



Accessible Information Standard (AIS) Policy and Procedure

This policy will support staff to ensure that communication difficulties and information needs are addressed, and that barriers to involvement are minimised. It has been reviewed with minor wording amendments made and a new policy section added (4.9) about the Accessibility Regulations which require reasonable adjustments to be made to website and mobile apps for those with disabilities to ensure that they remain accessible. Underpinning Knowledge and Further Reading links have been reviewed and updated where applicable. The policy title has been updated to mirror regulatory terminology and has been changed from the 'Accessible Information Standards and Communication Difficulties Policy and Procedure' to the 'Accessible Information Standard (AIS) Policy and Procedure'.

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1. Introduction and purpose

To ensure that Bevan has a clear, consistent, transparent and fair approach to the provision of accessible, inclusive information and communication support to all which is appropriate to the needs of Patients.

To meet the legal requirements of the regulated activities that Bevan is registered to provide:

- The Health and Care Act 2022
- Mental Capacity (Amendment) Act 2019
- Equality Act 2010
- The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014
- Mental Capacity Act 2005
- Access to Health Records Act 1990
- Data Protection Act 2018
- UK GDPR
- Health and Care Act 2022

2. Objectives

- To ensure all members of staff at Bevan understand that many people have difficulty understanding information provided to them, this may be because they are blind, deaf or hard of hearing, have a learning disability, or because they understand limited or no English. It may be because they need support in terms of reading (limited literacy) or they have a condition which limits their ability to communicate (for example, following a brain injury or a stroke). Children and young people also have specific communication requirements.
- To ensure Bevan provides accessible information to help to improve access to services, promote social inclusion and enable people to make more informed choices about their care. For staff, the provision of accessible information will aid communication with patients, support effective engagement activity, and support choice, personalisation and empowerment. It will also promote the effective and efficient use of resources.
- To ensure that Bevan presents information in an accessible way, and where appropriate, in a range of languages and formats that are easily used and understood by the intended audience.

3. Target audience

The following roles may be affected by this policy:

- All staff

The following service users may be affected by this policy:

- Patients
- All Patients with identified communication difficulties
- Visitors
- Carers
- Family

The following stakeholders may be affected by this policy:

- Family

- Advocates
- Representatives
- External health professionals
- NHS

4. Policy

All staff at Bevan have a responsibility to make information including online content, accessible and inclusive.

Bevan will make all reasonable efforts to ensure that everyone can find out about and engage with the service, including identifying and removing barriers caused by inaccessible information and / or a need for interpretation or communication support.

Where appropriate, Patients who need access to an interpreter, advocate or other communication professional to enable them to engage with Bevan will be provided with such support. Information will be provided in alternative formats and languages as quickly as possible following acceptance of a request, and without unreasonable delay.

Bevan will comply fully with the NHS England Accessible Information Standards and will perform the following 5 steps:

- Ask those attending Bevan if they have any information or communication needs, and establish how to meet those needs.
- Record any identified needs in a defined way.
- Put a note onto the Patient's medical record to ensure that it is clear that the Patient has information and/or communication needs and explain clearly how these needs are to be met.
- Ensure that information regarding a Patient's needs is shared with other NHS and Social Care providers where there is consent to do so.
- Act to ensure that those attending Bevan get information in an accessible way and receive communication support where it is required.

Staff will have a working knowledge of the NHS England Accessible Information Standard, and Bevan will be able to demonstrate compliance through audit and quality assurance processes.

Staff will be trained to effectively care for patients with communication difficulties and understand the importance of effective communication in delivering good healthcare.

From 1 July 2022, all health and social care providers must complete training on learning disabilities and autism.

Links to the training can be found in the Further Reading section of this policy.

In line with Data Protection legislation and UK GDPR, Bevan will enable Patients to access their medical records when requested. This includes the right to review and amend their documented communication preferences.

Where Patients are unable to provide consent in relation to their wishes with regard to sharing of information, all decisions concerning this area will be made in line with the Mental Capacity Act 2005, Mental Capacity (Amendment) Act 2019 and best interests requirements.

Bevan will also comply with the [Accessibility Regulations](#) that came into force for public sector bodies in 2018 and require reasonable adjustments to be made to website and mobile apps for those with disabilities to ensure that they remain accessible.

The regulations require a service's website to comply with [WCAG2.1 AA](#) by:

- Ensuring that the website is 'perceivable, operable, understandable and robust'
- Having an accessibility statement available on the website

Although some services may be exempt from the regulations (full government guidance can be referred to [here](#)), Bevan recognises it has an obligation to ensure that reasonable adjustments are in place for disabled people.

5. Procedure

5.1. Five Steps

There are five steps which make up the Accessible Information Standard (AIS):

- 1. Ask:** Identify if a Patient has any communication or information needs relating to a disability or sensory loss; and if so, what they are
- 2. Record:** Record those needs in a clear, unambiguous and standardised way on the electronic Patient record, plus any other administrative systems or documents
- 3. Alert/Flag/Highlight:** Ensure that recorded needs are highly visible whenever the Patient's medical record is accessed, and prompt for action
- 4. Share:** Include information about the Patient's information and/or communication needs as part of existing data sharing processes and in line with Information Governance frameworks
- 5. Act:** Take steps to ensure that Patients receive information that they can access and understand, and receive communication support as they need it

5.2. Establish Communication Needs

Step 1 - Ask

At the earliest opportunity, usually when a new Patient registers with or attends Bevan, staff must establish any communication needs or wishes. This information will include identifying how the Patient manages this and what support they will need from staff in order to enable effective communication.

Staff must avoid making any assumptions about a Patient's communication needs and will take care to record their communication needs specifically and separately from any recording of disability or other protected characteristic traits.

Ongoing Assessment

Assessments will be reviewed in accordance with locally agreed timescales or as a Patient's needs change. As part of this, staff will revisit and identify any new communication needs and support accordingly.

There are a range of resources (for example a video, posters and leaflets) that can be accessed via NHS England which can help raise awareness that Bevan will accommodate different communication preferences (refer to Further Reading section of this policy and procedure).

5.3.

Step 2 - Record

Recording of communication needs and preferences will be visible and clear on the electronic Patient record and will be coded in accordance with the defined terminology at Bevan, and assurance will be gained that persons receiving this shared information understand it.

5.4.

Step 3 - Alert/Flag/Highlight

Bevan staff must have systems in place to ensure that the electronic medical record clearly flags where a Patient has a recorded communication need. This will be highly visible and will prompt staff to take action.

For automatically generated correspondence from the clinical system at Bevan, alerts will pick up the requirement for alternative formats. Staff responsible for overseeing standard printed letters going to patients must have systems in place to ensure that these will not be sent where it would be inappropriate or inaccessible for that Patient. Bevan will investigate and learn from any incidents of this nature through significant event audit.

5.5.

Step 4 - Share

Consent will be gained from any Patient who has identified specific communication preferences and needs in relation to sharing this information. Any limitations to this must also be documented and clarity provided as to what information can be shared, with whom, in what circumstances and for what purposes.

Where consent cannot be obtained due to reduced capacity, staff must refer to the Mental Capacity Act (MCA) 2005 Policy and Procedure of Bevan, as well as best interest decisions made in line with the code of practice. Existing internal and external communication systems such as the referral, transfer of care and handover processes will include reference to communication support for patients.

5.6.

Step 5 - Act

Staff must be aware of how to adapt their own communication styles to meet the needs of a Patient, and they must also be competent with the use of any techniques or aids used by patients. It is acknowledged that it may take time to establish communication needs from patients that choose not to disclose this information, and they will be encouraged to discuss their needs with staff.

Patients who use limited or no English, and those who use British Sign Language (BSL) or the deaf-blind manual alphabet, must have access to a professional interpreter or translation services. Staff will support Patients to access this and will work with any advice and support offered by the interpreter. Bevan will usually have access to commissioned language assistance services. However,

where staff are required to support Patients to source an interpreter or communication professional, this must be based on the following considerations:

- Qualifications
- DBS clearance
- Professional code of conduct
- Experience
- Preference of the Patient (for example, in relation to gender)
- Specialist skills needed

Any concerns in relation to the suitability of the interpreter will be discussed with [Registered Manager].

5.7.

Environment

Although the Accessible Information Standard does not include environmental matters, some aspects apply to patients with a disability, impairment, or sensory loss, in order to facilitate communication. Staff must always consider whether some rooms are more suitable than others for people with communication needs (for example, improved lighting, or soundproofing), and where Bevan has control over the premises this must be considered.

Staff will also consider lighting, in particular where lip reading is vital for the Patient. Bevan will accommodate aids that support individuals with communication, such as hearing loop systems.

5.8.

Improving Communication

To enable clear face-to-face communication, staff must:

- Make sure they have the person's attention before trying to communicate with them. If the person does not hear, try waving or tapping them lightly on the shoulder.
- Identify themselves clearly. Say who they are and what they do – it may be more relevant to explain their reason for seeing the person rather than their job title.
- Check they are in the best position to communicate (usually this will be facing the person, but consider whether seated or standing is more appropriate). Communication at eye level is usually easiest, so if they are speaking to a wheelchair user, they must consider sitting down if possible.
- Find a suitable place to talk, with good lighting and away from noise and distractions.
- Speak clearly and a little slower than they would usually but must not shout.
- Keep their face and lips visible – they must not cover their mouth with clothing, a hand or hair. During the COVID-19 pandemic, a screen and/or clear face visor will ensure this is possible.
- Use gestures and facial expressions to support what they are saying.
- If necessary, repeat phrases, re-phrase the sentence or use simpler words or phrases.
- Use plain, direct language and avoid using figures of speech such as 'it's raining cats and dogs' or euphemisms such as 'expecting the patter of tiny feet'.
- Check if the person has understood what is being said. Look for visual clues as well as asking if they have understood.

- Encourage people to ask questions or request further information. Ask if they would like anything in writing as a reminder or reference.
- Try different ways of getting their point across; for example, writing things down, drawing or using symbols or objects to support their point.

5.9.

Information in Different Languages

Bevan will ensure that people who use services and those close to them involved are partners in their care. Staff must recognise when people who use services and those close to them need more support to help them understand or be involved in their care and treatment, and enable them to access this. This could include providing language interpreters where appropriate or providing printed information in different languages.

This does not always mean that Bevan is expected to have information leaflets in multiple languages. Bevan is responsive to the needs of the Patients and Bevan is aware of the needs of the people on the Patient list, and this includes their language requirements. If Bevan serves a large number of people whose first language is not English it will plan services appropriately.

5.10.

Conversion of Format

[Registered Manager] will consider how to facilitate conversion of key documents, policies and procedures, and will identify which communication formats can be used or produced within Bevan. For example, email and text message (for people who are deaf as an alternative to telephone, and for people who are blind as an alternative to printed format), large print, and easy read documents to help people with learning disabilities understand information easily.

A local suite of support services and points of contact will be made available to ensure that there is access to specific communication requirements that cannot be met by Bevan, such as braille for people who are deafblind. Bevan needs to consider how needs can be met by use of remote, virtual, digital and telecommunications solutions.

5.11.

Training and Education

New staff joining Bevan will receive an induction that includes the understanding of all types of communication difficulties and what resources Bevan provides.

All staff will be encouraged to develop their learning further. This will be identified through annual appraisal and by a training needs analysis undertaken by Bevan.

The Government has introduced a requirement for CQC registered service providers to ensure their employees receive learning disability and autism training appropriate to their role. This is to ensure that the health and social care workforce has the right skills and knowledge to provide safe, compassionate and informed care to autistic people and people with a learning disability. This requirement is set out in the Health and Care Act 2022. Further information can be found on the Health Education England (HEE) website about the [Oliver McGowan Mandatory Training in Learning Disability and Autism](#).

5.12.

Audit and Review

Bevan will ensure that processes are in place to ensure that information recorded is current and accurate.

Record-keeping audit processes will include a review of the communication preferences of patients. Overarching quality assurance checks of Bevan Healthcare CIC will identify meeting the needs of any Patient accessing the service. Any discrepancy findings will be immediately acted upon as part of the continuous improvement cycle.

Patients will be supported to provide feedback about their experiences, with information received by Bevan in the most appropriate forum. Information received will be acted upon as part of the continuous improvement cycle.

6. Glossary/definitions

The following terms and acronyms are used within the document:

Term	Definition
Easy Read	'Easy read' refers to information which is written using simpler words and phrases, supported by images, symbols or photographs. Its primary and target audience is people with a learning disability.
Accessible Information	Information which is able to be read or received and understood by the individual for whom it is intended.
Alternative Format	Information provided in an alternative to standard printed or handwritten English, for example audio, braille or large print
Deafblind	Deaf blindness is a combined hearing and sight loss that causes problems with mobility, communication, and access to information.

7. Duties and responsibilities of individuals and/or groups

Professionals providing this service should be aware of the following:

- Effective information and communication are vital components of a person-centred approach to care and support.
- Accessible information standards were introduced to standardise how organisations consistently meet the communication needs of individuals.
- There are 5 steps to the Accessible Information Standard: Identify, record, alert/flag, share and act.
- The standards dovetail alongside equality and diversity and data protection legislation.
- Bevan must ensure that employees receive learning disability and autism training appropriate to their role.
- Additional support and resources must be made available to ensure that Patients are empowered to be as fully involved in their lives as possible.
- Staff must be aware of the preferred communication methods of Patients.
- Bevan ensures that effective communication is key to good person-centred assessment and planning of treatment and care.

- All information for people with communication difficulties must be in a format that encourages and promotes their understanding.
- All issues surrounding a person's communication and information issues must be recorded and appropriately shared.

People affected by this service should be aware of the following:

- Communication difficulties and ways of addressing you will be agreed, recorded, shared and reviewed.
- You are at the centre of care treatment planning and staff will communicate with you at all times to ensure that this happens.
- Bevan recognises that you may have specific communication needs and will ensure that these needs are accommodated.
- Bevan will ensure that information is presented in an accessible way, and where appropriate, in a range of languages and formats that are easy to use and understand.
- Bevan will seek your feedback on information sharing as a means of improving its service

8. Relevant Legislation

- The Health and Care Act 2022
- Mental Capacity (Amendment) Act 2019
- Equality Act 2010
- The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014
- Mental Capacity Act 2005
- Access to Health Records Act 1990
- Data Protection Act 2018
- UK GDPR
- [Health and Care Act 2022](#)

8.1. Further reading

As well as the information in the 'underpinning knowledge' section of the review sheet we recommend that you add to your understanding in this policy area by considering the following materials:

NHS England and NHS Improvement - Accessible Information Standard (4:54 min video):

<https://youtu.be/ZJngMo37WvA>

NHS Health Education England e-LfH - Accessible Information Standard e-learning resource:

<https://www.e-lfh.org.uk/programmes/accessible-information-standard/>

NHS England - Accessible Information Standard (Easy Read):

<https://www.england.nhs.uk/publication/accessible-information-standard-easy-read/>

MENCAP - The Accessible Information Standard (Easy Read):

[The Accessible Information Standard \(AIS\) | Mencap](#)

National Registers of Communication Professionals Working with Deaf and Deafblind People:

<https://www.nrcpd.org.uk/>

National Register of Public Service Interpreters:

<https://www.nrpsi.org.uk/>

The Royal National Institute of Blind People (RNIB) and Sense can offer further information about braille and communication formats:

<https://www.rnib.org.uk/practical-help/reading/braille-and-moon-tactile-codes>

Sense - Total communication:

<https://www.sense.org.uk/get-support/information-and-advice/communication/total-communication>

RNID and Signhealth can provide resources for hearing loss:

<https://rnid.org.uk/information-and-support/hearing-loss/>

<https://signhealth.org.uk/resources/learn-about-deafness/british-sign-language-and-english/>

GOV.UK - Accessible Communication Formats:

<https://www.gov.uk/government/publications/inclusive-communication/accessible-communication-formats>

The Stroke Association has produced an animated guide to communicating with people with aphasia, as well as a guidance sheet (2 mins 12 seconds):

<https://youtu.be/hTh86NoQh7Q>

<https://www.stroke.org.uk/resources/helping-someone-communication-problems>

The Oliver McGowan Mandatory Training in Learning Disability and Autism:

[FAQs - The Oliver McGowan Mandatory Training | Health Education England \(hee.nhs.uk\)](https://www.healtheducationengland.nhs.uk/faq-the-oliver-mcgowan-mandatory-training/)

Department of Health and Social Care - Core Capabilities Framework for Supporting Autistic People:

<https://www.skillsforhealth.org.uk/images/services/cstf/Autism%20Capabilities%20Framework%20Oct%202019.pdf>

Equality and Diversity Policy and Procedure

9. Underpinning Knowledge

- Author: CQC, (2022), *Person-centred care (healthcare services)*. [Online] Available from: <https://www.cqc.org.uk/guidance-providers/healthcare/person-centred-care-healthcare-services> [Accessed: 12/08/2022]
- Author: CQC, (2022), *GP mythbuster 20: Making information accessible*. [Online] Available from: <https://www.cqc.org.uk/guidance-providers/gps/gp-mythbuster-20-making-information-accessible> [Accessed: 12/08/2022]
- Author: BMA, (2020), *Following the Accessible Information Standard*. [Online] Available from: <https://www.bma.org.uk/advice-and-support/gp-practices/communication-with-patients/following-the-accessible-information-standard> [Accessed: 12/08/2022]

- Author: NHS England, (2017), *Accessible Information Standard Implementation Guidance*. [Online] Available from: <https://www.england.nhs.uk/publication/accessible-information-standard-implementation-guidance/> [Accessed: 12/08/2022]
- Author: CQC, (2022), *Meeting the Accessible Information Standard*. [Online] Available from: <https://www.cqc.org.uk/guidance-providers/meeting-accessible-information-standard> [Accessed: 12/08/2022]
- Author: NHS England, (2017), *Accessible Information Standard*. [Online] Available from: <https://www.england.nhs.uk/ourwork/accessibleinfo/> [Accessed: 12/08/2022]
- Author: NHS, (2021), *How to care for someone with communication difficulties*. [Online] Available from: <https://www.nhs.uk/conditions/social-care-and-support-guide/practical-tips-if-you-care-for-someone/how-to-care-for-someone-with-communication-difficulties/> [Accessed: 12/08/2022]

10. Equality impact assessment

Bevan have undertaken an equality analysis during the review of this policy. This statement is a written record that demonstrates that we have shown due regard to the need to eliminate unlawful discrimination, advance equality of opportunity and foster good relations with respect to the characteristics protected by equality law.

11. KLOE

Key Question	Key Lines of Enquiry
CARING	HC1 : How does the service ensure that people are treated with kindness, respect and compassion, and that they are given emotional support when needed?
CARING	HC2 : How does the service support people to express their views and be actively involved in making decisions about their care, treatment and support as far as possible?
EFFECTIVE	HE1 : Are people's needs assessed and care and treatment delivered in line with current legislation, standards and evidence-based guidance to achieve effective outcomes?
EFFECTIVE	HE3 : How does the service make sure that staff have the skills, knowledge and experience to deliver effective care, support and treatment?
EFFECTIVE	HE4 : How well do staff, teams and services work together within and across organisations to deliver effective care and treatment?
EFFECTIVE	HE6 : Is consent to care and treatment always sought in line with legislation and guidance?
RESPONSIVE	HR1 : How do people receive personalised care that is responsive to their needs?
RESPONSIVE	HR2 : Do services take account of the particular needs and choices of different people?
SAFE	HS1 : How do systems, processes and practices keep people safe and safeguarded from abuse?
SAFE	HS2 : How are risks to people assessed, and their safety monitored and managed so they are supported to stay safe?

WELL-LED	HW4 : Are there clear responsibilities, roles and systems of accountability to support good governance and management?
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12. Forms

Currently there is no form attached to this policy.