



**Maidstone and
Tunbridge Wells**
NHS Trust

Ref: FOI/GS/ID 6926

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12 October 2021

Freedom of Information Act 2000

I am writing in response to your request for information made under the Freedom of Information Act 2000 in relation to NHS Accessible Information Standard (AIS).

You asked:

1) Do you currently have:

a) A specific local AIS policy?

b) An accessibility policy which references the AIS?

2) How many of the following have you received since 1st April 2019 regarding provision of accessible information:

(a) complaints?

(b) compliments?

3) How many of the following items have you issued to patients since 1st April 2019 under an AIS request?

(a) large print letters

(b) braille letters

(c) audio files

(d) email letters

(e) text messages

4) What engagement do you have with people with a visual impairment regarding your implementation of the AIS?

5) What proportion of your staff has received formal accessibility training in the last year?

6) What percentage of current online material has been officially checked for compliance with the Government's Digital Accessibility Regulations?

Trust response:

1a) AIS policy : please see appendix 1

1b) Yes.

2) The Trust does not have a subject code specifically for AIS. In order to gather the information requested we would need to manually go through all the communication complaints and compliments received in the time frame requested. The Trust has estimated that it will cost more than the appropriate limit to consider this part of your request. The appropriate limit is specified in regulations and represents the estimated cost of one person spending 3½ working days in determining whether the Trust holds the information, locating, retrieving and extracting the information. Under Section 12 of the Freedom of Information Act 2000 the Trust is not obliged to comply with this part of your request and we will not be processing this part of your request further.

3) In order to gather the information requested we would need to manually go through all the relevant patient records in the time frame requested. The Trust has estimated that it will cost more than the appropriate limit to consider this part of your request. The appropriate limit is specified in regulations and represents the estimated cost of one person spending 3½ working days in determining whether the Trust holds the information, locating, retrieving and extracting the information. Under Section 12 of the Freedom of Information Act 2000 the Trust is not obliged to comply with this part of your request and we will not be processing this part of your request further.

4) In terms of formal engagement for AIS we do not have a policy in place to support this specifically. However, the team within the eye unit had a volunteer who sought out individual experiences in regards to their visit which fed into the patient experience work we undertake. This has currently stopped due to covid-19.

We do have an Eye Clinic Liaison Officer from Kent Association for the Blind who ensures best practice is followed and who attends all AIS meetings.

5) We have been running optional disability awareness training. There is not currently mandatory accessibility training.

6) Maidstone and Tunbridge Wells NHS Trust are currently undergoing projects to provide a new website and staff intranet and will be ensuring each page of both platforms are compliant with the Government's Digital Accessibility Regulations. The Trust has also recently purchased the Recite Me web software to enable users of the public website to consume content in ways that are suitable to them.

Appendix 1:

Accessible information policy and procedure

Target audience:	All Trust staff
Author:	Head of Information Governance
Contact details:	██████████
Other contributors:	Directorate Quality Manager (Medical Physics) NHS England Accessible Information Standard Implementation Guidance
Owner:	Chief Nurse
Division:	Corporate Services
Directorate:	IM&T
Specialty:	Information Governance
Supersedes:	Accessible information policy and procedure (Version 1.0: October 2017) Accessible information policy and procedure (Version 1.1: July 2019)
Approved by:	Information Governance Committee, 15 th September 2017
Ratified by:	Policy Ratification Committee, 13 th October 2017
Pro forma review completed:	October 2020
Review date:	October 2024

This policy has been written for implementation during periods of standard functioning within the Trust. Outside of those periods (such as major incidents or national emergencies) other 'emergency' policies may be written to supersede or run alongside this policy.

Document history

Requirement for document:	<p>Promoting equality and addressing health inequalities with regard to:</p> <ul style="list-style-type: none"> • The need to eliminate discrimination, harassment and victimisation, to advance equality of opportunity, and to foster good relations between people who share a relevant protected characteristic (as cited under the Equality Act 2010) and those who do not share it; and • The need to reduce inequalities between patients in access to, and outcomes from healthcare services and to ensure services are provided in an integrated way where this might reduce health inequalities.
Cross references (external):	<ol style="list-style-type: none"> 1. Equality Act 2010 2. Care Act 2014 3. Mental Capacity Act 2005 4. United Nations Convention on the Rights of Persons with Disabilities 5. Care and Support for Deafblind Children and Adults (Department of Health 2014) 6. Think Dual Sensory (Department of Health 1995) 7. Valuing People (Department of Health 2001) 8. NHS England Accessible Information Standard https://www.england.nhs.uk/ourwork/accessibleinfo/ - August 2016 9. NHS England SCCI1605 Accessible Information Specification https://www.england.nhs.uk/wp-content/uploads/2017/08/accessible-info-specification-v1-1.pdf - August 2017 10. NHS England Accessible Information: Implementation Guidance https://www.england.nhs.uk/wp-content/uploads/2017/08/implementation-guidance.pdf - August 2017
Associated documents (internal):	<ul style="list-style-type: none"> • Development and production of written patient information policy and procedure [RWF-OPPPCS-NC-CG28] • Equality and diversity policy and procedure (incorporating Single Equality Scheme (SES)) [RWF-OPPPCS-NC-WF70] • Information lifecycle management policy and procedure [RWF-IMT-CIN-POL-1] • Interpreting and translation policy and procedure [RWF-GQU-GOV-POL-1] • Safeguarding adults at risk policy and procedure [RWF-OPPPCS-C-NUR5] • Safeguarding children policy and procedure [RWF-OPPPCS-C-NUR6]

Keywords:	translation	translate	translator
	interpret	interpreter	interpreting
	learning disability	communication	Braille
	equality and diversity	British Sign Language	easy read
	accessible information standard	accessible information services	non-English languages

Version control:		
Issue:	Description of changes:	Date:
1.0	New - From 1st August 2016 onwards, all organisations that provide NHS care or adult social care are legally required under the Care Act 2014 to follow the Accessible Information Standard and have an appropriate policy and procedure.	October 2017
1.1	Addition of two appendices to support the development of easy read patient information leaflets. Approved by Chair of Information Governance Committee – July 2019. Ratified at Policy Ratification Committee on 31 st July 2019.	July 2019
2.0	Completed the pro forma review process as set out in the 'Policy and procedure for the production, approval and ratification of Trust-wide policies and procedures ('Policy for policies') - RWF-OPPPCS-NC-CG25.	October 2020

Summary for

Accessible information policy and procedure

Maidstone and Tunbridge Wells NHS Trust is committed to making its services accessible to all users. The ability to communicate effectively is fundamental to providing high quality, safe clinical care. To do this, the Trust will ensure that patients are able to inform staff of any particular communication needs they may have so that appropriate support can be provided to meet these. The Trust will maintain a record of any identified communication needs and put measures in place to address these.

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1.0 Introduction, purpose and scope

1.1 The Trust is committed to ensuring that every individual of all ages receives the information they need to access services in a format which is accessible to them. Appropriate communication with healthcare staff to make informed decisions about their care and treatment is essential, with particular regard to issues surrounding consent and the Mental Capacity Act 2005.

1.2 The Trust has adopted the ‘Accessible Information Standard’, which directs and defines a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of patients, service users, carers and parents, where those needs relate to a disability, impairment or sensory loss.

1.3 This policy ensures measures are in place to support people (patients, service users, carers, relatives and staff), with information and/or communication support needs; this includes those who require information available in easy-read, large print, braille or audio etc. Communication support needs for foreign language and British Sign Language are covered in greater detail in the ‘Interpreting and translation policy and procedure’.

1.4 The Trust aims to make sure that people can understand the information they are given about their health and social care. The Trust also wants everyone to be able to get involved in decisions that affect them.

The core aims of this policy are outlined as follows:

- To raise awareness of the provision of translation, interpretation and accessible information services across Maidstone and Tunbridge Wells NHS Trust (MTW)
- To ensure staff have appropriate knowledge of how to accommodate the diverse information and communication needs of patients
- To raise awareness of information and communication needs and to encourage staff to proactively plan for these needs

1.5 This policy applies to all Trust staff, students, volunteers and persons working under the terms of a contract. Where services are provided by external contractors, sub-contractors, agencies, temporary workers or third parties on the basis of a specification set by the Trust, these parties are responsible for adhering to the Trust’s ‘Equality and diversity policy and procedure (incorporating Single Equality Scheme (SES))’ whilst providing services on behalf of the Trust.

2.0 Definitions / glossary

Term	Definition
Advocate	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	Information which is able to be read or received and understood by the individual or group for which it is intended.
Alternative format	Information provided in an alternative to standard printed or handwritten English, for example large print, braille or email.
Blind	Unable to see because of injury, disease, or a congenital condition (either permanently or temporarily).
Braille	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. Although originally intended (and still used) for the purpose of information being documented on paper, braille can now be used as a digital aid to conversation, with some smartphones offering braille displays. Refreshable braille displays for computers also enable braille users to read emails and documents.
British Sign Language (BSL)	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	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.
Communication support	Support which is needed to enable effective, accurate dialogue between a professional and a service user to take place.
Communication tool / communication aid	A tool, device or document used to support effective communication with a disabled person. 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.
Data dictionary	A set of information describing the contents, format and structure of a database and the relationship between its elements, used to control access to and manipulation of the database.
d/Deaf	A person who identifies as being deaf with a lowercase d is indicating that they have a significant hearing impairment. Many deaf people have lost their hearing later in life and as such may be able to speak and/or read English to the same extent as a hearing person. A person who identifies as being Deaf with an uppercase D is indicating that they are culturally Deaf and belong to the Deaf community. Most Deaf people are sign language users who have been deaf all of their lives. For most Deaf people, English is a second language and as such they may have a limited ability to read, write or speak English.
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

Term	Definition
	difficulties with communication, access to information and mobility. This includes people with a progressive sight and hearing loss” (Think Dual Sensory, Department of Health, 1995)."
Disability	The Equality Act 2010 describes 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 description, “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 illustrate text.
Impairment	The disability charity Scope defines impairment as, “long-term limitation of a person’s physical, mental or sensory function.”
Interpretation	Translate orally or into sign language the words of a person speaking a different language. Interpreting can be provided either face-to-face or by telephone. Interpreting should not be confused with advocacy; the interpreter is required to communicate exactly what is being said, not to offer their opinion or alter the context or meaning of the information being exchanged.
Interpreter	A person able to transfer meaning from one spoken or signed language into another signed or spoken language.
Large print	Printed information enlarged or otherwise reformatted to be provided in a larger font size. A form of accessible information or alternative format which may be needed by a person who is blind or has some visual loss. Different font sizes are needed by different people. Note it is the font or word size which needs to be larger and not the paper 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. Societal barriers continue to hinder the full and effective participation of people with learning disabilities on an equal basis with others.
Lipreading	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.

Term	Definition
Makaton	A language programme using signs and symbols to help people to communicate. It is designed to support spoken language and the signs and symbols are used with speech in the spoken word order.
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.
Patient Administration System (PAS)	IT systems used to record patients' contact/personal details and manage their interactions with the hospital, for example referrals and appointments.
Sight impairment	A decrease in vision which is not corrected by wearing glasses or contact lenses. This may affect the clarity of what can be seen and/or the visual field i.e. the awareness of what is around. If the loss of vision cannot be corrected and is significant a person may be registered as sight impaired or severely sight impaired by their Ophthalmologist. Some sight impaired and severely sight impaired people will be able to read large print, or use electronic devices which magnify the print, others will use braille.
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.
Tadoma	A method of communication used by deafblind individuals, in which the deafblind person places their thumb on the speaker's lips and their fingers along the jawline. The middle three fingers often fall along the speaker's cheeks with the little finger picking up the vibrations of the speaker's throat.
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.
Translation	Translation is the transmission of information from one language into another, including Braille. Translation can be written or spoken.
Translator	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.

3.0 Duties

Person/ group	Duties
Members of the Executive Team	<ul style="list-style-type: none"> Jointly responsible for ensuring that procedures are in place to support the provision of information in accessible form.
Caldicott Guardian (which in this Trust is currently the Medical Director)	<p>Responsible for data protection in relation to all person identifiable information and is an advisor to the Trust Board. The Caldicott Guardian role:</p> <ul style="list-style-type: none"> Is advisory Is the conscience of the organisation Provides a focal point for person identifiable information confidentiality and information sharing issues Is concerned with the management of patient information
Head of Staff Engagement and Equality	<ul style="list-style-type: none"> Responsible for providing advice and guidance to staff and managers on the application and effective implementation of this policy. Responsible for ensuring that the duty to promote is observed and actioned where necessary and the general duties of the equality legislation are observed.
Information Governance Committee	<ul style="list-style-type: none"> Accountable to the Trust Management Executive (TME) and responsible for ensuring that this policy is implemented and that information and processes are developed and monitored to provide assurance to the Trust Board in this respect (as required).
All staff	<p>It is the responsibility of all staff to:</p> <ul style="list-style-type: none"> 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. Identify and record individual needs – this means finding out if someone has any information or communication needs and recording the information, so that the information is available to others with a justified need, if they do. Sharing and checking individual needs – this means passing on information about someone’s needs to people who are looking after them. It also means checking their needs are met every time they come to the service. Take action / meeting their needs – this means making sure that the person’s needs are met, for example sending them information in the right format or providing the communication support they need (i.e. arranging for translation / interpretation services).

4.0 Training / competency requirements

4.1 Training for employees will be provided during local induction and during mandatory training and update sessions. Communication through the Trust’s intranet will be used to promote this policy. Information relating to the Accessible Information Standard is available on the Trust website

<https://www.mtw.nhs.uk/patients-visitors/talk-to-us/accessible-information-standard/>

If further advice is required staff may contact the Head of Staff Engagement and Equality on email: [REDACTED] or phone: [REDACTED]

5.0 Procedure

5.1 Identifying communication/information needs

Communication and/or information needs must be identified at registration or upon first contact with the service (whichever comes first) or as soon as is practicable thereafter. This initial question may be asked over the telephone, face-to-face at a reception desk, as part of a registration or admission form or through an alternative process.

In addition, communication and/or information needs must be identified proactively and opportunistically – the next time an existing patient / service user makes contact with / is seen by the service – but not retrospectively. There is no requirement for a retrospective search or 'trawl' of records to identify patients with needs, although this would be considered good practice, particularly for some groups of patients.

As a minimum, individuals should have two options or ways in which they can identify or explain their needs: a face-to-face conversation in a private room; or an online/paper form or similar document. One of these methods is likely to be suitable for many people.

Some individuals, particularly those with more significant needs, will be unable to read or complete a written form or to converse with staff unaided, and will need support.

Suggested questions which may be used to identify if an individual has any information and/or communication support needs, and the nature of these needs include:

- Do you have any communication needs?
- Do you need a format other than standard print?
- Do you have any special communication requirements?
- How do you prefer to be contacted?
- What is your preferred method of communication?
- How would you like us to communicate with you?
- Can you explain what support would be helpful?
- What communication support should we provide for you?
- What is the best way to send you information?

Specific additional or follow-up questions which it may be relevant to use as prompt or follow-up questions when communicating with particular individuals and/or in particular care settings are as follows:

- Do you have difficulty hearing, or need hearing aids, or need to lip-read what people say?
- Do you have difficulty with memory or ability to concentrate, learn or understand?

- Do you have difficulty speaking or using language to communicate or make your needs known?

It should be noted that the ability of d/Deaf people 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 wearing one or more hearing aids they no longer need any support to communicate, they may, for instance, be supporting their hearing via lipreading.

Following identification of the existence of a communication or information need, the specific nature of the support and/or format required must be identified, acted upon and recorded in the individual's document, file or electronic record.

A person who is d/Deaf or has some hearing loss may require support from a communication professional, including a British Sign Language (BSL) interpreter, BSL interpreter who uses Sign-Supported English, Lipspeaker, Notetaker, or speech-to-text reporter (STTR). It should be noted that the ability of d/Deaf people 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 wearing one or more hearing aids they no longer need any support to communicate, they may, for instance, be supporting their hearing via lipreading.

5.2 Recording of needs

Staff must ensure that information recorded about individuals' information and communication support needs is accurate.

When recording patients', service users', carers' and parents' needs, staff must ensure that such recording is both accurate and that the data as recorded will provide sufficient, and sufficiently clear, direction such that those needs can be met.

Information recorded about patients', service users', carers' and parents' information and communication support needs must be based on information from the individual themselves or, where they are unable to provide this information, on information from their main informal carer or parent. The individual patient, service user, carer or parent should be aware of the information recorded about their information and communication support needs, including verification of accuracy.

Where individuals have information and/or communication needs relating to or caused by a disability, impairment or sensory loss:

- Such information must be recorded as part of the individual's first or next interaction with the service.

5.3 Flagging of needs

A record of communication and/or information needs must be flagged or otherwise highlighted / made 'highly visible' to relevant staff when the individual has subsequent interaction or contact with the Trust (to enable appropriate actions to be taken to meet those needs).

'Highly visible' is defined as follows:

- Obvious and overtly apparent; and
- Visible on the cover, title and/or 'front page' of a document, file or electronic record (i.e. on Allscripts PAS); and/or
- Visible on every page of an electronic record (for example as an alert, flag or banner); and/or
- Highlighted in some way on a paper record so as to draw attention to the information as being of particular importance, for example in a larger or bold font, and/or a different colour."

5.4 Reviewing and updating needs

Once data is recorded about individuals' information or communication support needs, staff must ensure that such data is regularly reviewed and if necessary updated.

The purpose of review is essentially two-fold, to identify if the individual's needs have changed (for example due to a change in their level of sensory loss), and to identify if the most appropriate methods of meeting those needs have changed (for example due to advances in technology (a change in an individual's access to particular tools or technology). As an example, a person with some visual loss may initially request information in large print, but in future request information via email or in an audio format as their condition deteriorates they gain access to relevant technologies.

5.5 Sharing of needs

Having first obtained the relevant consent or other authority to share, staff must ensure that information about individuals' information and/or communication support needs is included as part of existing data-sharing processes, and as a routine part of referral, discharge and handover.

5.6 Meeting of needs

Services must provide one or more communication or contact methods which are accessible to and useable by the patient, service user, carer or parent. The method(s) must enable the individual to contact the service, and staff must use this method to contact the individual. Examples of accessible communication contact methods include email, text message, telephone and text relay.

Information, including correspondence and advice, must be provided in one or more accessible formats appropriate for the individual – in accordance with records made in this regard.

Where needed, appropriate, professional communication support must be arranged or provided to enable individuals to effectively access, receive health care, to facilitate effective accurate dialogue, and to enable participation in decisions about their health, care or treatment.

Appropriate action must be taken to enable patients, service users, carers and parents to communicate, including through staff modifying their behaviour and/or supporting the use of aids or tools. This includes provision of

communication support for individuals accessing both outpatient and inpatient services.

Services must take steps to ensure that communication support, professional communication support and information in alternative formats can be provided promptly and without unreasonable delay. This includes making use of remote, virtual, digital and telecommunications solutions.

5.6.1 Types of communication support and alternative formats

5.6.1.1 Support for people who are blind or have some visual loss

A person who is blind or has some 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 or large print.

Note that people who are blind, deafblind or have some 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. Depending on the software or assistive technology used, a person who is blind or has some 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.

A person who is blind or has some visual loss may need visual information in the form of an audible alert. For example many blind people cannot read their name on a screen or notice and so will need to be told or guided to the appropriate room and/or seat.

5.6.1.2 Support for people who are d/Deaf or have some hearing loss

Recording that a person is 'deaf', for example, does not explain whether they are able to read written English, if they use British Sign Language (BSL) or are a lipreader and/or hearing aid user. Assumptions about communication support or alternative formats required, or any recording of needs, must not be made without consultation with the individual themselves and/or, where appropriate, their carer or parent.

A person who is deaf or has some hearing loss may require support from a communication professional, including a British Sign Language (BSL) interpreter, BSL interpreter who uses Sign-Supported English, Lipspeaker, Notetaker, 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.

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

- Lipread – 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; and/or
- Use a hearing aid – in which case care should be taken to speak clearly and a loop system may support conversation in reception or waiting areas.

It should be noted that the ability of d/Deaf people 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 wearing one or more hearing aids they no longer need any support to communicate, they may, for instance, be supporting their hearing via lipreading.

A person who is d/Deaf may need verbal or audio information in the form of visual alert. For example many d/Deaf people cannot hear their name called in a waiting area.

5.6.1.3 Support for people who are deafblind

Types of communication support which may be needed by a person who is deafblind are as follows. It should be noted that many deafblind people will use a combination of different mechanisms to support communication.

A deafblind person may require support from a communication professional:

- British Sign Language (BSL) interpreter, who may need to be particularly skilled to work with deafblind people who need BSL adapting in the following ways:
 - BSL interpreter - hands-on signing
 - BSL interpreter - visual frame signing
- Deafblind manual interpreter
- STTR

A deafblind person 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 deafblind person.

A deafblind person may need written information in an alternative format, such as braille or via email.

A deafblind person 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).

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

5.6.1.4 Support for people with a learning disability

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 explained using Makaton.

A person with a learning disability may require support from a communication professional at their appointment, for example an advocate.

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

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

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. People with a more severe learning disability are more likely to communicate in non-verbal and non-traditional ways.

5.6.1.5 Interpretation and translation services

Please refer to the 'Interpreting and translation policy and procedure'.

5.6.1.6 Easy read information

Easy read is a way of presenting information so that people who have difficulty reading can understand it. In the UK, the average reading age is nine, and one in five people struggle to function in daily life with regard to understanding information. It is thus important to recognise that even where a person's first language is English, they may not be able to read/write.

Easy read information typically supports people with a learning disability but can be useful for a range of people. Easy read information is best when tailored to the needs of the individual. It converts a document into a format that is understandable to the general population. It does this by using clear and simple language and a range of helpful graphics, images and symbols.

The procedure for developing and gaining approval for an easy read patient information leaflet is described in Appendix 4. Once an easy read leaflet has been developed the author must obtain directorate approval by completion of the 'Easy read directorate approval form' (ER-DAF – Appendix 5) and submit both the leaflet and the ER-DAF to the generic email address mtw-tr.accessible-information@nhs.net.

For further support and advice on how to produce easy read information, please visit: <http://totalcommunicationnow.org/>

5.6.2 All requests for information to be provided in accessible information format should be discussed with the Head of Staff Engagement and Equality (telephone [REDACTED]) in the first instance who will advise further.

Appendix 1

Process requirements

1.0 Implementation and awareness

- Once ratified, the Chair of the Policy Ratification Committee (PRC) will email this policy and procedure to the Corporate Governance Assistant (CGA) who will upload it to the policy database on the intranet, under 'Policies & guidelines'.
- A monthly publications table is produced by the CGA which is published on the Trust intranet under 'Policies & guidelines'. Notification of the posting is included on the intranet 'News Feed' and in the Chief Executive's newsletter.
- On reading of the news feed notification all managers should ensure that their staff members are aware of the new publications.

- The Trust is committed to ensuring this policy and its sentiment is communicated to all staff, patients, and visitors and that the provision of accessible information is made accessible to all.

2.0 Monitoring compliance with this document

- This policy will be monitored and audited on a regular basis. The purpose of monitoring is to enable the Trust to assess how effectively this policy is being implemented. There will be a benchmarking audit undertaken as part of the Accessible Information Standard which will be repeated as the Trust implements this. The Patient representative group have also agreed to be a part of the audit process.
- Information will also be audited as part of the patient experience questionnaires.
- The Information Governance Committee will monitor compliance with this policy.

3.0 Review

This policy and procedure and all its appendices will be reviewed at a minimum of once every four years.

4.0 Archiving

The policy database on the intranet, under 'Policies & guidelines', retains all superseded files in an archive directory in order to maintain document history.

Appendix 2

CONSULTATION ON: Accessible information policy and procedure (Version 1.0)

Consultation process

Please return comments to: Head of Information Governance

By date: 15 September 2017

Job title	Date sent dd/mm/yy	Date reply received	Modification suggested? Y/N	Modification made? Y/N
The following staff must be included in all consultations:				
Corporate Governance Assistant	18.08.17	18.08.17	Y	Y
Chief Pharmacist and Formulary Pharmacist	18.08.17			
Formulary Pharmacist	18.08.17			
Staff-Side Chair	18.08.17			
Emergency Planning Team	18.08.17			
Head of Staff Engagement and Equality	18.08.17			
Health Records Manager	18.08.17			
Complaints & PALS Manager	18.08.17	18.08.17	Y	Y
All members of the Information Governance Committee	18.08.17			

Job title	Date sent dd/mm/yy	Date reply received	Modification suggested? Y/N	Modification made? Y/N
The following staff have given consent for their personal names to be included in this policy and its appendices:				
[REDACTED]				

Appendix 3

Equality impact assessment

This policy includes everyone protected by the Equality Act 2010. People who share protected characteristics will not receive less favourable treatment on the grounds of their age, disability, gender, gender identity, marital or civil partnership status, maternity or pregnancy status, race, religion or sexual orientation. The completion of the following table is therefore mandatory and should be undertaken as part of the policy development, approval and ratification process.

Title of document	Accessible information policy and procedure
What are the aims of the policy?	To raise awareness of the provision of translation, interpretation and accessible information services across MTW. To ensure staff have appropriate knowledge of how to accommodate the diverse information and communication needs of our patients To raise awareness of information and communication needs and to encourage staff to proactively plan for these needs.
Is there any evidence that some groups are affected differently and what is/are the evidence sources?	No
Analyse and assess the likely impact on equality or potential discrimination with each of the following groups.	Is there an adverse impact or potential discrimination (yes/no). If yes give details.
Gender identity	No
People of different ages	No
People of different ethnic groups	No
People of different religions and beliefs	No
People who do not speak English as a first language (but excluding Trust staff)	No
People who have a physical or mental disability or care for people with disabilities	No
People who are pregnant or on maternity leave	No
Sexual orientation (LGB)	No
Marriage and civil partnership	No
Gender reassignment	No
If you identified potential discrimination is it minimal and	Not applicable

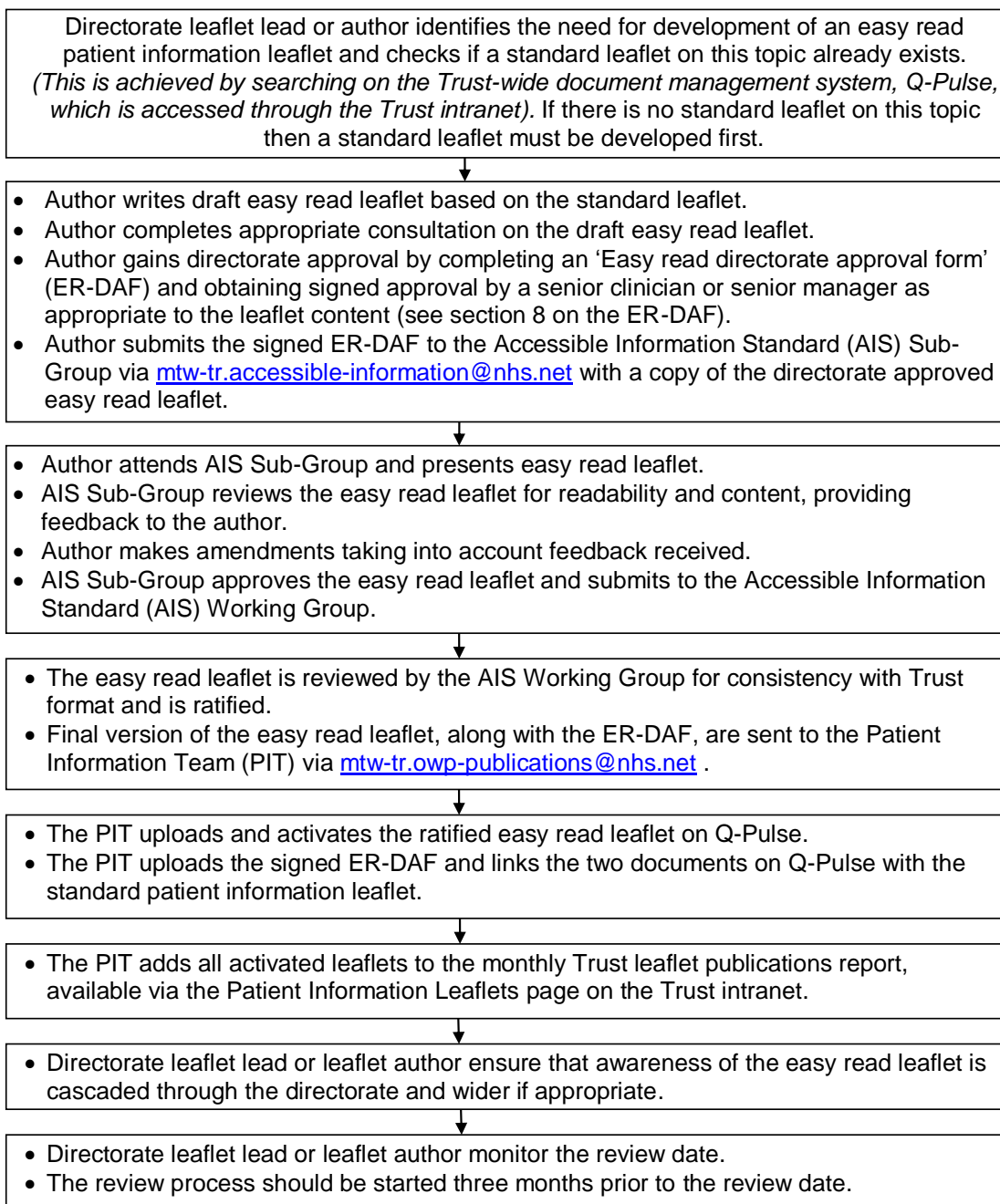
justifiable and therefore does not require a stage 2 assessment?	
When will you monitor and review your EqIA?	Alongside this document when it is reviewed.
Where do you plan to publish the results of your Equality Impact Assessment?	As Appendix 3 of this document.

Further appendices

The following appendices are published as related links to the main policy/procedure on the policy database on the intranet, under 'Policies & guidelines':

No.	Title	Unique ID	Title and unique id of policy that the appendix is primarily linked to
4	Procedure for developing easy read patient information leaflets	RWF-IMT-IG-GUI-2	This policy
5	Easy read directorate approval form (ER-DAF) for easy read patient information leaflets	RWF-IMT-IG-FOR-3	This policy

Procedure for developing easy read patient information leaflets



**EASY READ DIRECTORATE APPROVAL FORM (ER-DAF) FOR
EASY READ PATIENT INFORMATION LEAFLETS**

Please refer to the *Development and production of written patient information policy and procedure* and the *Accessible information policy and procedure* when developing your leaflet and completing this form. Email the completed ER-DAF to the AIS Sub-Group via mtw-tr.accessible-information@nhs.net.

1. Title of leaflet:	
2. Is there an existing standard leaflet?: <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, a standard leaflet must be developed first)</i>	If yes, state unique ID for existing standard leaflet. Unique ID: RWF-.....
Has the patient information database been checked for existing information? Y / N	
3. Name of leaflet author: Contact no.	
Email: Ward: Site:	
Department: Directorate:	
Directorate leaflet lead (name): (see RWF-OWP-APP378)	
4. Have the following parties been involved in the development and content of the leaflet?	
<input type="checkbox"/> The clinical care team including lead consultants	<input type="checkbox"/> Patients / carers
<input type="checkbox"/> Directorate management groups	<input type="checkbox"/> Directorate leaflet lead
<input type="checkbox"/> Other departments / directorates (e.g. dietitians, physiotherapists etc)	
Please give details (names and dates of meetings etc.):	
.....	
.....	
.....	
5. Have national or local guidelines been used in the construction of the leaflet? Y / N	
If yes, please say which: <input type="checkbox"/> NICE <input type="checkbox"/> Royal College <input type="checkbox"/> local <input type="checkbox"/> other	
Please give details:	
.....	
6. Has consent to include personal names and contact details in leaflets been given (if relevant)? Y / N	
7. Supplementary information and additional notes:	