

Accessible Information Standard (AIS) Policy			
Document Type:	Policy		
Secretariat Index Number:	HR105	Version No:	1.0
Document Owner:	Sue Rampal, Equality and Diversity Lead		
Clinical/Non-Clinical:	Non-Clinical		
Directorate:	Corporate		
Team/Service:	Inequality Diversity and Inclusion		
Target Audience:	Service Users		
Standards, legislation and key related documents:	Meeting the Requirements of the Equality Act 2010, Public Sector Equality Duty and the Accessible Information Standard (AIS)		
APPROVAL			
<u>Level 1</u> Speciality Oversight Group:	Joint Consultation & Negotiating Partnership		
	Date Approved:	15 April 2025	Review Date: 15 April 2028
<u>Level 2</u> Approval Group:	People Strategy Delivery Group		
	Date Approved:	20 March 2025	Review Date: 20 March 2028
<u>Level 3</u> Ratification Committee:	People and Culture Board Sub-Committee		
	Date Approved:	15 May 2025	Review Date: 15 May 2028
Financial Implications:	Where a document has any financial implication on the Trust, the Local Counter Fraud Specialist (LCFS) has the authority to investigate and challenge this document with regards to current fraud and bribery legislation and to ensure appropriate counter fraud measures are in place.		
Counter Fraud Approval:	Yes or No:	N/A	Date: N/A
Equality and Diversity Impact Assessment: (Policies only)	The author has carried out an E&DIA and there are no negative or unknown impacts. The E&DIA Form is attached to this document.		
Staff Side Approval:	Yes or No:	Yes	Date: 14/02/25

Version Control

Version	Date	Author	Amendments:
1.0	Mar 2025	Sue Rampal	New Document.

VERSION CONTROL SUMMARY

FORMAL RATIFICATION RECORD

Version	Date	Author	Details of Previous Version:	Oversight Group	Approval Group	Ratifying Committee	Date:
1.0	Mar 2025	Sue Rampal, Equality and Diversity Lead	New Policy	Joint Consultation & Negotiating Partnership	People Strategy Delivery Group	People and Culture Board Sub-Committee	15/05/25

CONTENT

Author’s Checklist	2
Version Control Summary	2
CONTENTS	3
1.0 Introduction	4
2.0 Purpose and Aims	5
3.0 Scope	6
4.0 Definitions	7
5.0 AIS Requirements	8
6.0 Our Responsibility	8
7.0 Roles and Responsibilities	9
8.0 Training and Awareness	9
9.0 Monitoring Review and Audit.....	9
10.0 References	10
11.0 Monitoring Compliance	10
Appendix 1: Sample identification letter to patients/service users	
Appendix 3: Equality Impact Assessment	
Appendix 3: Quality Assurance Checklist	

The latest version of this document is on the Document Library.

Any printed copies must be checked against the Document Library version to ensure that the latest version is being used.

1.0 INTRODUCTION

This policy creates the framework to enable the Trust to provide accessible information in accordance with the NHS England Accessible Information Standard (AIS). Implications of this policy will help to improve access to services, promote social inclusion and enable people to make more informed choices about their care.

NHS England state 'communication and/or information needs **MUST** be identified at registration/upon first contact with the services or as soon as is practicable thereafter'.

For staff, the provision of accessible information will aid communication with service users, support effective engagement activity and efficient use of resources.

The provision of accessible information can reduce health inequalities and barriers to good health. The implication of this policy will also demonstrate that the Trust is meeting its legal duties to reduce health inequalities between patients in access to health services and in the outcomes achieved.

2.0 PURPOSE and AIMS

The purpose of this policy is to ensure:

- CPFT has clear, consistent, and fair approach to the provision of accessible and inclusive information
- To raise awareness of the provision of accessible information standard requirements and the interpreting and translation services across the Trust
- Raise awareness of communication and information needs of service users and carers and to encourage staff to proactively assess for these needs

3.0 SCOPE

The AIS applies to patients who have a disability-related information and/or communication need or, for patients aged under 18 years, their parent/guardian may have.

This could include people who (but is not restricted to):

- are blind or have some visual loss
- are deaf or have some hearing loss
- are deafblind
- have a learning disability
- have autism
- have dementia
- have aphasia (a language disorder)
- have a mental health condition that affects their ability to communicate
- All patients who are non-English speakers, whose first language is not English or who are sign language users have a legal right to independent trained interpreter

Please note the Accessible Information Standard only applies to direct clinical care or accessing services. Anything else that does not relate to patient care and does not directly affect individuals' health is beyond the scope of the AIS.

4.0 DEFINITIONS

4.1 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.

4.2 Accessible Information

Information which can be read or received and understood by the individual or group for which it is intended.

4.3 Communication Support

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

4.4 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.

4.5 AIS-related needs

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

4.6 Communication support – Alternative formats

Alternative formats mean information or communication provided in a different format to that traditionally used e.g. a printed letter or spoken communication in English. Examples include but are not limited to:

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

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

4.7 Service-user

In the context of this policy: a patient, carer or parent/guardian (for patients aged under 18 years) accessing CPFT's services, who has an AIS-related need.

4.8 Parent/Guardian/Carer

The AIS defines a parent/guardian as 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.

The AIS defines a carer as being a person who is either providing or intending to provide a substantial amount of unpaid care on a regular basis for someone who is disabled, ill or frail. A carer is usually a family member, friend or neighbour and does not include care workers.

4.9 Interpreting

Interpreting can be provided face-to-face, by telephone or remotely via video platforms.

Interpreting is the oral transmission of meaning from one language to another. This includes interpreting English into British Sign Language (BSL) which is a recognised language. An interpreter is someone who has the ability and training to be able to interpret between two languages and who is used to facilitate communications between other parties.

All patients who are non-English speakers, whose first language is not English or who are sign language users have a legal right to independent trained interpreter.

4.10 Translation

Written, Audio/Video recordings to written text, EasyRead, Pictorial English.

Audio/Video recordings to written text, BSL (Written Text into Video), BSL In-Vision Translations, Braille, Subtitles, EasyRead and Pictorial English.

5.0 AIS REQUIREMENTS

5.1 As part of AIS, organisations that provide NHS or social care must do five things, and it is the responsibility of staff who have patient contact to:

Step 1. **Ask:** identify/find out if an individual has any communication /information needs relating to a disability, impairment or sensory loss.

Step 2. **Record:** record those needs in a clear and standardised way in electronic and/or paper-based record/administrative systems/documents. The Trust's primary recording system is SystemOne.

Step 3. **Alert/flag/highlight:** ensure that recorded needs are 'highly visible' whenever the individual's record is accessed.

Step 4. **Share:** include information about individual's information /communication needs as part of existing data sharing processes.

Step 5. **Act:** take steps to ensure that the individual receives information which they can access and understand and receive communication support if they need it.

5.2 Asking about Communication needs

Individuals must be asked about any information or communication support needs during their first or next interaction with the service. This can be over the telephone or face-to-face. Where the conversation is held in person, a private room or an area should be offered. See **Appendix A** for written sample letter.

5.3 Suggested questions

Suggested questions which could be used to identify if an individual has any information and/or communication support needs include:

- Can we do anything to make communicating with us easier?
- Do you have any communication or support needs?
- Are standard letters okay for you, or would you prefer large print or a different form of communication?
- Do you have any 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 communications support could we provide for you? What is the best way to send you information?

These questions are neutral. Avoid asking for details of persons health and focus on conversations on the practical measures required. Be flexible in your approach when patients contact the services. It may take longer than usual to explain about their communication and information needs.

5.4 Recording Communication and/or Information support needs

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

6.0 OUR RESPONSIBILITY

6.1 Our responsibilities

To meet the persons information or communication needs. This means taking steps to ensure people receive the communication support they need and information they can access and understand by:

- **Providing other contact methods** for example hire e-mail/text/BSL video relay service for people who cannot use the telephone due to hearing impairment. This includes offering e-mail as a method of receiving written information such as leaflet care plans.
- **Providing information in other languages or formats** such as large print audio Easy read or BSL video
- **Arranging communication professionals** such as interpreters/lip speakers at appointments and meetings
- **Providing communication support** such as longer appointments, support from staff (for example being aware that someone lip reads) or access to a loop new system for hearing aid users
- **Be aware** that people may prefer to use different ways of getting information in different situations. For example, an appointment time by texting or telephone, and information in EasyRead.

7.0 ROLES AND RESPONSIBILITIES

7.1 Roles and responsibilities

The Accessible Information Standard is both clinical and operational responsibility and applies to all the service users and carer facing teams across CPFT.

EDI Team

- The EDI Team will oversee and monitor the AIS and highlight challenges at the EDI Steering Group meetings.

Managers

- All managers of clinical teams are responsible for ensuring teams are aware of and working to the requirement of the AIS.

Health care professional, admin staff and teams

It is the responsibility of the health care professional, admin staff and team members to:

- identify communication/information needs as part of the assessment process
- consider the need for e-mail/text as an alternative for telephone or written communication and to input any relevant narrative from emails/text into the electronic record in the same way that details of a telephone conversation would be recorded
- ensure that communication information needs are passed on to other agencies/practitioners involved in delivery of care discharge processes

8.0 TRAINING AND AWARENESS

8.1 Training and Awareness

AIS e-learning is available on CPFT Academy to give you essential understanding of your responsibility under AIS.

The training provided by NHS England - eLearning for Health (eLFH) has two sub modules:

1. Accessible Information Standard - Introduction
2. Accessible Information Standard - Towards Excellence

AIS training is accessed through CPFT Academy:

<https://learning.cpft.nhs.uk/enrol/index.php?id=1165>

For more information on AIS click: <https://www.england.nhs.uk/about/equality/equality-hub/patient-equalities-programme/equality-frameworks-and-information-standards/accessibleinfo/>

9.0 MONITORING REVIEW AND AUDIT

9.1 The EDI team will:

- monitor the policy 12 months from ratification to reflect any changes
- have in place an action plan to address any gaps identified for improvements

- thereafter, this policy to be reviewed on a 3 yearly basis or earlier if there are changes to legislation or national/local requirements

10.0 REFERENCES

10.1 References

- Equality Act 2010
- The Accessible Information Standard 2016
- Data Protection Act 2018
- UK General Data Protection Regulation (UK GDPR)

Document Section		Control	Check to be carried out	How often will the check be carried out	Responsible for carrying out the check	Results of check reported to	Frequency of reporting
Page	Section	WHAT?	HOW?	WHEN?	WHO?	WHERE?	WHEN?
7	9.0	If service user requires communication in certain format that the needs are accessed and recorded on the IT system	Audit of how well the communication needs of services users are being met. Monitor the use of Interpreting and translation service	Monitor the policy 12 months from ratification to reflect any changes	EDI team	P&C Committee Trust Board	Annually
7	9.0		thereafter, this policy to be reviewed on a 3 yearly basis or earlier if there are changes to legislation or national/local requirements	Have in place an action plan to address any gaps identified for improvements	Policy Group/EDI Team	P&C Committee Trust Board	Annually

APPENDIX 1: SAMPLE IDENTIFICATION LETTER TO PATIENTS/SERVICES USERS

Sample identification letter to patients / service users

Add service business address

Date

Dear XX

At CPFT we want to make sure that we give you information in a way that you can understand, and that you find it easy to communicate with us.

If you find it difficult to read or understand information that we send you or if you need us to provide support so that you can communicate well at your appointments, please let us know.

Next time you contact or visit CPFT services, please discuss your needs with us so that we can update your records. For example:

- I communicate using (e.g. BSL, deafblind manual)
- To help me communicate I use (e.g. a talking mat, hearing aids)
- I need information in (e.g. braille, easy read)
- If you need to contact me the best way is (e.g. email, telephone)
- English is not my first language, I have communication needs, best way to contact is (e.g. providing an interpreter in xxx language)

Thank you.

Yours sincerely,

Add name and service sending the Letter

APPENDIX 2: EQUALITY IMPACT ASSESSMENT

Equality Analysis Form

Name of Proposal - policy, strategy, function, service being assessed:	Accessible Information Standard (AIS) Policy
Is this a new or existing policy, practice or change to a service?	New Policy
Directorate, Department / Service:	Corporate, Equality and Diversity and Inclusion
Details of the person completing this impact assessment form. Name, Job Title, Telephone / Extension:	Sue Rampal Equality and Diversity Lead sue.rampal@cpft.nhs.uk
Those involved in the assessment:	Sharon Gilfoyle Associate Director of Inclusion
Date:	14/2/2025

What are the intended outcomes of this work)? (Include outline of objectives and function aims)	<ul style="list-style-type: none"> • To have a clear, consistent, and fair approach to the provision of accessible and inclusive information • To raise awareness of the provision of accessible information standard requirements and the interpreting and translation services across the Trust • Raise awareness of communication and information needs of service users and carers and to encourage staff to proactively assess for these needs
Who will be affected? (e.g. staff, patients, service users etc.)	Service users and staff
What are the desired outcomes?	Staff to proactively assess for these needs of services users and record the needs of services users.
What does this policy, function, process link to in terms of wider Business plans and objectives?	EDI Strategy, People Plan and CPFT Strategy

Evidence considered

When looking at the impact on the equality groups, you must consider the following points in accordance with General Duty of the Equality Act 2010:

In summary, those subject to the Equality Duty must have due regard to the need to:

- eliminate unlawful discrimination, harassment and victimisation;
- advance equality of opportunity between different groups; and
- foster good relations between different groups

Consider how your assessment has been able to demonstrate **Positive Impact**, **Negative / Adverse Impact** or **Neutral Impact**?

<p>What evidence have you considered? <i>List the main sources of data, research and other sources of evidence This can include national research, surveys, reports, research interviews, focus groups, pilot activity evaluations etc.</i></p>
<p>Disability Consider and detail on attitudinal, physical and social barriers. Positive Impact - This policy will strengthen support for those with sensory impairment and hearing loss.</p>
<p>Sex Consider and detail on men and women (potential to link to carers below). Neutral Impact -This policy is inclusive of all regardless of anyone's sex.</p>
<p>Race Consider and detail on difference ethnic groups, nationalities, Roma gypsies, Irish travellers, language barriers. See Trust website for the Patient and Carer Race Equality Framework for more information on how to identify potential impacts for racialised communities. Patient and Carer Race Equality Framework CPFT NHS Trust Neutral Impact -This policy is inclusive of all regardless of anyone's race.</p>
<p>Age Consider and detail across age ranges on old and younger people. This can include safeguarding, consent and child welfare. Neutral Impact -This policy is inclusive of all regardless of anyone's age.</p>
<p>Gender reassignment (including transgender) Consider and detail on transgender and transsexual people. This can include issues such as privacy of data and harassment. Neutral Impact -This policy is inclusive of all regardless of anyone's Gender reassignment.</p>
<p>Sexual orientation Consider and detail on heterosexual people as well as lesbian, gay and bi-sexual people. Neutral Impact -This policy is inclusive of all regardless of anyone's sexual orientation.</p>
<p>Religion or belief Consider and detail on people with different religions, beliefs or no belief. Neutral Impact -This policy is inclusive of all regardless of anyone's religion or beliefs.</p>
<p>Pregnancy and maternity Consider and detail on working arrangements, part-time working, infant caring responsibilities. Neutral Impact -This policy is inclusive of all regardless of anyone's pregnant or off on maternity</p>
<p>Carers Consider and detail on part-time working, shift-patterns, general caring responsibilities,protected characteristics of the carer themselves and if this makes seeking help from services more challenging. Neutral Impact -This policy is inclusive of all.</p>
<p>Other identified groups Consider and detail and include the source of any evidence on different socio-economic groups, area inequality, income, resident status (migrants) and other groups experiencing disadvantage and barriers to access. None identified</p>

Engagement and involvement

<p>Have you consulted on the proposal? Yes</p> <p>If so with whom? Staff Networks, EDI Champions, Staff side</p> <p>If not why not?</p>
<p>How have you engaged stakeholders in gathering evidence or testing the evidence available? N/A</p>
<p>For each engagement activity, please state who was involved, how and when they were engaged, and the key outputs:</p>

Action planning for improvement:

<p>Outline key actions based on any gaps, challenges, and opportunities you have identified and will be addressed through consultation or further research.</p>			
Category	Actions required to address gaps and issue/s	Target date	Person responsible and their division
Gaps and Challenges	No gaps identified	-	-
Monitoring, evaluating & reviewing	Monitor the policy 12 months from ratification to reflect any changes	Mar 2026	Sue Rampal E&D Lead

Signed off by EDI Team	Name: Sue Rampal Equality and Diversity Lead	Date: 2/3/2025
------------------------	--	-------------------

Completed form should be sent to:

EDI@cpft.nhs.uk

Sue Rampal - Equality and Diversity Lead

Sharon Gilfoyle - Associate Director of Inclusion

APPENDIX 4: QUALITY ASSURANCE CHECKLIST

TO BE COMPLETED BY THE CORPORATE GOVERNANCE TEAM

		Y/N	Comments
1.	Title of document		
	Is the title clear and unambiguous	Y	
2.	Type of document (e.g. policy, guideline etc)		
	Is it clear whether the document is a policy, guideline or procedure?	Y	
3.	Introduction		
	Is the introduction clear?	Y	
	Are reasons for the development of the document clearly stated?	Y	
4.	Content		
	Is the correct corporate template used?	Y	
	Is the document in the correct format?	Y	
	- Paragraphs numbered consecutively?	Y	
	- Headers: logo on front page only?	Y	
	- Footers: on every page except front page?	Y	
	Are the version control numbers correct on the front page and in footer?	Y	
	Are objectives/aims clearly stated?	Y	
	Are duties, roles and responsibilities clearly explained? (Policies only)	Y	
	Are definitions of terms clearly explained?	Y	
	Does this document concern the handling, moving or storage of personal identifiable or commercially sensitive information? If yes, has there been engagement with the Information Governance Team?	N/A	
	5.	Evidence Base	
Is the type of evidence to support the document explicitly identified?		Y	
Are associated documents referenced?		Y	
6.	Approval		
	Does the document identify which Oversight Working Group is responsible for reviewing the content?	Y	
	Does the document identify which Exec Led Approval Group is responsible for approval?	Y	
	Does the document identify which NED led Ratification Group is responsible for ratifying?	Y	
7.	Review Date		
	Is the review date identified and 3 years (max) following initial development (sign off by Oversight Working Group)?	Y	
8.	Equality and Diversity		
	Is a completed Equality Impact Assessment attached?	Y	
9.	Monitoring Compliance		
	Has section 'Monitoring Compliance' been completed?	Y	

If answers to any of the above questions is 'no', then this document is not ready for approval and needs further review.