulance Service
NHS Trust

Accessible Information Policy and Guidance

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1.0	Feb 2019	Amanda Best	A	Police approved at TMG Feb 2019
2.0	February 2021	Risk Team	A	Policy approved at TMG
3.0	September 2024	Risk Team	A	Policy approved within September 2024 Clinical Governance Group.
3.1	June 2026	Lesley Butterworth	D	Major policy and guidance update to reflect the 2025 Accessible Information Standard (DAPB1605), including the sixth review step, governance expectations, and monitoring requirements.
3.2	August 2026	Lesley Butterworth	D	Updated following stakeholder feedback.
3.3	September 2026	Lesley Butterworth	D	Updated following CGG to clarify that the policy includes volunteers.
4.0	September 2026	Risk Team	A	Approved at September CGG. Formatted to Trust template.

A = Approved D = Draft

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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

Local Departmental Procedures:

- A&E Operations
- Patient Transport Service
- Remote Patient Care
- Patient Relations
- Legal Services
- Corporate Communications

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 in access to health services and in the outcomes achieved.
In implementing the Standard, the Trust is required to complete six essential steps leading to the achievement of clear outcomes: identification, recording, flagging, sharing, meeting, and reviewing 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 clearly noted in the patient record so that staff can readily identify and act on them
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 The Accessible Information Standard (AIS) (DAPB1605) requires all organisations providing NHS care or publicly funded adult social care to ensure that people with a disability, impairment or sensory loss can access and understand information, and receive the communication support they need. This policy is underpinned by:

- Health and Social Care Act 2012 (Section 250)
- Accessible Information Standard (DAPB1605)
- Equality Act 2010
- Human Rights Act 1998

1.2 All organisations providing NHS care must comply with the AIS.

1.3 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.'

1.4 For staff and 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.

1.5 The provision of accessible information can contribute to the reduction of 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 in access to health services and in the outcomes achieved.

2.0 Purpose/Scope

2.1 The purpose of this policy is to:

- Ensure compliance with the Accessible Information Standard
- Improve access, safety and experience for patients, carers, and service users.
- Embed consistent processes for identifying and meeting communication needs.
- Support staff and volunteers to deliver accessible, person-centred care.

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.
- Neurodivergent people
- Where appropriate the parents and carers of patients and service users.
- 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. Eg aphasia, Dementia, or other conditions which impact communication.
- Individuals who have difficulty in reading (such as dyslexia).

2.3 Whilst the principles remain applicable 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.

2.4 In line with the Accessible Information Standard, the requirement to identify, record, flag, share, meet and review communication and information needs should not **delay or prevent the provision of urgent or emergency care**. **In an emergency, staff must prioritise immediate clinical need and patient safety, while making reasonable efforts to identify and meet communication or information needs as soon as it is safe and practicable to do so.**

3.0 Process

3.1 <u>Trust Standards</u>

3.1.1 The organisation is committed to ensuring that:

- Patients receive information they can understand.
- Appropriate communication support is provided.
- Staff routinely identify and act on communication needs.
- Accessible care is delivered consistently across all services.

3.1.2 To meet the Standard, the organisation will implement the following **six steps**:

- Step 1: Identify
  - Ask patients/service users if they have communication or information needs.
  - Record needs at first contact or earliest opportunity.
- Step 2: Record
  - Document needs clearly and consistently in the patient record.
  - Use standardised terminology (e.g. SNOMED where available)
- Step 3: Flag
  - Ensure needs are clearly visible/flagged in electronic and paper systems.
- Step 4: Share
  - Share information about needs with other services (with consent) to ensure continuity.
- Step 5: Meet
  - Provide information in accessible formats.
  - Arrange communication support where required.
- Step 6: Review
  - Regularly review needs to ensure they remain accurate and up to date.

3.1.3 See Accessible Information Guidance NHS England » Accessible information standard 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 The Trust is committed to making its website accessible, in accordance with the Public Sector Bodies (Websites and Mobile Applications) (No. 2) Accessibility Regulations 2018 and the website includes our accessibility statement.

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 (appendix C) for further information.

4.0 Training expectations for staff and volunteers

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

4.2 All staff and volunteers will have access to online training modules provided by the NHS E-Learning for Healthcare and compliance will be monitored via the non-clinical portfolio governance board and escalated as required.

4.3 (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 staff and volunteers to view. New staff and volunteers will be signposted to how to find and access this guidance during Trust Induction.

5.2 To ensure effective implementation of this policy, as well as the mandatory training all relevant staff and volunteers undertake, the latest approved version is specifically included in the PTS initial training package for call centre staff.

5.3 Implementation will be discussed and developed further at the Patient Experience Steering Group with support from the Critical Friends Network and with specific groups able to support YAS in determining application of these standards.

6.0 Monitoring compliance with this Policy

6.1 Monitoring of this policy and supporting procedures will be ongoing. The Trust will use governance arrangements, local audit, and the Accessible Information Standard self-assessment framework to assess compliance and identify improvement actions. In line with the 2025 standard, organisations should be able to publish annual information about compliance with the updated standard by March 2027.

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

- NHS England » Accessible Information Standard – requirements (DAPB1605)
- Accessible Information Standard – implementation guidance. NHS England, published 30 June 2025.
- 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	Describes people who identify as deaf or Deaf. Lowercase **d** usually refers to hearing loss, while uppercase **D** may refer to people who identify with the Deaf community and use British Sign Language (BSL) as their first or preferred language.
Deafblind	The Policy guidance Care and Support for Deafblind Children and Adults (Department of Health, 2014) states that, “The generally accepted definition of Deaf blindness 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 deaf blindness). 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.
Lip speaker	Is a person who repeats the words said without using their voice, so others can read their lips easily. A professional lip speaker 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.

Patient Experience Steering Group
The Patient Experience Steering Group has oversight of the NHS England Accessible Information Standard and receives assurance on progress, risks, and improvement actions linked to implementation across the Trust.

Executive Director of Quality and Chief Paramedic
The Executive Director of Quality and Chief Paramedic has executive responsibility for oversight of the Accessible Information Standard across the Trust and for ensuring appropriate assurance arrangements are in place.

Associate Director of Patient Experience and Nursing
The Associate Director of Patient Experience and Nursing is the Trust lead for the Accessible Information Standard (AIS) and has responsibility for coordinating implementation, supporting compliance, and providing oversight of improvement activity across the organisation.

Head of Patient Experience
The Head of Patient Experience is responsible for supporting service area leads to operationalise the Accessible Information Standard within their areas. This includes providing advice, guidance, and support to embed local processes for identifying, recording, flagging, sharing, meeting, and reviewing communication and information needs in line with the Standard.

Heads of Service/Department managers and Quality Leads
Heads of Service and Quality Leads are responsible for ensuring that staff members are aware of this policy, understand their responsibilities under it, and receive appropriate education and support to comply with it.

Heads of Service/Department managers are responsible for effective local implementation of the Accessible Information Standard and for supporting monitoring, review, and improvement within their areas of responsibility.

Staff and volunteers
Staff and volunteers 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 and volunteers to ensure that they are aware of the relevant translation, interpretation, and accessible information services available and how to access them.

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

Appendix C

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Accessible Information Guidance

Author: Associate Director of Patient Experience and Nursing

Approved: September 2026

1.0 Why the Accessible Information Standard matters

1.1 The Accessible Information Standard (AIS) is a **legal requirement** for all NHS services. It ensures that patients who have a disability, impairment, or sensory loss:

- Can access and understand information.
- Receive the communication support they need to use services [england.nhs.uk].

1.2 Getting this right improves:

- Patient safety.
- Experience and dignity.
- Clinical outcomes.

2.0 Who this Applies to

2.1 AIS applies to patients who:

- Are **d/Deaf** or have hearing loss.
- Are **blind or visually impaired.**
- Have a **learning disability.**
- Have **speech or communication difficulties.**
- Have **cognitive or mental health conditions** affecting communication.
- **Carers and family members** involved in care.

2.2 The AIS **does not apply** to those whose who have a requirement for alternative communication arrangements where these have not arisen due to a disability, impairment, or sensory loss. However, the principles in this guidance can be helpful to aid communication with all patients.

3.0 What you Must do (The 6 AIS steps)

3.1 Step 1 – Identify

3.1.1 Ask every patient - “Do you have any communication or information needs?”

- Ask at first contact (or as soon as practicable afterwards).
- Ask again if unsure.
- Include carers if needed.

3.1.2 Emergency and Remote Patient Care context

3.1.2.1 In emergency situations, the priority will always be to identify clinical need and ensure a timely response.

3.1.2.2 During the interaction, it may become apparent that the patient or their carer has communication or information needs. Staff should remain alert to this and identify needs where possible without delaying urgent or emergency care.

3.1.2.3 Patients may also access services via alternative routes, such as:

- Emergency SMS text service.
- Third-party callers (e.g. relatives, carers, other services).

3.1.2.4 These routes may indicate that communication needs are present. Staff should take this into account and adapt their communication approach accordingly.

3.1.2.5 If it is not possible to fully identify communication needs during the initial contact, this must be done at the earliest safe opportunity.

3.2 Step 2 – Record

- Record clearly in the patient record.
- Add **plain language description.**

3.2.1 Example:

- Code: BSL user.
- Note: “Patient is Deaf and uses BSL interpreter.”

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

3.2.3 Local guidelines/SOPs 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.

3.3 Step 3 – Flag

- Ensure needs are clearly visible / flagged.
- Check flags before contact.

3.3.1 If you do not see a flag, **do not assume no need.**

3.3.2 Local guidelines/SOPs will direct staff/volunteers on what flags are available to highlight individuals’ information and communication needs as part of existing patient/service user record systems and administrative processes.

3.4 Step 4 – Share

- Share needs with other teams/services (with consent).
- Sharing can be verbally or in writing (on ePR).
- Include in referrals, handovers, and discharge.

3.5 Step 5 – Meet

3.5.1 You must take action to meet the need.

- Where communication or information needs are identified, information (e.g. correspondence) **must be provided in an accessible format** appropriate to the individual (e.g. large print, easy read, audio, or BSL).
- Adjustments must be **reasonable and proportionate**. This does not mean that information must always be provided in the patient’s preferred format, but staff must ensure that the individual **can access and understand the information provided**.
- Where information is routinely published in alternative formats, these should be **made available alongside standard versions**, including on the Trust website (e.g. BSL videos, audio files, easy-read documents).
- Requests for alternative formats or accessible materials should be **coordinated through the Trust’s Communications Department** in line with organisational processes.
- With the patient’s **explicit consent**, a family member, friend, or carer may support communication where appropriate. Staff must ensure this is suitable and consider

relevant policies, including **Safeguarding** and **Consent to Examination and Treatment**.

3.5.2 Examples:

- Book a BSL interpreter.
- Provide large print or easy read information.
- Use text messaging instead of phone calls.

3.6 Step 6 – Review

- Check needs regularly.
- Update records if anything changes.
- Ensure records remain accurate and can be acted upon.

4.0 Common Communication Needs and what to do

Communication Need	How to Support Communication
Deaf / BSL user	Arrange a qualified BSL interpreter; use SMS/email where appropriate; do not rely on lip reading alone
Hearing loss	Speak clearly, face the patient, reduce background noise, use hearing loop if available
Visual impairment	Provide large print, audio, or braille/moon; read information aloud; ensure good lighting
Learning disability	Use easy read formats, simple language, pictures where helpful; allow extra time
Speech or language difficulty (e.g. aphasia)	Be patient, allow time, use yes/no questions or alternative communication methods
Cognitive impairment / dementia	Use clear, simple language; repeat information; involve carers where appropriate
Neurodivergent (e.g. autism, ADHD)	Use clear, literal language; avoid jargon and ambiguity; provide written information where possible; allow processing time; reduce sensory distractions (noise, lights)
Non-English communication (e.g. BSL first language)	Use appropriate interpreter services; avoid relying on family members unless necessary
Prefers digital or written communication	Use email, SMS, or written formats instead of telephone calls where possible
Anxiety or distress affecting communication	Provide calm reassurance, allow time, check understanding, minimise pressure

5.0 Accessible Information – Written Communication Standards

5.1 Where printed information is used, documents should be **clear and easy to read**, including:

- Minimum font size 12 (preferably 14) and use of **sans serif fonts** (e.g. Arial).
- **Left-aligned text** with appropriate spacing.
- Use of **matt paper** and good quality print to improve readability.
- Clear layout with page numbers and minimal visual clutter.

5.2 Plain English Requirements

- All written information must use clear, simple, and concise language.
- Avoid jargon and explain any necessary technical terms.
- Use short sentences, everyday language, and active voice.
- Ensure communication is polite, clear, and easy to understand.

5.3 Support and Quality Assurance

- Staff and volunteers are encouraged to seek support from the **Critical Friends' Network (CFN)** to improve accessibility of information.
- Feedback from specific patient groups (e.g. Deaf community) can be arranged via the **Patient Experience Team.**

5.4 Proactive Accessibility of Information

- Alternative formats should be **proactively produced where information is likely to be directly relevant or beneficial** to people with communication or information needs (e.g. supporting access to care, involvement in decisions, feedback, or complaints).
- This typically includes **engagement, consultation, awareness, and promotional materials**.
- For key corporate documents (e.g. strategies or plans), consider providing **accessible summaries or alternative formats** where content is likely to be of interest or impact. Advice on what can be produced can be obtained from the corporate communications team.
- Where documents are **unlikely to be relevant or impactful**, proactive alternative formats are not usually required but should be **provided on request where reasonably practicable**.
- All decisions must take account of **Equality Act 2010 duties**, ensuring people are not disadvantaged and equality of access is promoted.

6.0 Good Practice Tips

- Ask, do not assume.
- Speak directly to the patient.
- Check understanding (e.g. "Can you tell me what we've agreed?").
- Allow extra time where needed.
- Respect dignity and preferences.
- Use the JRCALC Patients with Communication Difficulties page to support communication with patients who have communication needs.
- Record and hand over any communication needs so that other staff can continue to meet them safely and consistently.

7.0 What NOT to do

- Do not rely on family members to interpret (unless unavoidable).
- Do not ignore recorded communication needs.
- Do not assume needs from appearance.
- Do not use jargon or complex language.

8.0 Documentation Checklist

8.1 Before closing a record, check:

- Communication needs identified.
- Clear description written.
- Flag applied.
- Action taken to meet need.
- Reviewed if appropriate.

9.0 Escalation and Support

9.1 If you cannot meet a patient's needs:

- Escalate to your line manager or service lead.
- Contact interpretation/translation services.
- Seek support from Patient Experience/Learning Disabilities and Neurodiversity or Corporate Communication teams.

10.0 Key Message

10.1 **If a patient cannot understand you or you cannot understand them, care may not be safe.**

AIS is everyone's responsibility.