Worcestershire Health and Care NHS Trust

Accessible Information Policy

Document Type	Policy
Document Purpose	This policy will ensure that Worcestershire Health and Care NHS Trust has a clear, consistent, transparent and fair approach to the provision of accessible, inclusive information and communication for : • patients, service users and carers, who have a disability, impairment or sensory loss, to receive communication and information in a format that meets their needs. • Trust Employees who have direct patient contact know how to respond to these needs and are compliant in the Accessible Information Standard (AIS) This policy states how this will be implemented, monitored, reviewed and adjustments made. Providing appropriate and relevant communication and information is fundamental to the effective delivery of quality health and clinical care and should be experienced throughout the patients care pathway.
Document Author	Patrick McCloskey – OD & Inclusion Practitioner
Date Ratified	26th April 2017
Expiry Date	26th April 2018 and every 3 years there after
Unique Identifier	

This validity of this policy is only assured when viewed via the Worcestershire Health and Care NHS Trust website: http://www.hacw.nhs.uk. If this document is printed into hard copy or saved to another location, its validity must be checked against the unique identifier number on the internet version.

The internet version is the definitive version.

Version History

Version V.1	Circulation Date	Job Title of Person/Name of Group circulated to	Brief Summary of Change
v.1	1st Dec 2016	Head of Organisational Development	• Largely, spelling, grammar and formatting. • Include Secondees as part of Employees 3.1. • Delete repetitive statements eg CareNotes, the Trust's primary recording system. • Use abbreviations eg AIS. • Under 11 Governance add 'Unexpected/ unanticipated themes and trends with possible rationale' • Appendix II – How to Encrypt and E-mail refer to governance/IT for advice
	1st Dec 2016	Head of Community Hospitals (South Worcestershire)	2. Why are corporate documents excluded? Just to be clear, if this only applies to information being provided to patients so they can make informed choices about their care, when we talk about "communication" then should with follow that with "patients about their care" 5. equality spelt incorrectly in the title 7.2 para 7 method, not methods, para 8 patient's, Paragraph 9 - is this necessary/only directly relevant to AIS? Shouldn't this be covered off in another policy eg. Staff safety or IT E-mail correspondence relating to a patient's care or treatment must be retained for the appropriate period of time associated with 'traditional' communication eg letters and hard copied printed for the patients records or attached/scanned into CareNotes. para 10 patient's 10. Close bracket after (Complaints Policy) From a very practical point of view, it might be worthwhile sharing this with our Matrons and medical records managers and community team leaders as they will practically have to roll this out. If you are happy for me to do this, I will send it out to them.
	1st Dec 2016	Graphic Designer	Changes highlighted in yellow which are mostly grammatical. On Page 7 point 6 it mentions the text at the bottom of all leaflets etc. however, comms have been using another one as advised during the initial implementation (see below). This statement has been included in the brand guidelines and are used on quite a few leaflets and other Trust documents. Would you like is to start using the new statement or is it best to change the policy to match the one currently being used? Agreed to use the following statement which has been amended in the Policy v.1 **Do you have a communication or information support need?** If so please Telephone ###### ###### or e-mail #####@nhs.net so that those needs can be recorded and responded to.
	1st Dec 2016	Team Leader, North Worcestershire Children's and Adolescence Mental Health Service	Typing errors, missed words
	1st Dec 2016	Perinatal Psychiatry	Typing errors and minor changes in words.

		Team Secretary	
		Head of Information Governance	
		CareNotes Project Management Lead	
		IT Training Manager	
		Patient Relations Manager	
		Lead Practitioner-Learning Disabilities	
		Quality Lead Adult Mental Health and LD Service Delivery Unit Quality and Governance Dept	
		Approved Mental Health Professional/Clinical Team Leader	
		Dental Nurse team leader	
		Clinical Nurse Lead	
		PA to Stephen Collman, Deputy Director of Service Delivery	
		Learning Disabilities	
		Dental Services Business Manager	
		Sexual Health and Dental Clinical Services Manager	
		Assistant Clinical Director (Dentistry)	
		Quality Governance Manager	
		Head of Community Engagement and Patient Involvement	
		Community Development Officer	Changes to Structure and order
V2	2nd and 14th March 2017	Interim Lead Community Care North SDU	
		Associate Director of Workforce	
		Associate Medical Director	
		Associate Director of ICT	
		Deputy Director of Nursing	
		Consultant Pallative Care	
		Director of Nursing & Quality	
		Director of Operations	
		Associate Medical Director	
		Deputy Director of Operations	
		Clinical Director Palliative Care Services	
		Chief Executive	
		Head of Estates &	

		Facilities	
		Lead for Allied Health Professional	
		Company Secretary	
		Director of Strategy and Partnership (WCHT) & SPT Communications and Engagement Lead	
		Deputy Medical Director	
		Deputy Director of Finance	
		Director of Finance	
		Deputy Director of Strategy and Business Development	
		Associate Director of Contracting, Information & Performance	
		Associate Director of Workforce, HR Strategy & Development	
		Head of Communications	
		Service Delivery Lead for Children, Young People and Families	
		Child & Family Services	
		Clinical Director for Children, Young People and Families	
		Service Delivery for Community Care South	
		Consultant Clinical Psychologist, Trust for Psychology Interventions	
		Medical Director	
		Deputy Director of Nursing (Both)	
		Service Delivery Lead for Adult Mental Health and Learning Disabilities	
V.3	31st March 2017	**Information Governance Group:** • Information Governance Officer • Records Manager • Senior Information Analyst • Information Governance/RA Co-ordinator • Head of Community Hospitals (South Worcestershire) • Consultant Clinical Psychologist (Adult Mental Health) • Account Information Security Manager – Worcestershire NHS • Company Secretary • Advanced Nurse	Removed the AIS Guide from the Appendices provided a link to the Trust intranet where the current guidance can be accessed. Making the policy shorter and ensuring the most current Guidance is assessed through the intranet. Aligned content regarding e-mail to the Trust's Information Governance Policies and Procedures stating that the Trust's first preference is to send secure/encrypted e-mails when patient identifiable information is involved. However, as this is an 'accessible information standard' sending e-mails encrypted may have the opposite affect and make this communication less accessible. If the patient agrees to receive information via e-mail that is not encrypted and acknowledges the risk then the Trust will respect their choice to have unsecured e-mails.

		Practitioner (Evesham) • Director of Finance • Operations Lead for Older Adult Community Mental Health Services, Early Intervention for Dementia Services and Admiral Nursing Services (North Worcestershire) • Health Records Manager Evesham • Quality Lead • Adult Mental Health and LD Service Delivery Unit • Quality and Governance Dept • Medical Director • Quality and Safety Team Projects Lead • Head of Information and Contracting • Deputy Head of IT	

Accessibility

Interpreting and Translation services are provided for Worcestershire Health and Care NHS Trust including:
- Face to face interpreting;
- Instant telephone interpreting;
- Document translation; and
- British Sign Language interpreting.

If you would like this document in other languages or formats (i.e. large print), please refer to the intranet page: http://nww.hacw.nhs.uk/a-z/services/translation-services/ for full details of the service, how to book and associated costs.

Training and Development

Worcestershire Health and Care NHS Trust recognise the importance of ensuring that its workforce has every opportunity to access relevant training. The Trust is committed to the provision of training and development opportunities that are in support of service needs and meet responsibilities for the provision of mandatory and statutory training.

All staff employed by the Trust are required to attend the mandatory and statutory training that is relevant to their role and to ensure they meet their own continuous professional development.

CONTENTS

The Accessible Information Standard (AIS)

1   INTRODUCTION

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

This policy applies to services and staff who have direct contact with patients within Worcestershire Health and Care NHS Trust (WHCT or the Trust). Once the Trust is aware of a communication or information support we will respond in a format that is relevant to the needs of that person, for example, if a person requests communication in braille, by telephone or audio disc we communicate in these formats rather than sending a printed letter. Depending on the needs of the individual, other formats may include for example, Easy Read, Large Print, British Sign Language.
See AIS Guidance Appendix I - Communication/Information Formats and Definitions. An up to date version can be found on:
http://nww.hacw.nhs.uk/a-z/services/equality-and-diversity/accessible-information/

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

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

2   POLICY AIM AND OBJECTIVES

This policy communicates the Trust's commitment to AIS, whereby, patients are communicated with and informed in a format that is relevant to their needs ensuring each person is in a better position to:
- make decisions about their health, wellbeing, care and treatment;
- self-manage conditions;
- access services appropriately and independently; and
- make choices about treatments and procedures.

This respects confidentially in delivering healthcare, communicating directly with the individual in a format that is personal to them at the same time maintaining their dignity and independence.   Making reasonable adjustments advances the equality of opportunity for people to engage in society, who may otherwise be disadvantaged or excluded and furthers the Trusts commitment to the Public Sector Equality Duty of the Equality Act 2010.

There are exclusions and exceptions from the Standard, for example (not exhaustive):
- Annual Reports, Corporate Documents not directly related to patient care
- DVD's, CD's and presentations
- Information supplied by other organisations

3   RESPONSIBILITIES

As a Trust our aim is to ensure our communication is clear, straightforward, accessible and relevant and follows the principles of the AIS.   To this end there are two guidance documents produced by the Trust
- **Accessible Information Guidance 2016** which provides guidance and tips on written information, printed communication and face-to-face communication.
- **Brand Guidelines 2016**. When producing a leaflet for example, this document will advise of logos, layout and other corporate formats that relates to the Trust's identity and image.

    Both can be access via the following link:
    http://nww.hacw.nhs.uk/corporate-branding-and-templates/

3.1 Employees:

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

The Trust expects that staff will familiarise themselves with this Policy, the AIS and ensure they apply it to **patients, service users, carers and parents** who have communication and/or information support needs related to a **disability, impairment or sensory loss** and will know how to access Interpreting and Translation Services.

It is the responsibility of each service to communicate with the patient, provide information in a format that is required by the individual and ensure the accuracy of content. All staff have a responsibility to ensure that they are communicating with patients and colleagues in a way which is effective and understood by all parties.

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

It is the responsibility of staff who have patient contact to:
1. **Ask:** identify/find out if an individual has any communication/information needs relating to a disability, impairment or sensory loss.

2. **Record**: record those needs in a clear and standardised way in electronic and/or paper based record/administrative systems/documents. The Trusts primary recording system is CareNotes but other systems exist and are to be used.

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

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

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

See AIS Guidance v.3 An up to date version can be found on:
http://nww.hacw.nhs.uk/a-z/services/equality-and-diversity/accessible-information/
All staff have an individual responsibility to:

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

3.2 Managers:

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

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

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

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

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

3.4 External Organisations and Agencies

The Trust will work the HealthWatch, Acute Trust, CCG's, County Council and Voluntary organisations eg Deaf Direct, Speak Easy Now, Sight Concern and others in the application of this policy and the interests of the people who this Policy is meant to benefit.

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

4   AWARNESS

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

Continual communication through the Trusts media (Team Brief, newsletters, posters, electronic and social media – intra/internet and so on.) will be used to promote this policy.

5   SERVICE DELIVERY AND EQUALITY ANALYSIS

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

To this end an Equality Analysis has been undertaken for this Policy which can be found in Appendix I - Equality Analysis AIS. Equality Analysis is a way of identifying any potential or actual impact (Positive, Neutral or Negative) that Trust policies/functions and their implementation may have on differing groups of people. No known negative impact occurs as a result of the AIS and this Policy.

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

6   LETTERS AND DOCUMENTS

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

> **Do you have a communication or information support need?**
> If so please Telephone ###### ###### or e-mail #####@nhs.net so that those needs can be recorded and responded to.

*insert appropriate word

7   ALTERNATIVE FORMATS (ACCESSIBLE INFORMATION)

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

Examples include but are not limited to:

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

See AIS Guidance Appendix I - Communication/Information Formats and Definitions. An up to date version can be found on:
http://nww.hacw.nhs.uk/a-z/services/equality-and-diversity/accessible-information/

7.1 Easy Read

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

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

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

7.2 E-mails and SMS/TXT

See AIS Guidance Appendix III - Email Guidance on contacting Patients v3.0 – Oct. An up to date version can be found on:
http://nww.hacw.nhs.uk/a-z/services/equality-and-diversity/accessible-information/

Guidance from the Information Governance team at NHS England
https://www.england.nhs.uk/wp-content/uploads/2016/04/Using-email-and-text-messages-for-communicating-with-patients.pdf

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

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

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

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

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

> This e-mail is being sent to ensure that it is a real/active e-mail address, before sending further information that is specific to you.
>
> When the Trust sends e-mails that have patient identifiable information they are encrypted, this means the e-mail content is protected. To read encrypted e-mails you will need to download software to access the information.

> If you wish to receive e-mails that are NOT protected (encrypted), that is, confidential and the security of information exchanged cannot be guaranteed please confirm this in your return e-mail, this will confirm you are aware of the associated risks eg possible hacking, others having access to the data.
>
> Please send a return e-mail to confirm receipt of this e-mail and if you wish to have unencrypted e-mail (not protected) otherwise e-mails will be sent encrypted with details of how to access encrypted e-mails.
>
> When sending us e-mail please use the minimum amount of personal information needed to identify yourself and/or others (where appropriate service to specify). The Trust has no control, or responsibility, over personal information stored by a person's own Email Service Provider. Any personal information that is processed by the Trust will be done so in accordance with the Data Protection Act 1998.

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

If a patient expresses concerns about security/confidentiality an encrypted e-mail can be sent – the following link http://nww.hacw.nhs.uk/a-z/services/it-training/nhs-mail/ provide guidance on:
- Creating an Encrypted E-mail
- Assessing an Encrypted E-mail

While this is a more secure way to send e-mails it may be restrictive for some patients and may have the opposite outcome of making communication and information accessible. For this reason e-mails can be sent that are unencrypted as long as the patent is aware of the associated risks of sending unencrypted e-mail and a 'test' e-mail has been sent with the disclaimer referred to above.

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

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

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

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

7.3 Hearing Loops

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

Portable hearing loops are distributed throughout the Trust, and can be found mainly in reception areas, to find out where a portable loop can be located refer to the Trust Intranet, link below:
http://nww.hacw.nhs.uk/a-z/services/interpreting-and-translation-services/hearing-loops/

The following link provides further information about d/Deafness
http://nww.hacw.nhs.uk/a-z/services/equality-and-diversity/disability/deaf-hard-of-hearing/

8   ACCESSING INTERPRETING AND TRANSLATION SERVICES

To request Interpreting and Translation click on the 'orange' icon found on each trust computer desktop or access the Intranet via the following link
http://nww.hacw.nhs.uk/a-z/services/interpreting-and-translation-services/

Guidance and advice can also be accessed by emailing
WHCNHS.EqualityandDiversity@nhs.net

9   RECORDING COMMUNICATION AND/OR INFORMATION SUPPORT NEEDS

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

There are a few Services within the Trust not using CareNotes or they will be migrating to CareNotes in the future. In these circumstances each area will replicate the facilities on CareNotes to meet the 5 requirements specified in 3.1 of this Policy.

10   COMPLAINTS PROCEDURE REGARDING THE AIS

The Trust has opted not to have a standalone complaint policy for AIS, instead choosing to integrate AIS into its Policy for receiving, investigating, responding to and learning from Complaints, PALS enquiries, and Professional Enquiries (Complaints Policy. Codes have been allocated to identify an AIS complaint in order to monitor the number and nature of complaints. This will help the Trust identify patterns or themes that may occur.

Where there is a breach in complying with this Policy and that breach has implications on the delivery of safe, effective healthcare then the Trust's Incident Reporting procedure must be applied - Guidance on Reporting Information Governance Related Incident :
http://nww.hacw.nhs.uk/a-z/services/information-governance/incident-reporting/

Complaints procedure is available in Easy Read.

PATIENT ADVICE AND LIAISON SERVICES (PALS)

PALS aims to:
- advise and support patients, services user and carers
- provide information on NHS services
- listen to concerns and suggestions
- help sort out problems quickly

Should this relate to AIS, PALS will contact the service, department or ward to advise them of the action that needs to be taken or contact the Inclusion Practitioner to respond to the needs of the individual.

11 GOVERNANCE – MONITORING AND REVIEW

Bi-annual reports will be submitted to the Quality and Safety committee highlighting:
- the number of patients recorded on CareNotes (as the Trusts primary patient record system),
- the number where no communication or information needs were required
- where needs were stated and recorded
- the format or adjustment to communication or information to meet the individuals need
- unexpected/unanticipated themes and trends with possible rationale

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

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

12 REVIEW, REVISION AND DISSEMINATION

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

13 LEGISLATION - POLICY COMPLIANCE

The following documents have been used to inform this policy: -

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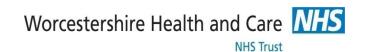- Interpreting & Translation Policy

- Trust Communication Policy and
- Brand Guidelines

Further Information, Advice, Support

Inclusion and Organisational Development Practitioner   15
Isaac Maddox House, Shrub Hill Road, Worcester, WR 4 9RW
01905 761311 or 07436 035 315
WHCNHS.EqualityandDiverstiy@nhs.net

Worcestershire Health and Care **NHS**
NHS Trust

Title of Policy/Function	
Accessible Information Standard	New

Short description of Policy/Function (aims and objectives, is the policy/function aimed at a particular group if so what is the intended benefit):
This policy will ensure that Worcestershire Health and Care NHS Trust has a clear, consistent, transparent and fair approach to the provision of accessible, inclusive information and communication for : • patients, service users and carers, who have a disability, impairment or sensory loss, to receive communication and information in a format that meets their needs. • Trust Employees who have direct patient contact know how to respond to these needs and are compliant in the Accessible Information Standard (AIS) This policy states how this will be implemented, monitored, reviewed and adjustments made Providing appropriate and relevant communication and information is fundamental to the effective delivery of quality health and clinical care and should be experienced throughout the patients care pathway.

Name of Lead/Author	Job Title	Contact details
Patrick McCloskey	OD & Inclusion Practitioner	Tel: 01905 761311 Mobile: 07436 035315 Patrick.mccloskey@nhs.net

When the policy/function involves patients/staff/partners/stakeholders etc please where possible include them in the Equality Analysis to demonstrate openness, transparency and inclusion and particularly by those who this policy/function is most likely to have impact.

Does this Policy/Function have any potential or actual impact that is positive(+), neutral (N) or negative (-) impact on the following protected characteristics please indicate:				
	+	N	-	Please provide a rational/justification for each of the following regardless of impact
Age	+			This Policy applies to all ages, both Minors and Adults. Language will be adapted to take into consideration the age of child and their level of comprehension, however, it is likely this will be discussed the Minor's parents, guardians, advocate or carer.
Disability	+			The AIS standard is specifically to support people with a Disability, impairment or sensory loss to ensure fairness and equality in access to information and in receiving communication
Gender Reassignment		N		The Policy and principles of AIS apply to an individual who is transgender or undertaking gender reassignment. This is no know reason why an individual should be treated any differently to another other person
Pregnancy & Maternity		N		The principle of AIS applies equally to women who are on maternity leave or pregnant, in the event of the woman having a disability, impairment or sensory loss their communication or information support needs should be recorded and acted on to meet their needs
Race		N		There are no know cultural or race adjustments needs other than if the person in addition to having a disability, impairment or sensory loss does not speak English, this would mean an interpreter would be sourced and that adjustments to communication may need to be in

				their spoken language. It should be noted however, while the person speaks another language it cannot be assume they can read that language.
Religion & Belief		N		There is not positive or negative impact based on Religion or belief.
Sex		N		The policy applies to both Genders Male and Female in the same way and without prejudice or favour to either gender.
Sexual orientation		N		Regardless of an individual's sexual orientation or identity, the AIS and this Policy holds the same principles and values in providing communication or information support to individuals who are disabled, have an impairment or sensory loss
Marriage & Civil Partnership		N		This applies to those who are married, single, divorced, windowed or any iterations in between, regardless there is no negative or positive impact with regard to the AIS and this Policy

While the policy is for people with disabilities, impairments and sensory loss it will have unintended positive benefits for people who don't speak English as their first language, for the Gypsy Romany and Traveller population and gives a clear message of the role of carers

Analysis conducted by: (minimum of 3 people)			
	Name	Job Title	Contact details
1	Patrick McCloskey	OD & Inclusion Practitioner	Tel: 01905 761311 Mobile: 07436 035315 Patrick.mccloskey@nhs.net
2	Rachel Kirkwood	Head of Equality & Organisational Development	r.kirkwood@nhs.net
3	John Bagnall	Associate Director of Workforce	john.bagnall@nhs.net

Start date of policy/function	
Review date of policy/function	

Service Delivery Unit:	Corporate Policy						
Reference/Version: V7	Date Equality Analysis completed:	D	D	M	M	Y	Y

If you have identified a potential discriminatory impact on the policy/function please refer it to the author together with suggestions to avoid or reduce the impact.

A copy of the completed Equality Analysis must be attached to the policy/function and a copy sent to:

Patrick McCloskey
Organisational Development & Inclusion Practitioner
Isaac Maddox House, Shrub Hill Road, Worcester, WR4 9RW
Tel: 01905 763 311
Patrick.mccloskey@nhs.net