

ACCESSIBLE INFORMATION STANDARD IMPLEMENTATION POLICY

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ACCESSIBLE INFORMATION AND COMMUNICATION POLICY

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ACCESSIBLE INFORMATION AND COMMUNICATION RATIONALE

1. INTRODUCTION

- 1.1 This policy will ensure that Yeovil District Hospital (YDH) NHS Foundation Trust has a clear, consistent, transparent and fair approach to the provision of accessible, inclusive information and communication support to all. The policy covers all of YDH 'corporate business,' including both internal and external communication, and should be followed by all staff. Further clarity about the scope of this policy is included in Appendix 2.
- 1.2 The Accessible Information Standards (AIS) were introduced by NHS England in 2015 to ensure that health and social care providers can identify, flag, share, record and meet the needs of people who have additional communication needs.
- 1.3 The aim of the AIS Policy is to ensure that patients (and, where appropriate, carers and families) who have information or communication needs relating to a disability, impairment or sensory loss, receive:
 - Accessible Information – information which is able to be read, received or understood by the individual or group for which it is intended, such as information in Easy Read, audio, video, Braille, or a digital format that can be read with a communication device
 - Communications Support – support which is needed to enable effective, accurate dialogue between a patient and health professional to take place such as a sign language interpreter, note taker or Text Talk service

In more simple terms, health and social care services must give people with additional communication needs information they can understand and communication support if they need it.

The introduction of the AIS is a big step forward in ensuring that everyone can access information they can understand about their own health and care. It will ensure a more consistent approach across health and social care services and will support people to:

- Make decisions about their health and wellbeing, care and treatment
- Better understand and self-manage their condition
- Access services appropriately and independently
- Make choices about treatments and procedures

2. DEFINITIONS

2.1 Identity

- Identify current patients who may have an additional communication need. Existing patients should be asked about their needs opportunistically, for example when attending for a longer appointment.

- Identify new patients who may have an additional communication need by updating the TrakCare registration details.

2.2 Record

- Record patients' additional communication needs using codes in the TrakCare system.

2.3 Flag

- Add flags or alerts to the patient record to ensure that additional communication needs are visible and obvious to all staff who are in contact with patients.

2.4 Share

- Ensure that data around patients' additional communication needs can be shared with other care givers in other settings, such as social care, secondary care and community care.

2.5 Act

- Train staff to effectively communicate with patients with additional communication needs.
- Use alternative communication methods and provide information for patients in a way that they can understand

3. POLICY AIM

3.1 The aims of this policy are:

- To set out the Trust's expectations in relation to AIS
- To provide guidance for all staff in understanding their role and responsibilities in relation to AIS Policy Procedure.

4. ROLES AND RESPONSIBILITIES

Chief Executive

The Chief Executive is responsible for the statutory duty of quality and takes overall responsibility for this policy.

Medical Director

The Medical Director is responsible for overseeing the annual audit programme associated with this policy.

The Clinical Outcomes Committee

The Clinical Outcomes Committee is responsible for reviewing the results of national audits and the half yearly and annual clinical audit reports prepared by the Clinical Effectiveness Team.

Managers of Clinical and Non-Clinical Areas

Are responsible for ensuring that:

- Staff are trained and competent to understand Policy requirements
- Prepared to raise concerns and address these concerns as appropriate to ensure patients and carers where appropriate receive accessible information

Healthcare Professionals

Healthcare Professionals are individually accountable for ensuring they audit their own practice as defined by their codes of practice.

Information Governance Lead and Clinical Governance Lead

The General Manager for Information Governance and Head of Clinical Governance is responsible for overseeing the implementation of the policy and providing support and guidance to the Clinical and Corporate Teams where required.

Equality and Diversity Leads

Equality and Diversity Leads have been identified, they are responsible for maintaining an overview of all Equality and Diversity requirements, and will work closely with the teams across the organisation to ensure the AIS is implemented effectively.

5. COMMITMENT TO STAKEHOLDER ENGAGEMENT, COLLABORATION AND PARTNERSHIP

5.1 Involving Patients and the Public

- The Trust promotes a commitment to the principle of involving patients/carers in the AIS process either indirectly through the use of patient surveys/questionnaires or directly through participation of identified individuals on project steering groups or patient forums.
- Multi-disciplinary and multi-professional audit, and partnership working with other organisations
- The Trust encourages clinical audit undertaken jointly across professions and across organisational boundaries. Partnership working with other local and regional organisations will be encouraged where improvements to the patient journey may be identified through shared clinical audit activity.
- Initially the scope of requirements will be undertaken by the Patient Engagement Lead in collaboration with the Ophthalmology and Audiology outpatient teams, this will include a patient engagement survey. Once these patient groups have been consulted further patient specific groups will be identified for targeted and ongoing audit and consultation.

6. WORKING WITH COMMISSIONERS

- 6.1 The Trust will work collaboratively with its commissioners following consultation and agreement of auditing the standards and reporting requirements
- 6.2 The Equality and Diversity Lead will continue to work with the County and Regional network to inform and influence any further best practice requirements

7. INFORMATION GOVERNANCE

- 7.1 All clinical audit activity must take account of the Data Protection Act (1998) and the Caldicott Principles (1997). To following polices set out the confidentiality and security arrangements:
 - Patient Confidentiality Policy
 - Data Protection Policy
 - Information Security Policy
 - Email Communications and Web Browsing Policy

8. POLICY IMPLEMENTATION REQUIREMENTS

8.1 Identify

Ideally YDH would be informed by GPs that a patient has an AIS communication need, e-referral systems will include a request for this information to be included.

The first step should be to identify new patients who have an additional communication need. This can be done by updating patient demographic details on TrakCare on admission or new contact in the organisation, online and paper versions, in order to capture the required information early.

There is no current mandate under the Accessible Information Standard to retrospectively identify all existing patients with an additional communication need, but this would be considered best practice and adheres to the 2010 Equality Act.

Therefore all staff are required to update current patient details on TrakCare at the next appointment or contact.

YDH could opportunistically identify patients with additional communication needs in a number of ways.

To highlight those patients who may have a communication need, TrakCare lead will be required to provide a report on the existing patient database using the codes used by YDH to identify certain conditions.

The following codes may indicate an additional communication need:

- Registered blind or partially sighted
- Hearing loss

- Hearing aid user
- Registered deaf
- Sensorineural deafness
- Autistic spectrum disorder
- Learning disability
- Aphasia

Once the patients with these codes have been identified, a flag to the patient record which would alert staff, reminding them to ask the patient, their parent or carer about additional communication needs on their next visit. This means the patient or their carer or family member, has effectively “opted in” to an alternative form of communication.

YDH have decided to contact all patients known to them, who have been identified by one of the codes above, with a letter to ask if they have an additional communication need. This is not a mandated requirement however there is a sample letter that can be sent to patients in Appendix A.

If the patient does have communication needs, then the patient should also be asked for consent to share the information through detailed record sharing or by having additional information in the electronic health record.

In order to support patients and relatives/carers understanding of the AIS requirements and their right to accessible information, the YDH public website will be updated.

In addition to this posters and/or screens will be utilised to promote the message and ask those with additional communication needs to make their wishes known to reception staff,

Self-Check in booths in outpatients will facilitate access to accessible information and support patients to identify themselves as requiring adjustments

8.2 Record and Flag

Once a patient has been identified, either on registration or as part of a later conversation with staff, as needing alternative communication methods and formats, this information must be recorded. This should be recorded within the TrakCare clinical system, where all patient demographics, notes and history are recorded.

Using TrakCare to record alternative communication needs

TrakCare software providers are working closely with YDH to ensure that the system is configured in a way which allows YDH to record additional communication needs, then flag and share that information across the system. TrakCare now has the functionality

to record the Accessible Information Read codes. For the full list of codes see Appendix B.

8.3 Share

Once a patient's communication needs have been recorded in the TrakCare system, and this information is being used by all staff, the next step is to share this information across other care settings. GPs are typically a patient's first point of contact with health services, and as such there is a burden of responsibility on the GP and practice staff to ensure that information is accurate and up to date, and that it can be shared with other agencies, such as social care, ambulance services, hospices, out-of-hours services, A&E Departments, for example. There are a number of ways that GPs can share information with professionals in other care settings, using local data sharing agreements, data warehouses and reporting systems.

In YDH we will be utilising the Summary Care Record and e-Referral Service as two key data sharing mechanisms.

As further information sharing digital technology systems are developed these will be considered and utilised according to data protection act legislation requirements.

8.4 Act

Once a patient's additional communication needs have been identified, recorded, flagged and shared, the final and most important step is to act upon those needs.

Acting upon the needs means changing the way staff interact with that patient, changing the methods of communication and ensuring that the patient receives information both remotely, and in person, in a way that suits that patient's individual needs.

Often patients, carers and relatives have already well established methods of accessing information and understanding these is important and should be documented.

If however it is difficult to ascertain the specific requirements, there are many different ways of communicating with patients, depending on the nature of the patient's disability and their communication needs. Not all patients require big changes, and there are a number of ways that we can meet the needs of all patients with a few simple adjustments.

Digital Format

- A large proportion of patients with additional communication needs use assistive technology to enable them to understand written information, so providing information in a screen reader-friendly, digital format like email, SMS or web-based format. Many smartphones and PCs offer screen-reader functions in

their operating systems so no extra technology or expense is required by patients to use them.

- Digital formats work well for patients who are blind or partially sighted, and screen reader turn the letters into spoken word.
- Digital formats, as opposed to phone calls, also work well for those who are deaf or have hearing impairments.

Easy read format

- Easy read refers to the presentation of text in an accessible, easy to understand format. It is often useful for people with learning disabilities, and may also be beneficial for people with other conditions affecting how they process information. Easy read usually consists of simple words accompanied by descriptive pictures. YDH communications team will be able to create Easy Read documents, or utilise those created by other organisations.

Interpreter services

- For some patients, particularly those with who are deaf, deafblind, or have hearing impairments, an interpreter may be required. Interpreter services can include:

British Sign Language interpreters

- A physical interpreter who attends a consultation with a patient and translates the patient's sign language into spoken word for the Clinician, and vice versa.

Deafblind interpreters

- People who are deafblind may use some form of tactile communication, which could include fingerspelling, where an interpreter spells out words on someone's hand. They could also use the deafblind manual alphabet, where the translator spells out each letter on the receiver's palm.

Lipspeakers

- A lip speaker is a hearing person who is trained to be easy to lipread by a deaf person or someone who is hearing impaired. They may also use finger spelling and gestures to make themselves easier to understand.

Electronic/manual notetakers

- Notetakers transcribe face to face appointments and consultations for those who are deaf, deafblind, or hard of hearing, into an agreed format, from a summary, to comprehensive notes. These can be done manually, or in electronic format for use with a personal communication device.

Speech-to-text reporters

- Speech to text reporters are similar to note takers, but they type every word and relay it in real time onto a tablet or computer screen. Speech to text reporter services can be called remotely and done via webcam or in person.

Video relay communicators

- Video relay services allow deaf people to make phone calls where they previously wouldn't be able to do so. The deaf user can video call an interpreter, who then dials the number of the person they wish to speak to. The deaf person relays their message by signing and the interpreter speaks the words to the recipient.
- Video relay services can also act as remote interpreter services in a face to face appointment or consultation. Clinicians can use these services to call deaf patients and have their words translated to the patient by a sign language interpreter. Or they can dial into these services during a consultation to bring an interpreter up on screen for the duration of the appointment.

9. WORD360 – PROVIDER OF TRANSLATION & INTERPRETATION

9.1 Contract details

As of the 01st November 2017, the Trust's contracted provider of Translation and Interpretation services is Word360 Ltd (Contract Ref - YDHPROC0131). This contract will run until 31/07/2019.

9.2 Services provided

Word360 is now responsible for providing the following services to the Trust:

- Face to Face Interpreting (Including BSL)
- Telephone Interpreting
- Video Interpreting
- Document Translation
- Non-Spoken Communication
- Transcription

9.3 Access to services

Staff that wish to use the services provided are required to create an account on Word360's booking platform – www.wordskii.com.

A variety of "How to Guides" ranging from creating an account, to booking a face to face interpreter can be found on Ycloud, under the 'Interpreters' page.

9.4 Contact details

Should any member of staff have any questions or difficulties, Word360 can be contacted via the following –

- General Enquires Tel: 0121 554 1981
- General Enquires email: teamwork@word360.co.uk
- IT Enquiries email: itsupport@word360.co.uk

10. TRAINING AND DEVELOPMENT

10.1 Staff training

All staff, particularly Emergency Department, Maternity Department and Outpatient or Clinic receptionists and administrators, are often the first people to come into contact with the patients. All staff play a significant role in the patient experience, and need to be aware of disabilities, which are sometimes not apparent, and of how to best communicate with those patients to ensure that they understand the information they are being given. Staff who have attended disability equality training will be able to interact more confidently and more effectively with people who have disabilities and additional communication needs. To maintain effective communication, staff will need an ongoing programme of disability equality training.

10.2 Provision of AIS training

The Academy and Equality and Diversity Leads will manage the training requirements and provide appropriate training, resources and support to groups or individuals on a requirement basis.

10.3 Applicability

This policy applies to any person engaged in the AIS process under the auspices of the organisation, including staff, students, volunteers and patients.

11. REFERENCES

- NHS England Accessible Information and Communication Policy, November 2016

12. EQUALITY IMPACT ASSESSMENT

12.1 This policy has been assessed and implemented in line with the policy on procedural documents and an equality impact has been carried out to ensure the policy is fair and does not discriminate any staff groups, see Appendix C

APPENDIX A: SAMPLE IDENTIFICATION LETTER TO PATIENTS

Address
Address
Address
Address

Date

Dear XX

At Yeovil District Hospital NHS Foundation Trust we want to make sure that we give you information in a way that is clear to you.

We are writing to you to ask if you find it difficult to read or understand information that we send to you or need us to communicate with you in a particular way at the surgery. Our records indicate that you might need information presented in a particular way. Please return this letter to the practice in the stamp addressed envelope with your answers to our questions to help us meet your needs. Please put a tick in the boxes that describe your preferred means of communicating.

When we write to you or contact you, do you need us to communicate in a particular way?

Yes

No

If your answer is yes, please tell us which way you would prefer us to communicate with you. You may tick more than one box but please make your preference clear.

By phone

I prefer to use the phone and I use a hearing aid

I prefer to use the phone and do not use a hearing aid

By email

I use a screen reader

I do not use a screen reader

By text message

I use a text to speak app

I do not use a text to speak app

With Easy Read pictures and words

By letter using large type

When you come to the surgery do you need a British Sign Language interpreter?

If you need anything that is not on the list above, please tell the doctor, nurse or receptionist when you come in for your next appointment and we will do our best to meet your needs.

Yours sincerely,

APPENDIX B: COMMUNICATION NEEDS CODES

SCCI1605 Accessible Information: Terminology (as at 15.04.16)

Explanatory note

Current SNOMED CT, Read v2 and CTV3 codes associated with SCCI1605 Accessible Information ('the Accessible Information Standard') are listed below, along with synonyms. FSNs (Fully Specified Names) and synonyms are not case-sensitive (although Read codes are). The four subsets defined by SCCI1605 Accessible Information are listed within the [Data Dictionary for Care \(dd4c\)](#). The [NHS Data Model and Dictionary](#) also includes four data elements which support SCCI1605 Accessible Information, under a new [Accessible Information](#) category:

[Accessible Information - communication support](#)
[Accessible Information - requires specific contact method](#)
[Accessible Information - requires communication professional](#)

[Accessible Information - requires specific information format](#)

Links to published SNOMED CT Subset Metadata are below:

Subset Name	Subset Original Id	Refset Id	Subset Status	Subset Type	Refset Type
<u>Accessible information - communication support</u>	58921000000137	99900212100000109	Supported	Realm Concept	Simple
<u>Accessible Information - requires communication professional</u>	58951000000133	99900215100000104	Supported	Realm Concept	Simple
<u>Accessible Information - requires specific contact method</u>	58931000000135	99900213100000106	Supported	Realm Concept	Simple
<u>Accessible Information - requires specific information format</u>	58941000000130	99900214100000102	Supported	Realm Concept	Simple

Further information about clinical architecture / terminology is included in the Specification.

Data items associated with the four subsets of SCCI1605 Accessible Information as at 15.04.16

<u>SNOMED CT</u>	FSN (Fully Specified Name) (also known as 'human readable definitions' or 'categories')	READV 2	CTV 3	Synonyms
225833001	Uses a legal advocate (finding)	9NgzL	Ua2 AI	Uses legal advocate.
225834007	Uses a citizen advocate (finding)	9NgzM	Ua2 AJ	Uses citizen advocate.
285055002	Does use hearing aid (finding)	2DH1	Xa2y X	Does use hearing aids. Uses hearing aid. Uses hearing aids.
404903008	Uses sign language (finding)	13o8M	Xad2 8	Uses sign language. Sign language user.
415803005	Uses British sign language (finding)	13ZM	XaIL E	Uses BSL. BSL user.
415805003	Uses Makaton sign language (finding)	13ZP	XaJ PI	Uses Makaton. Makaton user.
441092009	Does lip read (finding)	13ZL	Xa4 A6	Lipreads. Lipreader. Lip-reader. Uses lipreading.
445076009	Uses manual note taker (finding)	13o82	XaR 7L	Uses manual notetaker. Uses manual note-taker.
445121000	Uses electronic note taker (finding)	13o81	XaR 7I	Uses electronic notetaker. Uses electronic note-taker.
445123002	Uses speech to text reporter (finding)	13o83	XaR 7M	Uses STTR.
445129003	Uses cued speech transliterator (finding)	13o84	XaR 7O	
445143008	Uses lipspeaker (finding)	13o80	XaR 7H	Uses lip-speaker. Uses lip speaker.
445488003	Uses telecommunications device for the deaf (finding)	13o86	XaR 7Q	
52049100000109	Preferred method of communication: written (finding)	13o7	XaR 7B	Prefers communication in writing. Prefers written communication.
76154100000100	Uses alternative communication skill (finding)	Xad26	13o8 L	Communicates in an alternative way.
83734100000108	Uses Personal Communication Passport (finding)	13o8K	XaZ L6	Uses Communication Passport. Uses Hospital Passport. Uses Communication Book.
95483100000109	Uses communication device (finding)	13o8A	XacF O	Uses communications device. Uses device for communication. Uses

<u>SNOMED CT</u>	FSN (Fully Specified Name) (also known as 'human readable definitions' or 'categories')	READV 2	CTV 3	Synonyms
				communication aid. Uses communication tool.
95703100000107	Uses deafblind intervener (finding)	13o8J	XacJE	Uses deafblind intervenor.
98178100000107	Uses Deafblind Manual Alphabet (finding)	13o8N	Xad2A	Uses Deafblind Manual. Deafblind Manual Alphabet User. Deafblind Manual User.
98509100000109	Uses personal audio recording device to record information (finding)	9Nfh	Xad9e	Personal Audio Recording Device User.
79566100000104	Requires contact by telephone (finding)	9Nf4	XaYA0	Needs contact by telephone. Must be contacted by telephone. Only to be contacted by telephone. To be contacted by telephone.
79608100000106	Requires contact by text relay (finding)	9Nf8	XaYAu	Needs contact by text relay. Must be contacted by text relay. Only to be contacted by text relay. To be contacted by text relay.
93670100000103	Requires contact by short message service text message (finding)	9NfP	Xabs c	Needs contact by short message service text message. Needs contact by text message. Needs contact by SMS text message. Must be contacted by short message service text message. Must be contacted by text message. Must be contacted by SMS text message. Only to be contacted by short message service text message. Only to be contacted by text message. Only to be contacted by SMS text message. To be contacted by short message service text message. To be contacted by text message. To be contacted by SMS text message.
93672100000107	Requires contact by letter (finding)	9NfQ	Xabs d	Needs contact by letter. Must be contacted by letter. Only to be contacted by letter. To be contacted by letter.
93674100000100	Requires contact by email (finding)	9NfR	Xabs e	Needs contact by email. Must be contacted by email. Only to be contacted by email. To

<u>SNOMED CT</u>	FSN (Fully Specified Name) (also known as 'human readable definitions' or 'categories')	READV 2	CTV 3	Synonyms
				be contacted by email.
94593100000101	Requires audible alert (finding)	9NfX	Xac5O	Needs audible alert.
94595100000108	Requires visual alert (finding)	9NfY	Xac5P	Needs visual alert.
94597100000104	Requires tactile alert (finding)	9NfZ	Xac5Q	Needs tactile alert.
98421100000106	Requires contact via carer (finding)	9Nff	Xad6e	Needs contact via carer. Must be contacted via carer. Only to be contacted via carer. To be contacted via carer.
36774100000102	Requires information verbally (finding)	9Nf1	XaP Sq	Needs information verbally.
79569100000105	Requires information on digital versatile disc (finding)	9Nf5	XaY A2	Requires information on DVD. Needs information on DVD. Needs information on digital versatile disc.
79573100000104	Requires information on compact disc (finding)	9Nf6	XaY A5	Requires information on CD. Needs information on compact disc. Needs information on CD.
79580100000104	Requires information on audio cassette tape (finding)	9Nf7	XaY AB	Needs information on audio cassette tape. Requires information on cassette tape. Needs information on cassette tape.
79616100000101	Requires information in Easyread (finding)	9NfA	XaY B0	Needs information in easyread. Requires information in easy read. Needs information in easy read.
93658100000101	Requires information by email (finding)	9NfH	Xabs W	Needs information by email.
93660100000105	Requires information in electronic audio format (finding)	9NfJ	Xabs X	Needs information in electronic audio format.
93662100000101	Requires information in Moon alphabet (finding)	9NfK	Xabs Y	Needs information in Moon alphabet. Requires information in Moon. Needs information in Moon.
93664100000108	Requires information in Makaton (finding)	9NfL	Xabs Z	Needs information in Makaton.
93666100000109	Requires information in contracted (Grade 2) Braille (finding)	9NfM	Xabs a	Needs information in contracted (Grade 2) Braille. Requires information in contracted Braille. Requires information in Grade 2 Braille. Needs information in

<u>SNOMED CT</u>	FSN (Fully Specified Name) (also known as 'human readable definitions' or 'categories')	READV 2	CTV 3	Synonyms
				contracted Braille. Needs information in Grade 2 Braille.
93668100000100	Requires information in uncontracted (Grade 1) Braille (finding)	9NfN	Xabsb	Needs information in uncontracted (Grade 1) Braille. Requires information in uncontracted Braille. Requires information in Grade 1 Braille. Needs information in uncontracted Braille. Needs information in Grade 1 Braille.
95733100000109	Requires written information in at least 20 point sans serif font (finding)	9Nf00	XacJU	Needs written information in at least 20 point sans serif font. Requires printed information in at least 20 point sans serif font. Needs printed information in at least 20 point sans serif font.
95735100000102	Requires written information in at least 24 point sans serif font (finding)	9Nf01	XacJV	Needs written information in at least 24 point sans serif font. Requires printed information in at least 24 point sans serif font. Needs printed information in at least 24 point sans serif font.
95737100000106	Requires written information in at least 28 point sans serif font (finding)	9Nf02	XacJW	Needs written information in at least 28 point sans serif font. Requires printed information in at least 28 point sans serif font. Needs printed information in at least 28 point sans serif font.
94569100000105	Requires information on USB mass storage device	9NfS	Xac4L	Requires information on USB stick. Needs information on USB mass storage device. Needs information on USB stick
94575100000106	Requires information in electronic downloadable format	9NfT	Xac4f	Needs information in electronic downloadable format.
98498100000107	Requires healthcare information recording on personal audio recording device (finding)	9Nfe	Xad9W	Needs healthcare information recording on personal audio recording device.
98502100000106	Requires third party to read out written information (finding)	9Nfg	Xad9Y	Needs third party to read out written information.
20433100000107	British Sign Language interpreter needed (finding)	9NUw	XaLTC	British Sign Language interpreter required. BSL interpreter required. BSL interpreter needed. Needs

<u>SNOMED CT</u>	FSN (Fully Specified Name) (also known as 'human readable definitions' or 'categories')	READV 2	CTV 3	Synonyms
				BSL interpreter. Requires BSL interpreter. Requires British Sign Language interpreter. Needs British Sign Language interpreter.
20434100000103	Makaton Sign Language interpreter needed (finding)	9NUx	XaL TD	Makaton Sign Language interpreter required. Requires Makaton Sign Language interpreter. Needs Makaton Sign Language interpreter. Makaton interpreter required. Makaton interpreter needed. Needs Makaton interpreter. Requires Makaton interpreter.
225835008	Needs an advocate (finding)	9NgzN	Ua2 AK	Requires an advocate. Advocate needed. Advocate required.
79620100000109	Requires deafblind communicator guide (finding)	9NfB	XaY B3	Needs deafblind communicator guide. Deafblind communicator guide needed. Deafblind communicator guide required.
93676100000104	Sign Supported English interpreter needed (finding)	9NnQ	Xabs f	Sign Supported English interpreter required. SSE interpreter required. Needs Sign Supported English interpreter. Requires Sign Supported English interpreter. Needs SSE interpreter. Requires SSE interpreter.
95705100000100	Requires deafblind manual alphabet interpreter (finding)	9Nfa	XacJ F	Needs deafblind manual alphabet interpreter. Deafblind manual alphabet interpreter required. Deafblind manual alphabet interpreter needed.
95707100000109	Requires deafblind block alphabet interpreter (finding)	9Nfb	XacJ G	Needs deafblind block alphabet interpreter. Deafblind block alphabet interpreter required. Deafblind block alphabet interpreter needed.
95711100000103	Requires deafblind haptic communication interpreter (finding)	9Nfc	XacJ I	Needs deafblind haptic interpreter. Deafblind haptic interpreter required. Deafblind haptic interpreter needed.
94589100000106	Requires manual notetaker	9NfV	Xac5 M	Needs manual notetaker. Needs manual note-taker. Needs manual note taker. Manual notetaker needed.

<u>SNOMED CT</u>	FSN (Fully Specified Name) (also known as 'human readable definitions' or 'categories')	READV 2	CTV 3	Synonyms
				Manual note-taker needed. Manual note taker needed. Manual notetaker required. Manual note-taker required. Manual note taker required.
94591100000109	Requires lipspeaker	9NfW	Xac5N	Needs lipspeaker. Needs lip speaker. Needs lip-speaker. Lipspeaker required. Lip speaker required. Lip-speaker required. Lipspeaker needed. Lip speaker needed. Lip-speaker needed.
94571100000107	Visual frame sign language interpreter needed (finding)	9NnR	Xac4M	Visual frame sign language interpreter required. Requires visual frame sign language interpreter. Needs visual frame sign language interpreter.
94573100000104	Hands-on signing interpreter needed (finding)	9NnS	Xac4N	Hands-on signing interpreter required. Requires hands-on signing interpreter. Needs hands-on signing interpreter.
96640100000100	Requires speech to text reporter (finding)	9Nfd	XacYA	Needs speech to text reporter. Requires STTR. Needs STTR. Needs speech-to-text-reporter. Requires speech-to-text-reporter. STTR needed. STTR required. Speech to text reporter needed. Speech to text reporter required.
98469100000104	Requires sighted guide (finding)	1a01	Xad89	Needs sighted guide. Sighted guide needed.

APPENDIX C – EQUALITY IMPACT ASSESSMENT TOOL

To be completed and attached to any procedural document when submitted to the appropriate committee for consideration and approval.

		Yes / No / N/A	Comments
1.	Does the policy/guidance affect one group less or more favourably than another on the basis of:		
	• Race	No	
	• Ethnic origins (including gypsies and travellers)	No	For those requiring information in a language other than English interpretation or translation is available, as outlined in this Policy.
	• Nationality	No	For more nomadic lifestyles within some local communities, the Trust can provide information in a method as preferred by the individual, e.g. electronic format where there may be no fixed abode
	• Gender	No	
	• Culture	No	
	• Religion or belief	No	
	• Sexual orientation including lesbian, gay and bisexual people	No	
	• Age	No	Our leaflets are in line with the (adult) reading age on NHS Choices of 10 years-old. Clinicians also provide further detail on what they have said or issued prior to an appointment, with opportunity for an individual to raise questions.
	• Disability	Yes	This policy is required in order to meet the Accessible Information Standards requirements for those with disability
2.	Is there any evidence that some groups are affected differently?	Yes	The Trust will make reasonable adjustments as required by individuals, e.g. those with learning disabilities or particular conditions which may affect communication needs.
3.	If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?	Yes	For example, translation or interpretation services are available but provision is dependent upon availability and there may be delays in provision if there is a shortage of BSL interpreters.
4.	Is the impact of the policy/guidance likely to be negative?	No	
5.	If so can the impact be avoided?	N/A	
6.	What alternatives are there to achieving the policy/guidance without the impact?	Nil	AIS is a national requirement implemented by NHS England
7.	Can we reduce the impact by taking different action?	No	

If you have identified a potential discriminatory impact of this procedural document, please refer it to the Trust's lead for Equality & Diversity, together with any suggestions as to the action required to avoid / reduce this impact. For advice in respect of answering the above questions, please contact the Trust's lead for Equality & Diversity.

Signed: Elaine Cox, E&D Deputy

Date: 31st January 2018