Accessible Information Standard (AIS) Policy

Central Bedfordshire Council
Adult Social Care Service

Accessible Information Standard Policy

Directorate:	Social Care, Health, and Housing (SCHH)		
Division & Service:	Adult Social Care / Commissioning / Resources		
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Policy Owner Signatories

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CQC Assurance Key Areas and Statements:

This policy document supports CQC Assurance Key Areas (detailed in section 7):

Safe	Effective	Caring	Responsive	Well-led
	●	●	●	●

Contents

1. Introduction

1.1 The Accessible Information Policy sets out Central Bedfordshire Council Adult Social Care Services approach to meeting the requirements of the Accessible Information Standard (AIS).

1.2 The Accessible Information Standard (NHS England, July 2016) places a requirement on NHS and local authority organisations to develop a standardised approach to identifying, recording, flagging, sharing and acting on a person's communication needs, where this need arises from a disability, impairment or sensory loss.

1.3 The AIS applies to all organisations that provide NHS or adult social care. Commissioners of publicly funded services must ensure that contracts, frameworks and performance-management arrangements with provider bodies enable and promote the Standard's requirements.

1.4 In providing adult social care services Central Bedfordshire Council will ensure that officers:

- ask people if they have any information or communication needs, and find out how to meet their needs;

- record those needs clearly and in a set way – ensuring that they are 'highly visible' on either electronic or paper records;

- highlight or flag the person's file or notes so it is clear that they have information or communication needs and how to meet those needs;

- share details about people's information and communication needs with other providers of NHS and adult social care, when they have consent or permission to do so – as part of existing data-sharing processes, and routine referral, discharge and handover processes;

- take steps (reasonable adjustments) to ensure that people receive information which they can access and understand and receive communication support if they need it. This will primarily be through options set out in the Accessible Communications Options List (appendix 1) to ensure a prompt service but alternatives can be requested where reasonable.

2. Legislation and Regulatory Framework

2.1 The Accessible Information Standard (NHS England July 2016) (amended 2017) - From 1 August 2016 onwards, all organisations that provide NHS care and / or publicly funded adult social care are legally required to follow the Accessible Information Standard by ensuring that people with a disability or sensory loss are given information in a way they can understand.

2.2 DCB1605 Accessible Information (formerly SCCI1605 Accessible Information) – the 'Accessible Information Standard' v1.1 - aims to provide clarity on aspects of the Standard and to support the embedding of new or amended processes.

2.3 DCB1605 Accessible Information: Implementation Guidance – Change Paper v 0.1 published August 2017 paper outlines amendments which have been made to version 1.1 of the Implementation Guidance (as reissued in August 2017). Organisations that have already

implemented the Standard (also known as 'existing users') must consider this 'change paper' and take any necessary steps to ensure that they remain compliant.

2.4 Other relevant legislation:

- Equality Act 2010 - The Act 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.

- Health and Social Care Act 2012 - Section 250 sets out powers for the National Health Service Commissioning Board to publish information standards.

- Care Act 2014 - details specific duties for local authorities with regards to the provision of advice and information, this includes the requirement that, "Information and advice provided under this section must be accessible to, and proportionate to the needs of, those for whom it is being provided."

- Data Protection Act 2018 – sets out principles that must be followed when processing personal data.

- Mental Capacity Act 2005 – includes a duty to take all practical and appropriate steps to help people to make a decision for themselves. This includes providing the patient with information tailored to their needs and abilities and in the easiest and most appropriate form of communication for the individual concerned.

- The Mental Capacity Act 2005 Code of Practice (Chapter 3) provides clarity on the requirement to provide information in alternative formats and communication support, "To help someone make a decision for themselves, all possible and appropriate means of communication should be tried."

- Care and Support for Deafblind Children and Adults (Department of Health, 2014)

3. Principles of the Policy

Scope

3.1 This Policy is applicable to all Central Bedfordshire Council Adult Social Care provision.

3.2 The scope of the Standard extends to people (and where appropriate the parents and carers of people) who have information and /or communication support needs which are related to or caused by a disability, impairment or sensory loss. This includes needs for (but not limited to):

- information in 'non-standard', alternative or specific formats, e.g. large print, Braille;

- use of specific or alternative contact methods, e.g. Text Relay which enable people with hearing loss or speech impairment to access the telephone network;

- arrangement of support from a communication professional, e.g. a deafblind manual interpreter or British Sign Language interpreter; and

- support to communicate in a different or particular way or to use communication aids, e.g. to lipread or use a hearing aid.

Definitions

- Accessible information - Information which is able to be read or received and understood by the individual or group for which it is intended.

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

- People – for the purposes of this document, the term people include patients and people who use adult social care services

- Alternative format - Information provided in an alternative to standard printed or handwritten English, for example large print, braille or email.

- Communication tool / communication aid - A tool, device or document used to support effective communication with a disabled person. They may be generic or specific / bespoke to an individual. They often use symbols and / or pictures. They range from a simple paper chart to complex computer-aided or electronic devices.

- Disability - The Equality Act 2010 describes disability as follows, "A person (P) has a disability if — (a) P has a physical or mental impairment, and (b) the impairment has a substantial and long-term adverse effect on P's ability to carry out normal day-to-day activities." This term also has an existing Data Dictionary definition."

  There has been an amendment to the definition for 'disabled people', with 'description' replacing 'definition' and a revised link added. The new definition is:

- "Disabled people – Article 1 of the United Nations Convention on the Rights of Persons with Disabilities has the following description, "Persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others."

- Impairment – The disability charity Scope defines impairment as, "long-term limitation of a person's physical, mental or sensory function"

Commissioning

3.3 Although commissioners are exempt from implementing the Standard themselves, they must ensure that their actions enable and support provider organisations from which they commission services to implement and comply with the requirements of the Standard.

3.4 Contracts, frameworks and performance management arrangements must reflect, enable and support implementation and compliance with the Standard by commissioned providers of adult social care.

Exclusions

3.5 The Standard has some key exclusions and these include:

- Recording demographic data i.e. the standard is not about recording disability and or using this for statistical purposes.

- The Standard scope does not apply to:

- – website accessibility or signage standards. However, health or social care professionals should only refer patients to accessible websites or provide the same information on the website in an alternative, accessible format.

  - – the provision of foreign language needs.

  - – personal preferences where these are not associated with a disability.

- The scope of this standard applies to people with a Learning Disability as defined in the standard, but not to people with a Learning Difficulty. However, NHS England recommend that this is included in local policies.

- The Standard does not cover those who need information translated because English is not their first language

3.6 The [Council's Equality Strategy 2018-2021](#) and associated Policy Statement set out the Council's commitment to the elimination of discrimination in both service delivery and employment so that services are provided fairly to all sections of our community. These documents cover the Council's approach to the exclusions listed above.

4. Policy Details

4.1 In order to make information and communication accessible to people of Central Bedfordshire Adult Social Care our aim is to:

- identify when a person has a communication need;

- ask the person and their carers if they have any communication needs relating to a disability, impairment or sensory loss and, if so, what these needs are.

- record on a person's Adult Social Care record what their communication need is and how that need can be met;

- ensure that people obtain information in an accessible way and can access communication support where needed;

- plan and budget for the provision of information in alternative formats so it can be provided in a timely manner.

- share information about the person's communication need with other NHS and adult social care providers, where we have consent and permission to do so;

4.2 Useful fact sheets to support staff in the above can be found at: https://www.england.nhs.uk/ourwork/accessibleinfo/resources/

Identification of needs:

4.3 We will identify and record information and communication needs when people first interact with our service; or at the earliest opportunity thereafter i.e. we will identify, and record information and communication need as part of ongoing/routine interaction with our service.

Flagging of needs:

4.4 Indication that a person has a communication need will be flagged within their social care record on CareDirector. This will enable staff to take appropriate action and / or trigger auto-generation of information in an accessible format / other actions such that those needs can be met.

Sharing of needs:

4.5 Inclusion of recorded data about persons information and / or communication support needs will be part of existing data-sharing processes, and as a routine part of referral, discharge and handover processes.

Meeting of needs:

4.6 We will take steps to ensure that people obtain information in an accessible way and can access the communication support which they need.

Recording Communication Needs

4.7 A person's communication needs should be recorded on the persons record within the CareDirector Case management system, under communication preferences. Guidance on how and where this is recorded can be found in the "Creating a Person Record Guidance". The guidance documentation is available here: Training Resources Folders

Provision of communications

4.8 We should aim to provide information that is clear, well written and jargon free. This is to benefit both readers and writers of documentation in making our information easier to understand and reducing reading time.

4.9 Any required formats would need to be provided by the operational teams where possible. Information that is on the Council web pages can be made accessible using the 'Recite' web tool that can be accessed using the 'Speak/Translate' link at the top left-hand side of the web site page.
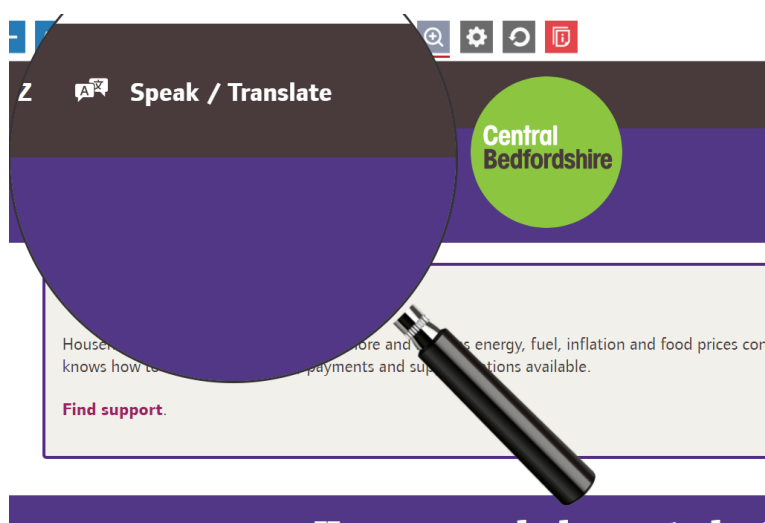
4.10 This tool includes an audio function, the ability to increase/decrease font size, download the page as an audio file, change the language, colours etc.

4.11 We should provide information in alternative formats, where appropriate, using the most suitable method including translation and interpretation.

4.12 Translation and interpretation not only relate to the different languages that are spoken; information may need to be translated into alternative formats such as the following:

- Braille
- British Sign Language (BSL)
- Large print
- Plain text
- Audio
- Easy read

4.13 There may be times when a language barrier prevents people from accessing a service. In these situations, it may be appropriate to provide an interpreter or written translation.

AIS Application

5.1 The NHS England AIS implementation guide describes the subcategories that must be used when recording a persons communication needs:

a. Accessible Information - requires specific contact method

   i. This category relates to the need for services to provide accessible methods or mechanisms which individuals with information and / or communication needs are able to use to contact the service, and which the service uses to contact them.

   ii. For example, many people, including those who are d/Deaf or have some hearing loss, may not be able to use a telephone to book an appointment or receive test results. Alternative communication / contact methods which may be accessible to individuals with information and / or communication needs include email, text message, telephone and text relay.

   iii. Organisations must ensure that an individual's need to use or be contacted by an alternative communication method is flagged and / or highly visible to staff to enable appropriate action to be taken

b. Accessible Information - requires specific information format

   i. This category relates to a need to send correspondence or provide information to an individual in an alternative (non-standard print or non-print) format and will be of relevance where auto-generation systems are used and/or 'standard' or 'generic' letter formats.

   ii. Organisations must ensure that an individual's recorded need for information in an alternative format is flagged and either triggers the automatic generation of correspondence/communication in an alternative format (preferred) or prompts staff to

make alternative arrangements. It is recommended that minimum font size and type is recorded on the person's record.

iii. A standard print letter must not be sent to an individual who is unable to read or understand it.

iv. Organisations must also ensure that they have effective processes in place to ensure and assure the accuracy and quality of translated or transcribed information.

c. Accessible Information - requires communication professional

i. Where a need for support from a communication professional is identified, services must ensure that such support is arranged/provided, and that interpreters and other communication professionals are suitably skilled, experienced and qualified. This should include verification of accreditation, qualification and registration with a relevant professional body.

ii. Wherever possible, requests for a male or female communication professional, for a particular professional and / or for the same professional to provide support to an person during a course of treatment, should be met. This will support continuity of care and is likely to improve the experience of the person, carer or parent.

iii. Organisations must ensure that communication professionals (including British Sign Language interpreters and deafblind manual interpreters) used in health and adult social care settings have:

- appropriate qualifications;
- Disclosure and Barring Service (DBS) clearance;
- signed up to a relevant professional code of conduct.

iv. Organisations should ensure that communication professionals working with d/Deaf and deafblind people (including British Sign Language interpreters and deafblind manual interpreters) are registered with the [National Registers of Communication Professionals working with Deaf and Deafblind People (NRCPD)](#).

v. The NRCPD includes the following professional categories:

- Interpreter for Deafblind People
- Lipspeaker
- Notetaker
- Sign Language Interpreter
- Sign Language Translator
- Speech to Text Reporter

Support from Adult Social Care staff

vi. Where health and social care staff are themselves appropriately qualified, experienced and registered as communication professionals (including with reference to the NRCPD

registration requirements listed above) they may take on the role of communicator or interpreter. This must only occur with the patient, service user, carer or parent's explicit consent – which must be clearly recorded – and the provision of an independent communication professional should always be offered.

Support from family and/or friends as interpreters

vii. As the Accessible Information Standard aims to support people's rights to autonomy and, specifically, their ability to access health and social care services independently, therefore British Sign Language (BSL) interpretation and other communication support should be provided by an appropriately qualified and registered professional (see section 11.6.4.1 of the implementation guidance) and not by a person's family member, friend or carer.

viii. Family, friends or carers can only be used if there is documented, supported evidence of the person's explicit preference for the use of a family member / friend / carer. In these circumstances, this must be agreed with the person and recorded on the person's records. This must also be regularly reviewed as part of the persons ongoing care and support arrangement and whenever a new course of treatment / episode of care is started or proposed or significant decision or choice is to be made.

Support from family and/or friends for people with learning difficulties/disabilities

ix. Use of family members, friends or carers to support communication / act as interpreters is most likely to be appropriate where a person has multiple / complex needs (for example a moderate to severe learning disability and sensory loss) and / or a personal method of communication (i.e. not 'standard' BSL or deafblind manual). It may be appropriate for one or more family members, friends or carers to support communication instead of or alongside one or more communication professionals. This must be discussed, agreed and recorded on the persons records

Remote access to communication support

x. In addition to arranging a particular professional to support communication, use telecommunications application software to support a video conversation is should also be considered.

xi. Video relay services / video remote interpreting services enabling a three-way conversation to take place between a d/Deaf BSL user and an English speaker via a BSL interpreter is available to users of the d the [NHS111](#) service.

xii. Video interpreting services are particularly useful in urgent or emergency care settings, when it may not be possible to arrange for face-to-face support from a communication professional in time. However, this should not be used as replacement for face-to-face interpretation / communication support, and may not be appropriate in some circumstances. Best practice would be that, where possible, and for routine care, people should be given the option of remote or face-to-face interpretation.

xiii. If using a remote interpretation service, you must ensure that interpreter meets the appropriate qualification and registration requirements set for professionals

d. Accessible information - communication support

i. This category relates to the provision of support to enable effective communication/conversation, for example by the provision or use of aids or equipment, or by health or social care staff adjusting their behaviour. It is recognised that staff may need training or other awareness-raising to effectively provide some of the types of support / adjustments indicated.

ii. Requests from people with communication needs/requiring support to communicate to be seen by one or more particular members of staff should be accommodated wherever possible. Familiarity with the nuances of a staff member, clinician or professional's dialect, accent and manner of speaking can assist the person with a disability, impairment, or sensory loss to communicate effectively.

Accessible Communication Options List

5.2   Colleagues providing services to people with adult social care needs have access to a range of communication tools or formats to communicate with people. These preferred tools and formats are set out in the Accessible Communication Options List within the AIS Practice Guidance.

5.3   Officers should make themselves aware of the options available and how to source and use any of the tools available promptly and without unreasonable delay (details of this are available in the operating guidance).

5.4   The list will be reviewed periodically to ensure the options are reasonable and appropriate, taking into account take up, cost and alternative tools available.

5.5   Communication options not on the list can be procured where there is no suitable alternative on the list. The requested alternative will be approved if the team manager decides that the communication option is reasonable, proportionate and compliant with the Council's Information Security and Data Protection Policies.

5.6   As well as correspondence in alternative formats, the Standard includes the provision of adult social care user information – such as that often contained with leaflets or booklets – in alternative, accessible formats where this is in support of adult social care users care (including self-care).

5.7   Organisations should consider their most frequently used adult social care user information leaflets / booklets and take steps to ensure that these are readily available in commonly used accessible formats.

Accessible Communication complaints and feedback

5.8   If a person wants to make a complaint, raise a concern or pass on feedback about the availability or quality of Accessible Information, they can do so through the Social Care, Health and Housing Customer Feedback Procedure.

5. Equality and Diversity

6.1 The Accessible Information Standard complements the intentions of the Equality Act 2010 by adding more structure around the requirements of NHS and adult social care providers to meet the communication needs of customers with a disability.

6.2 All SCHH policies are accompanied by an EIA (where applicable) and an implementation plan that sets out monitoring and reporting arrangements available in relation to this policy.

6.3 The Council is proactive about putting in place arrangements to ensure that they do not unfairly discriminate against individuals on the grounds of their protected characteristics. Equality should be integral to the way in which any support is prioritised and delivered.

6. Information and Training Responsibilities

7.1 Training and guidance will be available within the teams that provide adult social care related services.

7.2 The Accessible Communication Options List sets out the variety of communication tools and formats available and how to source and use the tools.

7. Monitoring and Reporting Arrangements

8.1 Compliance with the Accessible Information Standard is monitored through Social Care, Health and Housing Performance Board. The performance indicator is monitored via quarterly reporting and is the proportion of people where information about their communication needs is recorded.

CQC Assurance Key Areas and Statements:

8.2 This policy document supports CQC Assurance Key Areas and Statements:

Key question:	Quality statements used to assess quality
Effective	**Assessing Needs** People's communication needs are assessed and met to maximise the effectiveness of their care and treatment. Assessments consider the person's health, care, wellbeing, and communication needs, to enable them to receive care or treatment that has the best possible outcomes. Assessments are up-to-date and staff understand people's current needs. People's care needs are routinely reviewed. **How staff, teams and services work together** Staff have access to the information they need to appropriately assess, plan and deliver people's care, treatment and support. Information is shared between teams and services to ensure continuity of care, for example when clinical tasks are delegated or when people are referred between services.

Caring	**Kindness, compassion and dignity**
	People feel that staff listen to them and communicate with them appropriately, in a way they can understand.
	Treating people as individuals
	People's communication needs are met to enable them to engage in their care, treatment and support to maximise their experience and outcomes.
	Independence, choice and control
	People are supported to understand their rights by using different ways to communicate. Their understanding is reviewed throughout their care and treatment.
Responsive	**Person-centred care**
	People can receive the most appropriate care and treatment for them as the service makes reasonable adjustments where necessary
	Providing information
	People can get information and advice that is accurate, up-to-date and provided in a way that they can understand and which meets their communication needs.
	People's individual needs to have information in an accessible way are identified, recorded, highlighted and shared. These needs are met and reviewed to support their care and treatment in line with the Accessible Information Standard.
	People can expect information to be tailored to individual needs. This includes making reasonable adjustments for disabled people, interpreting and translation for people who don't speak English as a first language and for d/Deaf people who use British Sign Language. People who have difficulty with reading, writing or using digital services are supported with accessible information.
	Equity in access
	People can expect their care, treatment and support to be accessible, timely and in line with best practice, quality standards and legal requirements, including those on equality and human rights. This includes making reasonable adjustments for disabled people, addressing communication barriers and having accessible premises.
Well-led	**Governance, management, and sustainability**
	Data or notifications are consistently submitted to external organisations as required.
	There are robust arrangements for the availability, integrity and confidentiality of data, records and data management systems. Information is used effectively to monitor and improve the quality of care.
	Partnerships and communities
	Staff and leaders are open and transparent, and they collaborate with all relevant external stakeholders and agencies.
	Staff and leaders work in partnership with key organisations to support care provision, service development and joined-up care.

8.3 Information regarding CQC Assurance statements is available here: [Key questions and quality statements - Care Quality Commission (cqc.org.uk)](#)

8. Evaluation and Review

9.1 This policy will be reviewed every three years unless amendments are required before this time because of a review of the Accessible Information Standard or guidance.