



Blythe House

Accessible Information Policy

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CONTENTS

	Page
1. Introduction	3
2. Policy Aim and Objectives	3
3. Responsibilities	4
3.1 Employees	4
3.2 Managers	5
3.3 Chief Executive, Supported by the Senior Management Team and Trust Board	5
3.4 External Organisation and Agencies	5
4. Awareness	5
5. Services Delivery and Equality Analysis	5
6. Letters and Documents	5
7. Alternative Formats (Accessible Information)	6
7.1 Easy Read	6
7.2 E-mails and SMS/TXT	6
7.3 Hearing Loops	7
8. Recording Communication and/or Information Support Needs	8
9. Complains Procedure Regarding the AIS	8
10. Governance – Monitoring and Review	8
11. Review, Revision and Dissemination	8
12. Legislation/Policy Compliance	8

The Accessible Information Standard (AIS)

1 INTRODUCTION

AIS applies to patients, service users, carers and parents (collectively known as the patient from here on in) who have communication and/or information support needs related to a **disability, impairment or sensory loss**, this includes but is not limited to: people who are blind, deaf, have a learning disability, aphasia, autism and/or a mental health condition which affects their ability to communicate.

This policy applies to services and staff who have direct contact with patients. Once the Hospice is aware of a communication or information support we will respond in a format that is relevant to the needs of that person, for example, if a person requests communication in braille, by telephone or audio disc we communicate in these formats rather than sending a printed letter. Depending on the needs of the individual, other formats may include for example, Easy Read, Large Print, British Sign Language.

The AIS is a mandatory national standard which applies to all providers across the NHS and adult social care system. Failure to provide information to our Commissioners is a breach of contract. The Care Quality Commission will review this information as part of the 'well-led' domain in inspection programmes. The NHS Constitution establishes the principles and values of the NHS, to this end the AIS is aligned with the Constitution.

The Equality Act 2010 places a legal duty on all service providers to take steps or make "reasonable adjustments" in order to avoid putting a disabled person at a substantial disadvantage when compared to a person who is not disabled.

2 POLICY AIM AND OBJECTIVES

This policy communicates the Hospices commitment to AIS, whereby, patients are communicated with and informed in a format that is relevant to their needs ensuring each person is in a better position to:

- make decisions about their health, wellbeing, care and treatment;
- self-manage conditions;
- access services appropriately and independently; and
- make choices about treatments and procedures.

This respects confidentiality in delivering healthcare, communicating directly with the individual in a format that is personal to them at the same time maintaining their dignity and independence.

Making reasonable adjustments advances the equality of opportunity for people to engage in society, who may otherwise be disadvantaged or excluded and furthers the Hospice's commitment to the Public Sector Equality Duty of the Equality Act 2010.

There are exclusions and exceptions from the Standard, for example (not exhaustive):

- Annual Reports, Corporate Documents not directly related to patient care.
- DVD's, CD's and presentations.
- Information supplied by other organisations.

3 RESPONSIBILITIES

As a hospice our aim is to ensure our communication is clear, straightforward, accessible and relevant and follows the principles of the AIS.

3.1 Employees:

This policy applies to all employees of Blythe Hospice, students, secondees, worker and volunteers and persons working under the terms of an honorary contact (referred to collectively as 'Staff') who have direct patient contact.

The Hospice expects that staff will familiarise themselves with this Policy, the AIS and ensure they apply it to patients, service users, carers and parents who have communication and/or information support needs related to a disability, impairment or sensory loss and will know how to access Interpreting and Translation Services. It is the responsibility of each service to communicate with the patient, provide information in a format that is required by the individual and ensure the accuracy of content. All staff have a responsibility to ensure that they are communicating with patients and colleagues in a way which is effective and understood by all parties.

If legal requirements are ignored, both the Hospice and the individual employee(s) concerned may be liable to legal proceedings.

It is the responsibility of staff who have patient contact to:

- 1. Ask:** identify/find out if an individual has any communication/information needs relating to a disability, impairment or sensory loss.
- 2. Record:** record those needs in a clear and standardised way in electronic and/or paper based record/administrative systems/documents. The Hospice's primary recording system is icare but other systems exist and are to be used.
- 3. Alert/flag/highlight:** ensure that recorded needs are 'highly visible' whenever the individual's record is accessed.
- 4. Share:** include information about individual's information/communication needs as part of existing data sharing processes.
- 5. Act:** take steps to ensure that the individual receives information which they can access and understand, and receive communication support if they need it.

All staff have an individual responsibility to:

- Inform their manager in circumstances where any part of the 5 requirements cannot be met.
- Promote the AIS when undertaking their duties for example to explain what is available as alternative formats of communication and/or information.
- Must ensure that any requests received are handled fairly, consistently and efficiently and that individuals are not disadvantaged by any delay in receiving information in an accessible format. Turnaround times should not exceed 20 days.
- Additional time is allowed for consultation, care or treatment where the patient has an accessible communication need in particular if an interpreter is involved e.g. British Sign Language.
- Make sure the incident reporting system is used, where appropriate.
- Ensure they are aware of interpreting and translation services and how to access them.

3.2 Managers:

Have a responsibility to ensure they understand this Policy and implement it within their areas of responsibility and for ensuring that employees adhere to the terms of this Policy. This will require Managers to:

- lead by example, promoting AIS by their behaviours and actions
- promote this Policy and ensure that all staff are aware of it and clear on their responsibilities
- ensure that patients have access to communication and/or information that is relevant to their needs and healthcare needs
- ensure that complaints relating to AIS are responded to under the Hospice's Complaints Procedure in a fair and consistent manner
- apply the Hospice's Incident Reporting System where appropriate
- understand current legislation and the implications of not carrying out the policy

3.3 Chief Executive, supported by the Senior Management Team and Trust Board

Has the responsibility for ensuring that this Policy is implemented and acted on.

Progress reports will be presented to the Quality & Safety Committee to inform the Trust Board on the implementation and compliance of this policy.

3.4 External Organisations and Agencies

The Hospice will work the HealthWatch, CCG's, County Council, Voluntary organisations and others in the application of this policy and the interests of the people who this Policy is meant to benefit.

Services provided by external contractors, agencies, sub-contractors, agencies, temporary workers or third parties are excluded.

4 AWARENESS

This policy is to be communicated to all staff, with particular emphasis on staff who are likely to have initial contact with the patient and identify if a person has a communication and/or an information support need.

Continual communication through the Hospice's media (Team meeting, newsletters, posters, electronic and social media – internet and so on.) will be used to promote this policy.

5 SERVICE DELIVERY AND EQUALITY ANALYSIS

The Hospice is committed to ensuring that all its services are designed and delivered to meet the needs of the communities. Reasonable adjustments will be made to ensure our services are accessible and equitable to all groups in our community except where there is evidence to objectively justify alternative arrangements.

The AIS will be promoted to patients via posters (including Easy Read posters), the internet, consultation with patients and organisations such as; Healthwatch, voluntary organisations, NHS organisations, County Council and others.

6 LETTERS AND DOCUMENTS

The following statement is to be included in all letters, leaflets and documents made available to patients:

Do you have a communication or information support need?

If so please Telephone ##### or e-mail #####@nhs.net so that those needs can be recorded and responded to.

*insert appropriate word

7 ALTERNATIVE FORMATS (ACCESSIBLE INFORMATION)

Alternative formats means information or communication provided in a different format to that traditionally used e.g. a printed letter or spoken communication in English.

Examples include but are not limited to:

Braille Audio	(tape, compact disk, MP3)	Easy Read	SMS/TXT
E-mail	British Sign Language (BSL)	Telephone	Large Print
Lip-reading	Using a Hearing Loop	Advocate	Interpreter

7.1 Easy Read

Easy Read is a way of presenting information so that people who have difficulty reading can understand it. Clear, simple words are used along with images and diagrams.

This form of communication is mainly used for people with Learning Disabilities but has the benefit of reaching a wider community for example, Easy Read works well for:

- people with limited reading ability or literacy skills. The average reading age in the UK is 9 years and accounts for 1 in 5 people
- people who don't speak English as their first language and have limited or developing understanding of English
- people who have Dementia
- people from the Gypsy Romany and Traveling community

7.2 E-mails and SMS/TXT

When asking a patient if they have communication or information support needs they can 'opt' to receive information via e-mails and/or SMS text. Staff are to ask the patient for their e-mail address and/or mobile phone number and confirm the details to ensure they are correct.

Patients receiving electronic data, can through software on their devices, enlarge print, change the background and convert the text in to audio speak. This has many positive applications, the most obvious is for people who are blind and makes communication and information more accessible to a population that would otherwise be disadvantaged through 'traditional' forms of communication.

The Hospice's 'Security Policy' states data sent electronically, i.e. e-mail, must be encrypted where there is patient identifiable information and is not sent on a secure network such as NHS mail.

For the purpose of the AIS Policy, e-mails can be sent to patients who request this format based on the individual having a disability, impairment or sensory loss.

Staff must send a 'test' e-mail and/or SMS text to confirm accuracy and obtain a receipt to verify the account before any further communication is sent. The e-mail is to be headed 'Test e-mail and disclaimer' and include the following disclaimer:

This e-mail is being sent to ensure that it is a real/active e-mail address, before sending further information that is specific to you.

When the Hospice sends e-mails that have patient identifiable information they are encrypted, this means the e-mail content is protected. To read encrypted e-mails you will need to download software to access the information.

If you wish to receive e-mails that are NOT protected (encrypted), that is, confidential and the security of information exchanged cannot be guaranteed please confirm this in your return e-mail, this will confirm you are aware of the associated risks e.g. possible hacking, others having access to the data.

Please send a return e-mail to confirm receipt of this e-mail and if you wish to have unencrypted e-mail (not protected) otherwise e-mails will be sent encrypted with details of how to access encrypted e-mails.

When sending us e-mail please use the minimum amount of personal information needed to identify yourself and/or others (where appropriate service to specify). The Hospice has no control, or responsibility, over personal information stored by a person's own Email Service Provider. Any personal information that is processed by the Hospice will be done so in accordance with the Data Protection Act 1998.

Staff need to advise the patient of associated risks of electronic communication (e.g. possible hacking, others having access to the data) and seek 'explicit' consent to proceed (this can be recorded on iCare).

Ideally, each service, department or ward should have its own generic NHS e-mail addresses where these accounts are monitored in a timely manner and have multiple access to allow for shift changes, annual leave etc. If a patient habitually sends excessive e-mails to the point it is deemed to be harassment/stalking, an e-mail is to be sent to the patient with example of dates and times of e-mail advising them if they continue to abuse this form of communication the Hospice will no longer provide this method of communication – it is anticipated this will be a rare occurrence.

E-mail correspondence relating to a patient's care or treatment must be retained for the appropriate period of time associated with 'traditional' communication e.g. letters and hard copies printed for the patients records or attached/scanned into iCare.

Patients are responsible for keeping and providing up to date 'private' e-mail address rather than a family or shared account and/or mobile phone number

Under no circumstances should staff provide their own personal e-mail address and/or mobile number. Only an email with nhs.net is to be used and Hospice mobile phone numbers.

7.3 Hearing Loops

A Hearing Loop is a special sound system for people with hearing aids. A hearing aid usually has three positions 'O', 'T' and 'M'. The aid needs to be in the 'T' position which allows the hearing loop to pick up speech and amplify sound.

Portable hearing loops are distributed throughout the Hospice, and can be found mainly in reception and the lounge area.

8 RECORDING COMMUNICATION AND/OR INFORMATION SUPPORT NEEDS

Communication and/or Information needs will be recorded on iCare' which has the facility to alert Hospice staff of that person's communication requirements.

9 COMPLAINTS PROCEDURE REGARDING THE AIS

The Hospice has opted not to have a standalone complaint policy for AIS, instead choosing to integrate AIS into its Policy for receiving, investigating, responding to and learning from Complaints.

Where there is a breach in complying with this Policy and that breach has implications on the delivery of safe, effective healthcare then the Hospice's Incident Reporting procedure must be applied.

Complaints procedure is available in Easy Read.

10 GOVERNANCE – MONITORING AND REVIEW

Bi-annual reports will be submitted to the Hospice Governance committee highlighting:

- the number of patients recorded on iCare (as the Hospice's primary patient record system),
- the number where no communication or information needs were required
- where needs were stated and recorded
- the format or adjustment to communication or information to meet the individuals need
- unexpected/unanticipated themes and trends with possible rationale

The report will also identify any areas where information is not being recorded and where patients are being referred to the Hospice by external organisations and the charity was not advised of the patient's communication or information support need. The content of this report will be made available to the Trust Board.

The purpose of monitoring is to assess how effectively this Policy is being implemented and identify gaps where improvement is needed.

11 REVIEW, REVISION AND DISSEMINATION

This Policy will be reviewed 12 months from ratification to reflect the changing landscape of the NHS and changes in legislation. Thereafter, this policy to be reviewed on a 3 yearly basis or earlier if there are changes to legislation or national/local requirements.

12 LEGISLATION - POLICY COMPLIANCE

The following documents have been used to inform this policy:

- Accessible Information Standard Specification (NHS England)
- Accessible Information Standard Implementation guide (NHS England)
- Accessible Information (AIS) Guide
- Equality Act 2010 and the Public Sector Equality Duty
- Health and Social Care Act 2012
- Care Act 2014
- Data Protection Act 1998 (DPD)
- Information Security Policy
- Equality and Diversity Policy
- Corporate Style Guidelines

