

Accessible Information Policy

Version:	1
Name of originator/author:	Caroline James
Name of executive lead:	Sheridan Flavin
Date ratified:	25 May 2023
Review date:	25 May 2025

N.B. Please check you are referring to the latest version, however the policy remains valid even if the review date has passed, until a new version is approved.

Applicable to

All staff

Executive Summary

This Policy outlines how Sirona care and health and its staff will meet the needs of people in its care who have accessible information and/or communication support needs as a result of a disability, impairment or sensory loss.

This policy outlines responsibilities in respect of the Accessible Information Standard (AIS) and sets out an organisational commitment to ensuring these are met in all services.

This is in addition to the requirement for the organisation to be compliant with the legal requirement for all public sector websites to meet accessibility standards which includes publishing accessibility statements explaining how accessible their websites are.

Implementation

This policy describes how we meet the communication and information needs of disabled people, and those with an impairment or sensory loss. This applies to all services. This is different to an individual's stated preference and relates to:

- People with hearing impairments.
- d/Deaf* people or people who are DeafBlind*. **Appendix 4 – Glossary of terms*
- People who are "Registered Sight Impaired" or "Registered Severely Sight Impaired" or have a visual impairment.
- People with learning disabilities.

- People with other communication difficulties, as a result of a neurological support need.

Many people are within the scope of the standard. It includes people with neurodiversity such as autism and dyslexia and people with dementia.

The Accessible Information Standard applies to people of all ages including children, and also applies to the communication support needs of parents and carers.

There is an expectation to embed the identification and recording of people's information and communication needs as part of 'business as usual' practice, ideally starting at first contact.

It is important that we keep people's communication needs up to date. These can change throughout life, for example aphasia after a life event such as a stroke, or as a long-term condition progresses.

The standard does not include world language needs for people who do not speak English, or for people with low literacy, but it is important that we meet their communication needs too.

The standard does not include the communication needs of staff unless they are in our care themselves.

This document can only be considered valid when viewed via Workplace, Sirona's Internal Communication Channel. If this document is printed into hard copy or saved to another location you must check that the version number on your copy matches that of the one on-line. The document applies equally to full and part time employees, bank and agency staff.

Consultation Process

Key individuals involved in developing the document

Name	Designation
Caroline James	Community Development and Equalities Support

Circulated to the following individuals/groups for consultation

Name of Individual & designation	Date approved
Fiona Spence - Equalities and Community Development Manager	
Sandra Yarnold - Head of Quality Improvement and Patient Experience	AIS
Wendy Best - Head of Communications	discussion meeting
Donna Cairns – Head of Corporate Governance	03/11/2022
Sarah Prendergast – Communities and Engagement Manager (Acting)	
Heather Armstrong - Bristol Sight Loss Council	11/01/2023
Anna Woodhouse / Astrid Ullrich – Disability and Long-Term Conditions Staff Network Chairs	Presentation at joint staff network group 14/03/2023
Claire Valsler – People’s Council Chair / People’s Council	01/02/2023
Sarah Prendergast – Communities and Engagement Manager (Acting)	30/03/2023
Professional Council	24/04/2023

Details of approval by Lead Director

Director	Designation	Date approved
Julie Sharma	Chief Executive	25/05/2023

Circulated to the following Committee for Ratification

Name of Committee(s)	Date ratified
Executive Committee	25/05/2023

Version Control

Version	Updated By	Updated On	Summary of changes from previous version
1	Caroline James	June 2023	New Policy

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1. Introduction/ Policy Summary

The purpose of this policy is to make sure there is a consistent, accurate and clear approach to the provision of accessible information and communication support to people in our care, parents, and carers. This policy is aimed at all members of Sirona care and health staff and volunteers involved in delivering services, or who have responsibility for the provision of information.

Sirona is committed to meeting peoples' communication and information needs and this policy will apply to all its activities.

This policy sets out when and how to support people in accessing and understanding information in a format that responds to their needs. For example, large print, braille or via email, and professional communication support if they need it e.g. from a British Sign Language interpreter.

This policy explains how to understand the NHS Accessible Information Standard, and when to use translation and Interpretation services for patients who have sensory needs and / or a learning disability communication support requirement.

The Equality Act (2010) ensures that people with a range of protected characteristics receive equitable access to high quality public services. The Act requires organisations to make reasonable adjustments to accommodate the needs of people with disabilities.

The Equality Act replaced, and strengthened, previous equalities legislation, including the Disability Discrimination Act 1995.

The NHS Accessible Information Standard (AIS) was published by NHS England in 2016.

The AIS places a mandatory requirement on NHS providers to identify, record, flag, meet and share patients and service users' information and/or communication needs, where these needs relate to a disability, cognitive impairment, or sensory loss.

The AIS applies to people of all ages, including children. It also includes:

- any information and communication needs that a person's carer may have where those needs relate to a disability or sensory loss.
- (for people aged under 18 years) any information and communication needs that a parent, carer, or guardian may have where those needs relate to a disability or sensory loss.

Through the Equality Act and the AIS, all Sirona staff, volunteers, and others representing the organisation must provide every possible reasonable adjustment with regards to communication and information support for disabled people and people with impairments and sensory loss. Furthermore, whilst the AIS applies specifically to these groups of people, its key principles reflect good practice for supporting all people who have communication or information needs.

2. Scope

The AIS applies to patients and service users of all ages who have a disability or sensory loss. The AIS also applies to any disability-related information and communication needs that a patient's carer or, for patients aged under 18 years, their parent, carer, or guardian may have.

This could include (but is not restricted to):

- People who are "Registered Sight Impaired" or "Registered Severely Sight Impaired" or have some visual loss.
- People who are d/Deaf or have some hearing loss.
- People who are deafblind.
- People with a learning disability.
- People with autism spectrum disorder.
- People with a dementia.
- People with aphasia.
- People with a mental health condition that affects their ability to communicate or process information.

The following are not covered by the AIS and are therefore out of scope of this policy:

- Disabled staff and staff with an impairment or sensory loss, except where they are acting in a personal or nonemployment capacity.
- A communication preference which does not relate to a disability.
- An individual who has difficulty with reading or understanding information for reasons other than a disability (e.g. low literacy).
- Where disability-related support is required that is not related to information or communication.
- Provision of translating and interpreting support to non-English speakers, unless it relates specifically to a disability, impairment or sensory loss (e.g. British Sign Language).
- Communication and information that is not related to a person's care, treatment or service.

The AIS relates to disability-related communication and information needs. However, the core principle of making reasonable adjustments for people with specific needs is applicable to a much wider range of situations; and is part of Sirona's commitment to provide high quality care for everyone who uses our services.

Sirona's aim is to go beyond minimum compliance and to maximise accessibility and inclusion which, where possible, reduces or even avoids the need for alternative formats.

3. Definitions

3.1 The Accessible Information Standard (AIS)

Since 1st August 2016, all organisations that provide NHS care and/or publicly-funded adult social care have been legally required to follow the [Accessible Information Standard](#).

The Standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of patients, service users, carers and parents with a disability, impairment or sensory loss.

Compliance with information standards of this type is a mandatory requirement, including for providers of NHS services and GP practices. This is set out in section 250 of the [Health and Social Care Act](#).

The Accessible Information Standard aims to ensure that disabled people and people who have an impairment or sensory loss receive information that they can access and understand, for example in large print, braille or via email, and professional communication support if they need it, for example from a British Sign Language interpreter.

The Standard requires organisations that provide NHS or adult social care to:

- **ASK** people if they have any information or communication needs and find out how to meet their needs.
- **RECORD** those needs clearly and consistently.
- **HIGHLIGHT** or flag the person's record so it is clear that they have information or communication needs, and prompt for action to be taken so needs are met.
- **SHARE** details of a person's information and/or communication needs with others involved in their care, for example on referral to other services. Information should be shared when and if appropriate, and within existing data sharing and information governance protocols.
- **MEET** the individuals' information and communication needs.
- This includes ensuring that individuals are able to contact and communicate with the service effectively and receive information in formats they can understand.

Our communication needs are not static and change through life. It is important therefore that staff keep people's records up to date.

3.2 What is Accessible Information and Communication?

Information and/or communication that can be understood by the individual for which it is intended. In the context of the AIS, communication relates to dialogue between an individual and an NHS professional or service. Information is "read or received".

Information that is accessible may be provided in printed and electronic formats, and through face-to-face, telephone and digital communication. It covers all areas of access to information including:

- Alternative formats.
- Translations.
- Interpreters.
- Support for people at meetings, for example, note-takers.

The policy makes the provision of accessible information and services central to the day-to-day work of Sirona care and health. Information should be provided as soon as possible and at a level that meets individual communication needs. This includes:

- Letters (this includes complaints responses).
- E-mails.
- Patient information provided in leaflet, booklet or poster style, or in audio-visual or electronic form.
- Health care information provided on Sirona websites.
- Prescription instructions for taking medicines.

3.3 Disability

The Equality Act 2010 describes disability as follows: a person has a disability if they have a physical or mental impairment, and the impairment has a substantial and long-term adverse effect on the person's ability to carry out normal day-to-day activities.

Sirona supports the social model of disability, which recognises the societal and attitudinal barriers that disabled people and people living with long term conditions experience.

The AIS ensures that barriers are consciously removed to ensure that people who use Sirona's services are not disadvantaged, and therefore access to services are equitable.

3.4 AIS-related needs

A service-user's communication and information needs that arise from a disability.

3.5 Communication support

Any support which is needed to enable effective, accurate dialogue to take place between an NHS professional, service or organisation, and a service-user.

Communication support may involve a tool or aid, for example:

- Using simple pictures or diagrams.
- Using a British Sign Language or Makaton interpreter, lip speaker, or note taker.
- Using a hearing loop.

Some people, for example children and adults with learning disabilities may need a carer or other person to interpret communication including use of an electronic device to ensure the person's communication support needs are met.

3.6 Alternative format

Information provided in an alternative to standard printed or handwritten English, for example large print, a variety of colour contrasts, easy-read, audio, braille or electronic formats such as email.

3.7 Service-user

In the context of this policy: a person, carer, or parent/guardian (if the person is under 18 years old) accessing Sirona services, who has an AIS-related need.

3.8 Parent/Guardian/Carer

The legally recognised parent or guardian of an individual under 18 years of age or an individual with parental responsibility or delegated authority for a child.

A carer is anyone, including children and adults who looks after a family member, partner or friend who needs help because of their illness, frailty, disability, a mental health problem or an addiction and cannot cope without their support. The care they give is unpaid.

In the context of this policy a carer can also mean a paid helper who looks after a person, for example a personal assistant.

3.9 Why is accessible information important?

Effective information and communication are vital for the provision of high-quality services and care. Many people who access services have difficulty understanding the information provided.

This may be because they are visually impaired, hearing impaired, have a learning disability, or they have a condition, such as aphasia which limits their ability to communicate (e.g. following a brain injury or a stroke). Children and young people also have specific communication requirements.

It is important, therefore, that information is presented in an accessible way, in a range of formats that are easily used and understood by the intended audience. This does not mean watering down the content or creating a summary. This means taking information in a form that is not accessible to an individual, and changing, translating or interpreting it into a form the individual can understand.

We believe that providing accessible information will benefit everyone who uses services, and the people who deliver them.

Accessible information will help:

- improve access to services.
- enable people to receive information in formats they can understand.
- enable people to make more informed choices about their care.
- people better manage their own health and wellbeing.
- reduce health inequalities.
- promote social inclusion.

For staff, the provision of accessible information will:

- aid communication with service users.
- assist with diagnosis, assessment and providing treatment.
- safer, better quality, more personalised care.
- support early intervention and prevention.
- support self-care and independence.
- help obtain informed consent.
- promote the effective and efficient use of resources.
- save wasted appointments as the right support is in place first time.
- lead to better outcomes.

4. Dissemination and Implementation

4.1 Duties and Responsibilities

Chief Executive / Chief People Officer

- Executive lead for the Accessible Information Standard.

Organisational Lead

- Named Senior Lead with delegated responsibility for operational delivery of compliance with the AIS. This is to be confirmed as part of the organisational review being undertaken 2023.

Executive Committee

- The Sirona committee responsible for approval of the Accessible Information Policy.

EDI Committee

- Corporate assurance around governance of Sirona's AIS compliance, including monitoring incidents and complaints, and oversight of AIS-related risks on the Risk Register.
- Oversight of the organisational AIS implementation plan.

Accessible Information Steering Group

- Corporate governance of Sirona's AIS compliance, including monitoring incidents and complaints, and management of AIS-related risks on the Risk Register.
- Operational delivery of the organisational AIS implementation plan.
- Publish performance and compliance in annual report as part of the integrated governance framework.
- Reports to the EDI Steering Committee.

Quality, Safety and Security Directorate

- Ensuring Sirona has an accessible complaints process.
- Monitoring incidents and complaints in relation to the AIS.
- Carry out AIS audits.

Managers

- Sharing and promoting the AIS Policy to teams/staff.

- Identifying and supporting opportunities to embed the principles of the AIS into operational practice.
- Supporting AIS compliance through risk management, incident reporting and complaints processes.
- Supporting engagement in AIS improvement projects.
- Ensuring teams provide high quality responses to complaints relating to the AIS.
- Ensuring staff are up to date with their mandatory AIS training.

All staff

- Read this policy, understand their responsibilities under the AIS and contribute to Sirona's commitment to providing fair services for all.
- Meet service users' communication and information needs by asking, recording, flagging, sharing, and acting on individual support need:
 - **ASK** people if they have any information or communication needs and find out how to meet their needs.
 - **RECORD** those needs clearly and consistently.
 - **HIGHLIGHT** or flag the person's record so it is clear that they have information or communication needs, and prompt for action to be taken so needs are met.
 - **SHARE** details of a person's information and/or communication needs with others involved in their care, for example on referral to other services. Information should be shared when and if appropriate, and within existing data sharing and information governance protocols.
 - **MEET** the individuals' information and communication needs.
- Ensure that individuals are able to contact and communicate with the service effectively and receive information in formats they can understand.
- Be familiar with the process for booking professional communication support e.g. BSL interpreters.
- Ensure that people's recorded communication needs are kept up to date.
- Keep up to date with their mandatory AIS training.

5. Policy Statement and Provisions

5.1 Raising awareness of the AIS

Sirona will:

- Proactively raise awareness of the AIS to patients, service users and staff, for example via internal and external communications.

- Highlight the availability of information and communication support via Sirona's external websites.
- Publish the AIS Policy on Sirona's external websites.
- Provide staff with up-to-date guidance on meeting service-users' AIS related needs (e.g. via Workplace).

5.2 AIS compliance

Sirona will:

- Have a nominated member of staff responsible for providing corporate oversight of the AIS compliance.
- Regularly monitor AIS compliance through the Accessible Information Steering Group.
- Have in place an action plan to address areas of the AIS compliance that require improvement.
- Set clear expectations to staff in respect of meeting peoples' AIS-related needs, for example through the AIS Policy and associated Standard Operating Procedures.
- Formally monitor risks associated with AIS compliance.
- Monitor, share and act upon learning from incidents and complaints relating to the AIS.
- Carry out audits in respect of AIS compliance.
- Have in place contracts with providers of communication and language support, and translation, such as British Sign language (BSL and Braille).
- Fund interpreting and translation services for people who need information about their health care appointments or health information in a format that meets their identified need.
- Have a complaints system that is accessible to all.
- Provide mandatory AIS training for all staff.

5.3 Identifying and recording accessible information and communication needs

Sirona will:

- Provide the facility for staff to record people's AIS-related needs on patient electronic patient record systems.

- Ensure that the electronic patient record system has the facility to flag people's AIS-related needs as an alert, ensuring that this alert is visible to any authorised member of staff accessing that patient record.
- Have a Standard Operating Procedure in place that require staff to check peoples' AIS related needs at key points in the patient pathway.
- Support the education of staff to better understand the different types of information and communication needs that service-users could have.

5. Meeting people's AIS-related needs

Sirona will:

- Provide service-users with information and communication support for their AIS related needs, free of charge.
- Ensure that any external providers commissioned by Sirona to provide information and communication support to patients is delivering a high quality service.
- Have a wide range of information and communication support available to service users, including (but not limited to):
 - British Sign Language interpreting and associated services for the d/Deaf;
 - Patient information leaflets available in alternative formats;
 - Makaton interpreting;
 - Braille translation;
 - Hearing loops;
 - Advocates for people with a learning disability or mental health need;
 - Note takers / electronic note taking.
- Ensure that there are processes in place for service-users with an identified AIS related need to receive correspondence from Sirona in alternative formats.
- Make information and communication support available for peoples' AIS-related needs in non-clinical contexts, for example to facilitate attendance at Patient and Public engagement activities and Sirona events.

6. Monitoring compliance

Compliance with AIS Policy will be monitored by the Accessible Information Steering Group in the following ways:

- The number and nature of incidents raised on the Ulysses system that relate to instances where Sirona has not met a service-user's AIS-related needs.
- The number and nature of complaints made to the Customer Care team that relate to instances where Sirona has not met a service-user's AIS-related needs.
- Management data from Sirona's contracted provider of British Sign Language (BSL) and associated services for the d/Deaf, to ensure that a minimum of 95% of interpreter booking requests are being fulfilled.
- A quarterly audit to determine the proportion of patients with a BSL interpreter need that have this need flagged on the EMIS patient record system.
- A deeper dive audit involving people with lived experience to measure quality and parity of services.
- The risk of non-compliance with the AIS will be monitored as a Compliance Risk on the Risk Register (reference number 468).

7. Links to procedural documents

- Staff Workplace page: [The Accessible Information Standard | Workplace](#)
- AIS Process flow chart: [Workplace](#)
- How to book a BSL interpreter / How to request Braille: [Interpretation and translation services | Workplace](#)
- Sirona external website page for Interpreters Live!: [BSL video interpreting service - Sirona care & health \(sirona-cic.org.uk\)](#)
- Sirona external website page: [Accessible information and communication - Sirona care & health \(sirona-cic.org.uk\)](#)
- Sirona Translating and Interpreting Policy

8. References

- NHS England Accessible Information Standard: <https://www.england.nhs.uk/ourwork/accessibleinfo/>
- Guidance for GP practices [Following the Accessible Information Standard \(bma.org.uk\)](#)

Appendix 1 Policy Implementation Plan

Policy Ref:	
Policy Name:	Accessible Information Policy
Name of Author/Originator:	Caroline James
Date Ratified at Professional Council/Quality Forum	Professional Council 24/04/2023

A Policy needs to be communicated clearly and easy to interpret if it is to be implemented effectively.

To guide the implementation that will be needed, you should consider the following questions:

- a) Does the Policy require a change to current practices?
This policy seeks to further develop practice and embed a consistent approach.

- b) Who are the key stakeholders that need to be informed of the Policy?
All staff, service users, carers and parents, the public.
Note this policy will be published on the Sirona website to meet compliance with the Accessible Information Standard.

- c) How do you get staff engaged ensuring that they have read and understood the Policy?
This will be addressed as part of an action plan based on Appendix 5 - Overview of Sirona plan to achieve compliance with the NHS Accessible Information Standard to support Staff to make the changes based on a good understanding of the policy.

- d) How are you going to monitor that the Policy has been implemented into practice effectively?

This policy will be monitored by the Accessible Information Steering Group.

- e) Do you have an Audit tool attached to the Policy? YES NO

- f) How will the policy and processes be accessible to the end user? (Consider the Accessible information Standard)

Implementation processes	
<p>Delivery of this policy will be led by postholders appointed directly for the delivery of the Accessible Information Standard. The work will be monitored via the Accessible Information Steering Group.</p>	
Implementation Plan	
<p>See Appendix 5 - Overview of Sirona plan to achieve compliance with the NHS Accessible Information Standard</p>	
Completed By (Policy Lead):	
Date:	

Appendix 2 Equality Impact Assessment Tool

Name of the policy/service/strategy: The Accessible Information Policy
Author(s) or Lead Person carrying out this assessment: Caroline James
Job title(s) and directorate: Community Development and Equalities Support
Date: 12/12/2022

1. What are the main aims, purpose and outcomes of the policy/service/strategy?

To ensure that Sirona meet the needs of people in its care who have accessible information and/or communication support needs as a result of a disability, impairment or sensory loss.

2. Is this policy/service/strategy:

New	Existing	Up-dated
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Joint partnership	State partnership name and lead body _____
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3. Who is this policy/service/strategy likely to have an impact on?

Patients	Carers	Visitors	Staff
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Other (state who) _____

4. Please describe how the service/policy/strategy may advance equality of opportunity, eliminate discrimination and foster good relations between different groups

Disabled people and people with sensory impairments can face a number of healthcare inequalities, including in relation to information and communication.

This policy will ensures that people receive communication support and information in formats that they can understand.

This will ensure equity of access, and improve experience and outcomes.

5. Assessment of the effects of the service/policy/strategy on the protected characteristic groups

Does the service/policy/strategy have a negative, positive or neutral impact on each of the protected characteristics listed below? Please mark with an 'x' in the relevant column. Clear comments that explain your rationale for each group must be provided.

Please note that for many individuals and groups there may be multiple layers of how people experience discrimination, e.g. people can be part of more than one group so consider this in your analysis.

Protected Characteristic				Comments
	Negative	Positive	Neutral	
Age [Children and Young people 0 to 19; Older People 60+]			x	
Disability [Physical Impairment; Sensory Impairment; Mental Health; Learning Difficulty; Long-Term Condition]		x		This policy will have a significant positive impact for disabled people and people with an impairment or sensory loss.
Gender Reassignment [Trans people]			x	

5. Assessment of the effects of the service/policy/strategy on the protected characteristic groups

Does the service/policy/strategy have a negative, positive or neutral impact on each of the protected characteristics listed below? Please mark with an 'x' in the relevant column. Clear comments that explain your rationale for each group must be provided.

Please note that for many individuals and groups there may be multiple layers of how people experience discrimination, e.g. people can be part of more than one group so consider this in your analysis.

Protected Characteristic				Comments
	Negative	Positive	Neutral	
Race			x	
Religion or Belief			x	
Sex (Male or Female)			x	
Sexual Orientation [Lesbian, Gay or Bisexual]			x	
Pregnancy & Maternity			x	

5. Assessment of the effects of the service/policy/strategy on the protected characteristic groups

Does the service/policy/strategy have a negative, positive or neutral impact on each of the protected characteristics listed below? Please mark with an 'x' in the relevant column. Clear comments that explain your rationale for each group must be provided.

Please note that for many individuals and groups there may be multiple layers of how people experience discrimination, e.g. people can be part of more than one group so consider this in your analysis.

Protected Characteristic				Comments
	Negative	Positive	Neutral	
Marriage & Civil Partnership			x	
Other disadvantaged groups			x	

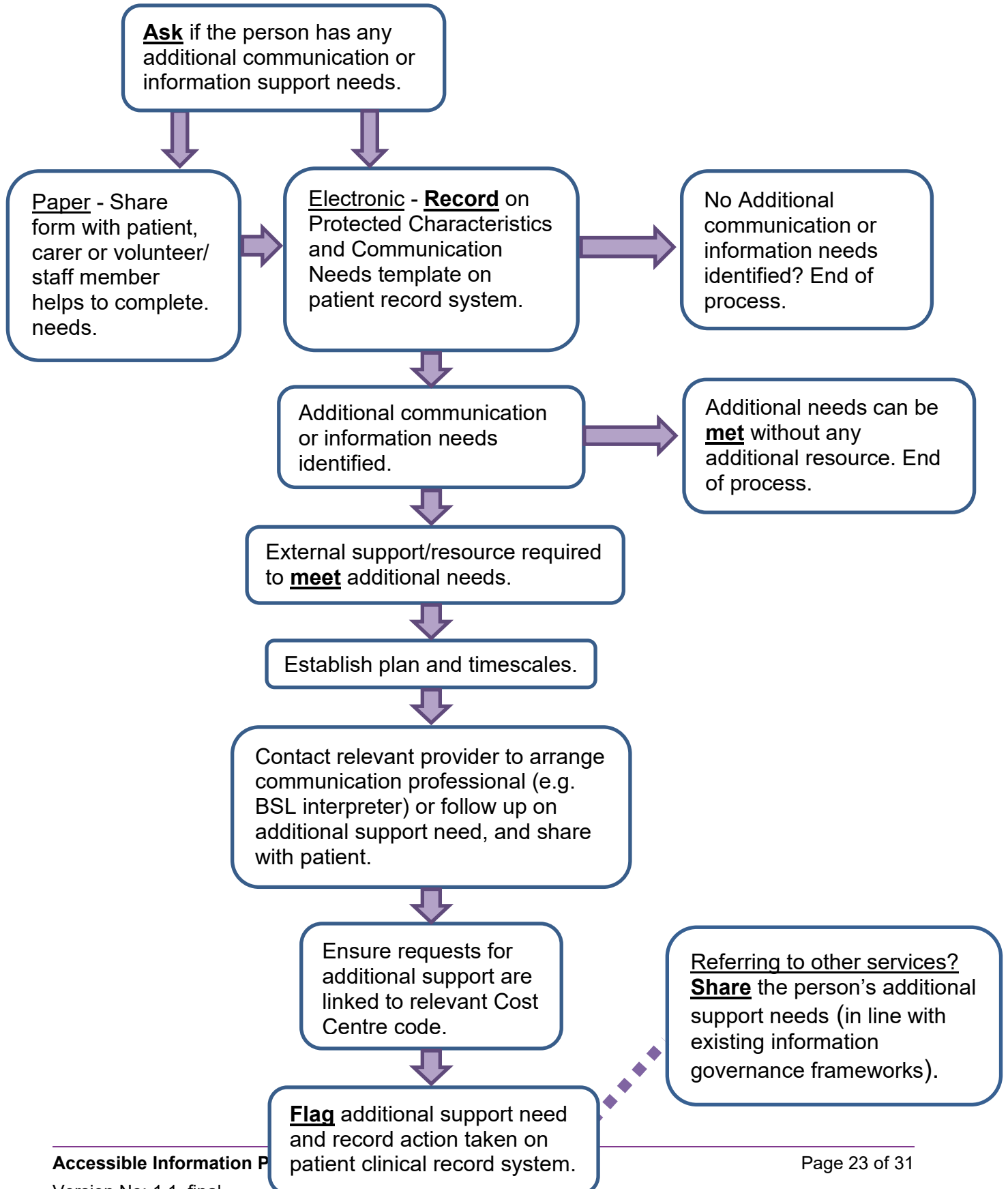
6. Next Steps			
Does the Service/Policy have a negative impact on any protected characteristics? Yes No			
If yes to above, please ensure you complete a robust action plan as Appendix A to this template.			
Action Plan attached?	Yes	No	N/A
Date assessment completed: 12/12/2022			
Review date:			

Action Plan Example

Action Plan				
Protected characteristics with negative impact	Actions	Responsible person	Timeframe/ target date	Measure of success
N/A				

Appendix 3 - The Accessible Information Standard (AIS) Process Flowchart

(Accessible version is on page 24)



Appendix 3 - The Accessible Information Standard (AIS) Process

Accessible version

1. **Ask** if the person has any additional communication or information support needs.
2. **Paper** - Share form with patient, carer or volunteer/ staff member helps to complete.
3. **Electronic - Record** on Protected Characteristics and Communication Needs template on patient record system.
4. No Additional communication or information needs identified? End of process.
5. Additional communication or information needs identified.
6. Additional needs can be met without any additional resource. End of process.
7. External support/resource required to meet additional needs.
8. Establish plan and timescales.
9. Contact relevant provider to arrange communication professional (e.g. BSL interpreter) or follow up on additional support need, and share with patient.
10. Ensure requests for additional support are linked to relevant Cost Centre code.
11. Flag additional support need and record action taken on patient clinical record system.
12. Referring to other services? Share the person's additional support needs (in line with existing information governance frameworks).

Appendix 4 - Glossary of AIS terms

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.

Aphasia: 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: information recorded from speech or synthetic (computer-generated) speech on to cassette tape, CD (compact disc) or as an electronic file such as an MP3.

Braille: a tactile reading format used by people who are "Registered Sight Impaired" or "Registered Severely Sight Impaired", 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.

BSL interpreter - hands-on signing: a BSL interpreter who is able to sign with the hands of the person they are interpreting for placed over their hands, so that they can feel the signs being used. A type of communication support which may be needed by a person who is deafblind.

BSL interpreter - visual frame signing: a BSL interpreter who is able to use BSL within the visual field of the person with restricted vision. A type of communication support which may be needed by a person who is deafblind.

BSL interpreter - Sign-Supported English (SSE): a BSL interpreter who is able to communicate using BSL signs but in the order that they would be used in spoken English. A type of communication support which may be needed by a person who is d/Deaf or deafblind.

BSL video: a recording of a BSL interpreter signing information which may otherwise only be available in written or spoken English.

BSL video remote interpreting (VRI) - also known as video interpreting, remote interpreting or virtual interpreting: an online service in which a BSL interpreter interprets via video software. It works using a computer and webcam, a smartphone or tablet. Provided through contract or on demand by a range of organisations, it enables a direct connection to an interpreter so that the d/Deaf person can sign to them what they want to say. The interpreter then speaks this to the hearing person (via video link) and signs back their (spoken) reply.

Communication passport: sometimes called a communication book or 'hospital passport'. A document containing important information (usually) about a person with learning disabilities, to support staff in meeting those needs. It will include a person's likes and dislikes, and outlines ways in which they communicate. Many hospital trusts provide communication passports to people with learning disabilities.

Communication support: support which is needed to enable effective, accurate dialogue between a professional and a service user to take place.

Communication tool or aid: 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: 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 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)."

Deafblind communicator-guide: a professional who acts as the eyes and ears of the deafblind person including ensuring that communication is clear. A deafblind person may have a communicator-guide provided by a charity, through a personal budget or by their local authority.

Deafblind intervenor: a professional who provides one-to-one support to a child or adult who has been born with sight and hearing impairments (congenital deafblindness). The intervenor helps the individual to experience and join in the world around them. A deafblind person may have an intervenor provided by a charity, through a personal budget or by their local authority.

Deafblind manual interpreter - deafblind manual alphabet: 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: 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. Publications Gateway Reference 05338 v1.01 May 2016 For more information, please contact england.nhs.participation@nhs.net

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: a 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. The magnetic field is provided by a cable that encloses, or is located close to, the intended listening position such as a reception desk. The loop system allows the sound of interest,

for example a conversation with a receptionist, to be transmitted directly to the person using the hearing aid clearly and free of other background noise.

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 "Registered Sight Impaired" or "Registered Severely Sight Impaired" or has some visual loss. Different font sizes are needed by different people. Note: the font or word size needs to be larger not the paper size.

Learning difficulties: constitutes a condition which creates an obstacle to a specific form of learning, but does not affect the overall IQ of an individual. There are many different types of learning difficulty, some of the more well-known are dyslexia, attention deficit-hyperactivity disorder (ADHD), dyspraxia and dyscalculia. A person can have one, or a combination. As with learning disability, learning difficulties can also exist on a scale. A person might have a mild learning difficulty or a severe learning difficulty.

Learning disability: [Mencap](#) describes learning disability as a reduced intellectual ability and difficulty with everyday activities – for example household tasks, socialising or managing money – which affects someone for their whole life. People with a learning disability tend to take longer to learn and may need support to develop new skills, understand complicated information and interact with other people.

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. A person can be supported to lipread by the speaker clearly addressing the person and facing them whilst speaking, avoiding touching or covering their mouth, and ensuring conversations are held in well-lit areas.

Lipspeaker: a person who repeats the words said without using their voice, so others can read their lips easily. A professional lipspeaker may be used to support someone who is d/Deaf to communicate.

Makaton: 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 deafblindness or a learning disability.

Moon: 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.

Non-verbal communication: communicating without using speech and instead using gestures, pointing or eye-pointing.

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: 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: 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. A type of communication which may be used by a deafblind person.

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: 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): 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 5: Overview of the plan to achieve compliance with the NHS Accessible Information Standard

Aim

People with a disability or sensory loss will receive information and communication that they can access and understand.

Primary drivers, secondary drivers and actions to achieve this aim:

1. Increase the number of opportunities where we ask people to inform us of their additional communication and information needs.
 - 1.1. People actively inform us of their needs.
 - Co-design a focused campaign to encourage people to tell us about their needs.
 - Create an Accessible Communications web page on external website.
 - Plan for new digital solutions for people to be able to submit / update their needs digitally.
 - Ensure accessibility statement is included in appointment letters.

1.2. Colleagues actively ask people their needs.

- Ensure AIS procedure is agreed locally and SOPs are in place.
- Design and deliver local specific training.
- Standardise process of how we ask people about their communication needs.

1.3. Referrers inform us of people's needs.

- Standardise the AIS related information we require from referring agencies (i.e. GPs etc) and communicate expectations.
- Improve incoming data feeds.

2 Increase the quantity and quality of AIS information (communication support needs) recorded in our systems.

2.1 AIS alerts are effective and flagged appropriately.

- Review and improve flags on clinical records.
- Create AIS quality & performance dashboard.
- Agree approach to record AIS information and describe in SOPs.

2.2 AIS needs are recorded on all systems.

- Agree approach to record AIS information and describe in SOPs.
- Produce detailed user guides to ensure consistent and accurate recording.
- Set up internal AIS Monitoring group.

3. Increase the awareness of AIS amongst all staff.

3.1 Clear internal communications are delivered across the organisation.

- Develop a unique and recognisable identity for AIS at Sirona.
- Design and embed AIS awareness.
- Develop and implement Communications plan.

3.2 There is a clear AIS policy which is available and understood.

- Produce and disseminate AIS policy and accessible complaints process.

3.3 Colleagues understand and deliver on AIS requirements.

- Develop AIS champions role.
- Design and implement training package—Mandatory AIS module plus additional learning opportunities.
- Regular engagement and sharing of feedback from partners / people with lived experience.



Overview of the plan to achieve compliance with the NHS Accessible Information Standard

- AIS 5 Steps**
- Ask
 - Record
 - Flag
 - Share
 - Meet

People with a disability or sensory loss will receive information and communication that they can access and understand

Key

- Aim** (Purple)
- Primary driver** (Dark Blue)
- Secondary driver** (Light Blue)
- Action** (Pink)

R = Resource required

