



**Blackpool Teaching
Hospitals**
NHS Foundation Trust

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Author / Originator and Job Title: Tina Daniels Equality and Diversity Lead		Risk Assessment: Not Applicable
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Validated (Technical Approval) by: Equality Diversity and Inclusion Implementation Committee	Validation Date: 08/11/2017	Which Principles of the NHS Constitution Apply? 1 - 4
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Issue Date: 24/04/2018	Review Date: 01/04/2021	
<i>Review dates and version numbers may alter if any significant changes are made</i>		
Blackpool Teaching Hospitals NHS Foundation Trust aims to design and implement services, policies and measures that meet the diverse needs of our service, population and workforce, ensuring that they are not placed at a disadvantage over others. The Equality Impact Assessment Tool is designed to help you consider the needs and assess the impact of your policy in the final Appendix.		

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1 PURPOSE

Blackpool Teaching Hospitals NHS Foundation Trust (hereafter referred to as the Trust), supports equality of access for all, including in line with commitments set out in the NHS Constitution and the Equality Act 2010 (EA'10) and to meet the legal requirement of the Accessible Information Standard (AIS).

The Trust is committed to complying with the AIS (SCCI1605 Accessible Information), and this procedure sets out how we will ensure that we do so. This procedure will ensure that systems and processes are in place for the Trust's services to identify, record, flag, share and meet the information and communication support needs of people we support, their families and/or carers where those needs relate to a disability, impairment or sensory loss.

2 TARGET AUDIENCE

This procedure applies to all staff, volunteers, contractors, patients and service users of the Trust. The Trust will be an equal opportunities employer and service provider to ensure that all staff, volunteers, contractors, patients and service users are treated with dignity. The Trust is committed to embedding equality, diversity and human rights into core functions of our business and within our governance structures.

3 POLICY

3.1 Accessible Information

Accessible information and communication are central to the Trust in delivering strategic priorities and make sure that care is centred on people's needs. This cannot be achieved unless the Trust fulfils the responsibilities required to meet the Accessible Information Standard 2016 (SCCI1605 Accessible Information).

To ensure patients and service users the Trust is committed to achieving the standard the Trust will:

- Publish information about what we do and distribute it widely;
- Provide information in clear and simple language;
- Set out clearly, in simple English, everything we do;
- Make our website easy to use; and
- Make our information available in different formats, such as easy-to-read format and in large print.

3.2 Legal Requirement

The Equality Act 2010 means that the Trust has a duty to make reasonable adjustments for disabled people, including taking steps to put information into accessible formats if a disabled person is at a substantial disadvantage if we do not. Under the Equality Act 2010 there is the Public Sector Equality Duty (PSED) which public sector organisations must take into account the need to:

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- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act;
- Advance equality of opportunity between people who share a protected characteristic and those who do not; and
- Foster good relations between people who share a protected characteristic and those who do not.

The Health and Social Care Act 2008 says that the Trust must:

- “Promote awareness among service users and carers of its functions;
- Promote and engage in discussion with service users and carers about the provision of health and social care services and about the way in which the Trust exercises its functions;
- Ensure that proper regard is had to the views expressed by service users and carers, and
- Arrange for any of its functions to be exercised by, or with the assistances of, services users and carers.”

The White Paper ‘Equity and excellence: Liberating the NHS’ states the Trust should provide information so that “patients will have access to the information they want, to make choices about their care”.

3.3 Accessible Information: The Five Steps

The Trust is committed to implementing and following the five distinct steps of meeting the Accessible Information Standard (AIS). These are:

- **Identify (ask):** a consistent approach to the identification of information and communication needs for the people we provide services for, where they relate to a disability, impairment or sensory loss.
- **Record:** a consistent and routine recording of information and communication needs as part of our records or systems. The use of different categories of information and communication needs – defined by the AIS when recording information in paper or electronic records (See Appendix 1).
- **Flag:** establishment and use of electronic flags or alerts, or paper-based equivalent, to ensure records of communication and/or information needs are highly visible to prompt staff to take appropriate action and/or trigger auto generation of information in an accessible format or other actions so that those needs can be met.
- **Share:** inclusion of recorded data about individuals’ information and/or communication support needs as part of existing data-sharing processes, and as a routine part of referral, discharge and handover processes.
- **Meet:** taking steps to ensure that individuals receive information in an accessible format and any communication support they need.

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3.4 Supporting the Five Steps

All staff will be made aware of the importance of accessible information and communication and follow Trust's processes to ensure:

- A consistent approach to identification of information/communication needs when a person first or next contacts the service.
- A consistent and routine recording of information/communication needs as part of a person's records using the different categories of information and communication needs as defined by the AIS (see Appendix 1).
- Sharing of a person's information and communication needs between those involved in their care or support including transfer between health or care provision, whilst following the Data Protection Act and Confidentiality code of Conduct and Information Governance Framework Policy.
- Ensure that a person's information and communications needs are recorded in a highly visible' manner and staff will take appropriate action so the person's needs are met.
- Steps are taken to ensure that individuals receive information in an alternative, accessible format and any communication support which they need.
- Where an individual is unable to consent or provide information about their communication needs and the sharing of information, the principles of the Mental Capacity Act and best interest will be applied.

3.5 General Principles

The Trust recognises that we have a diverse community accessing our services that may need information in various formats. The Trust will:

- Use clear language in our publications and on our website, avoiding any unnecessary jargon.
- Will display clearly, on our website, using social media (such as Twitter) and in our publications, how people can ask for accessible and alternative versions of summaries of our information.
- When gathering the views of people who use our services, we will provide consultation materials in a range of other formats.
- When publishing relevant reports, we will publish an easy-to-read and a large-print summary version of the final report at the same time. If the report is especially relevant to a particular group of people, we will also publish another appropriate version of the summary at the same time.
- The Trust will make sure that the imagery of people we use in our publications and on our website reflects the diversity of everyone we provide services to.
- The Trust will make sure our website is as accessible as possible and continues to meet the standards set by the World Wide Web Consortium. (See section 8). We will test its structure and content with people who use our services to make sure that they can find and understand the information they need.

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- The Trust will consider whether we can meet our legal duties in a range of ways, for example information asked for in an alternative format or language may sometimes be communicated more effectively in another way such as through face to face interpreting.
- The Trust will promote this policy, both outside the organisation and to our staff, so that people know about it.
- The Trust will support our staff to use the easy read-to-read picture bank and produce easy-to-read reports.
- The Trust will regularly monitor, evaluate and review the effectiveness of our policy, and amend it as necessary.
- The Trust will make available the resources needed to deliver this policy, but we will monitor requests to make sure that what we do represents value for money. If this is not the case, wherever possible, we will suggest alternatives.
- The Trust will achieve best value for money in delivering this policy by using and reviewing preferred providers wherever possible, and making intelligent decisions about what format to use and when.
- The Trust will promote the availability of alternative format publications and hard copy requests on our website so people can make informed choices about their care.
- The Trust will report on the number of requests we get for alternative formats from our patients and service users.

3.6 Producing Accessible Information

3.6.1 Public Information

This might include important information about our services that is aimed at people who use our services and includes information such as:

- Who we are and what we do;
- The standards of care that people have the right to expect;
- Our work to protect people whose rights are restricted under the Mental Health Act; and
- Our complaints leaflets.

As well as the standard versions, we will look to produce these formats where appropriate:

- Large print
- Audio CD
- MP3 for our website
- Easy-to-read
- British Sign Language
- Tagged PDF, Rich Text Format(RTF) or HTML

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The most common community languages include Polish, Mandarin and Arabic. The local area tends to get low numbers of a wide range of languages which reflects Blackpool's transient economy/ housing market.

The list of common community languages is based on information supplied by Blackpool and Fylde and Wyre Councils and Lancashire County Council.

Other formats which we will produce where appropriate include:

- Braille/tactile print
- Other languages

3.6.2 High-level Information

This might include summary information about our work that is likely to interest the public. For example, it includes consultation papers, investigations, statutory reports and reports from any relevant national programmes the Trust is involved with.

Formats we can also produce include:

- Tagged PDF, RTF or HTML text on website

Formats produced if requested:

- Large print
- Audio CD
- MP3 for our website
- Easy-to-read
- British Sign Language
- Different language
- Braille

3.6.3 Technical and Professional Information

This might include information and guidance about our regulatory and statutory monitoring work which is aimed at a professional audience. For example, it includes our guidance about compliance. When reports/guidance is long and involves detailed knowledge of a subject/topic area, we would not normally produce alternative formats for information of this type.

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4 ATTACHMENTS	
Appendix Number	Title
1	Table of Alternative Formats and Communications
2	Standard wording to be inserted into all correspondence
3	Tips for clear face-to-face communication
4	Tips for accessible printed communication
5	Equality Analysis

5 PROCEDURAL DOCUMENT STORAGE (HARD AND ELECTRONIC COPIES)
Electronic Database for Procedural Documents
Held by Procedural Document and Leaflet Coordinator

6 LOCATIONS THIS DOCUMENT ISSUED TO		
Copy No	Location	Date Issued
1	Intranet	24/05/2018
2	Wards, Departments and Services	24/05/2018

7 OTHER RELEVANT / ASSOCIATED DOCUMENTS	
Unique Identifier	Title and web links from the document library
CORP/GUID/010	Adults with Mental Health Problems in a General Hospital Setting and Referral to Mental Health Liaison Team http://fcsp.xfyldecoast.nhs.uk/trustdocuments/Documents/CORP-GUID-010.docx
CORP/GUID/027	Religious and Cultural Beliefs http://fcsp.xfyldecoast.nhs.uk/trustdocuments/Documents/CORP-GUID-027.docx
CORP/POL/002	Providing and Maintaining Privacy and Dignity to Patients http://fcsp.xfyldecoast.nhs.uk/trustdocuments/Documents/CORP-POL-002.docx
CORP/POL/206	Equality Diversity and Inclusion Policy http://fcsp.xfyldecoast.nhs.uk/trustdocuments/Documents/CORP-POL-206.docx
CORP/PROC/022	Interpretation and Translation Procedure http://fcsp.xfyldecoast.nhs.uk/trustdocuments/Documents/CORP-PROC-022.docx
CORP/STRAT/001	Equality Diversity and Inclusion Strategy http://fcsp.xfyldecoast.nhs.uk/trustdocuments/Documents/CORP-STRAT-001.docx
CORP/STRAT/002	Communications and Media Handling Strategy http://fcsp.xfyldecoast.nhs.uk/trustdocuments/Documents/CORP-STRAT-002.docx
CORP/POL/065	Information Governance Framework Policy http://fcsp.xfyldecoast.nhs.uk/trustdocuments/Documents/CORP-POL-065.docx
CORP/GUID/083	Implementing the Mental Capacity Act 2005 and Apply the Supporting Code of Practice http://fcsp.xfyldecoast.nhs.uk/trustdocuments/Documents/CORP-GUID-083.docx

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8 SUPPORTING REFERENCES / EVIDENCE BASED DOCUMENTS
References In Full
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NHS Employers. (2012). <i>The Equality Delivery System for the NHS (EDS)</i> . Available: https://www.england.nhs.uk/about/equality/equality-hub/eds/
NHS Employers. (2008). <i>Navigating equality and diversity: guidance for the NHS</i> . Available: http://www.nhsemployers.org/~media/Employers/Publications/Navigating%20equality%20and%20diversity.pdf .
NHS England Dec 2013 Board Paper “Promoting Equality and Tacking Health Inequalities” https://www.england.nhs.uk/wp-content/uploads/2013/12/brd-dec-1.pdf
NHS England. Accessible Information Standard. Available: https://www.england.nhs.uk/ourwork/accessibleinfo/ . Last accessed 07/08/2017.

9 CONSULTATION / ACKNOWLEDGEMENTS WITH STAFF, PEERS, PATIENTS AND THE PUBLIC		
Name	Designation	Date Response Received
Staff E&D Network	Network Meeting	
Staffside	JNCC	
ED&I Implementation Group	ED&I Implementation Group	8 November 2017
Health Watch Lancashire	ED&I Implementation Group	8 November 2017
N-Vision	ED&I Implementation Group	8 November 2017
Blackpool Fylde & Wyre Deaf Association	ED&I Implementation Group	29 June 2017

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9 CONSULTATION / ACKNOWLEDGEMENTS WITH STAFF, PEERS, PATIENTS AND THE PUBLIC		
Name	Designation	Date Response Received
Disability First	ED&I Implementation Group	29 June 2017
Paul Fearnley	Web Team	June 2017
Derek Quinn	Communications Team	June 2017
Patient Experience & Carer Involvement	Patient Experience & Carer Involvement	

10 DEFINITIONS / GLOSSARY OF TERMS	
AIS	Accessible Information Standard
EA'10	Equality Act 2010
PSED	Public Sector Equality Duty
RTF	Rich Text Format

11 AUTHOR / DIVISIONAL / DIRECTORATE MANAGER APPROVAL			
Issued By	Tina Daniels	Checked By	Marie Thompson
Job Title	Equality and Diversity Lead	Job Title	Director of Nursing & Quality
Date	May 2017	Date	May 2017

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APPENDIX 1: TABLE OF ALTERNATIVE FORMATS AND COMMUNICATIONS

Format / type	Description	Patient Group	Availability	Cost
Audio	Information recorded from speech or synthetic (computer-generated) speech onto cassette tape, CD (compact disc) or as an electronic file such as an MP3.	Information in an audio format is needed by some people who are blind, deafblind or have visual loss. It can also be an accessible format for some people with a learning disability.	Audio formats available and can be created in house.	Free of charge
Braille	A tactile reading format. Readers use their fingers to 'read' or identify raised dots representing letters and numbers.	Braille is used by some people who are blind, deafblind or have visual loss. It is estimated that between 4-5% of registered blind people in the UK read braille.	Braille embosser / braille document transcription available from Bradbury Fields 0151 221 0888.	Approximate cost initial letter set up is £25 and £20 there after.
Easy Read	Written information in an 'easy read' format in which straightforward words and phrases are used supported by pictures, diagrams, symbols and / or photographs to aid understanding and to illustrate the text.	'Easy read' information is primarily aimed to support people with a learning disability; however, it can also support people with other needs.	Easy Read document production available via Templates and documents available on http://www.easyhealth.org.uk/listing/letter-templates-(leaflets)	Most documents are free
Large print documents	Printed information enlarged or otherwise reformatted to be provided in a larger font size. Accessible font (or point) sizes range from point 14 up to point 28, and individuals should be asked to specify.	Large print documents are needed by a range of different people, including some people with visual loss and / or who have a learning disability, and people with communication needs following a stroke.	Can be created in house.	Free of charge.

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British Sign Language (BSL)	BSL is a visual-gestural language; it has its own grammar and principles, which differ from English.	BSL is the first or preferred language of some d/Deaf people and some deafblind people.	Support from BSL interpreter may be arranged from providers listed in the Trust's Interpretation and Translation Policy	Approximate costs for face-to-face BSL £40-60 per hour (minimum three hours plus travel expenses).
BSL video remote interpreting (also known as video interpreting, remote interpreting or virtual interpreting)	An online service in which a BSL interpreter interprets via video software. It enables a direct connection to an interpreter so that the d/Deaf person can sign to them what they want to say. The interpreter then speaks this to the hearing person (via video link) and signs back their (spoken) reply.	BSL video remote interpreting may be appropriate / accessible for communicating with some BSL users (as above), especially in an emergency or urgent situation.	The service is set up with a subscription fee and call charges apply per minute during use. This is not currently available in this Trust	Approximate cost of remote BSL interpretation is £2.50 – £3.90 per minute (as part of an agreed contract).
Note taker	In the context of accessible information, a note taker produces a set of notes for people who are able to read English but need communication support, for example because they are Deaf.	A note taker may be needed by someone who is d/Deaf or someone who has hearing loss.	Support from a professional note taker may be arranged. A qualified, registered note taker may be found via the Trusts Interpretation and Translation Policy.	Approximate cost is £20- £30 per hour plus travel

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APPENDIX 1: TABLE OF ALTERNATIVE FORMATS AND COMMUNICATIONS

<p>Speech to text reporter (STTR)</p>	<p>A STTR types a verbatim (word for word) account of what is being said and the information appears on screen in real time for users to read. A transcript may be available and typed text can also be presented in alternative formats.</p>	<p>An STTR may be needed by a person who is d/Deaf or has hearing loss. Alternatively, an STTR may support someone with visual loss (who is using screen-reader or other communication device).</p>	<p>Support from an STTR may be arranged from [insert]. A qualified, registered STTR may be found via the NRCPD website. This is not currently available in this Trust.</p>	<p>Approximate costs are similar to those for BSL interpreters.</p>
<p>Lip speaker</p>	<p>A person who repeats the words said without using their voice, so others can read their lips easily.</p>	<p>A lip speaker may be used to support someone who is d/Deaf or has hearing loss to communicate.</p>	<p>Support from a professional lip speaker may be arranged from providers listed in the Trust's Interpretation and Translation Policy.</p>	<p>Approximate cost is £30 – £40 per hour</p>

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APPENDIX 2: STANDARD WORDING TO BE INSERTED INTO ALL CORRESPONDENCE

“If you would like this letter or information in an alternative format, for example in large print or easy read, or if you need help with communicating with us, for example because you use British Sign Language, please let us know. You can call us on xxxxx xxx xxx or email xxxxx@xxxxxx or write to xxxxxxxx.”

APPENDIX 3: TIPS FOR CLEAR FACE-TO-FACE COMMUNICATION

Tips for clear face-to-face communication

- Make sure you have the person's attention before trying to communicate with them. If they do not hear you, try waving or tapping them lightly on the shoulder.
- Identify yourself clearly. Say who you are and what you do – it may be more relevant to explain your reason for seeing the person rather than your job title.
- Check that you are in the best position to communicate, usually this will be facing the person, but consider whether seated or standing is more appropriate. Communication at eye level is usually easiest so if you are speaking to a wheelchair user consider sitting down if possible.
- Find a suitable place to talk, with good lighting and away from noise and distractions.
- Speak clearly and a little slower than you would do usually, but do not shout.
- Keep your face and lips visible – do not cover your mouth with a hand, your hair or clothing. If a member of staff is concerned about religious expression they should discuss this with their manager.
- Use gestures and facial expressions to support what you are saying.
- If necessary, repeat phrases, re-phrase the sentence or use simpler words or phrases.
- Use plain, direct language and avoid using figures of speech such as 'it's raining cats and dogs' or euphemisms such as 'expecting the patter of tiny feet'.
- Check if the person has understood what you are saying. Look for visual clues as well as asking if they have understood.
- Encourage people to ask questions or request further information. Ask if they would like anything in writing as a reminder or reference.
- Try different ways of getting your point across. For example writing things down, drawing or using symbols or objects to support your point.

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APPENDIX 4: TIPS FOR ACCESSIBLE PRINTED COMMUNICATION

Tips for accessible printed communication

- Use a minimum font size of 12 point, preferably 14 (which is readable by a significantly greater number of people).
- Use a clear, uncluttered and sans serif font such as Arial.
- Align text to the left margin and avoid 'justifying' text.
- Ensure plenty of 'white space' on documents, especially between sections. Avoid 'squashing' text onto a page and, if possible, include a double-space between paragraphs
- Print on matt and not gloss paper.
- Use page numbers.
- If printing double-sided ensure that the paper is of sufficient thickness to avoid text showing through from the other side.
- Correctly format Word documents and PDFs using styles and accessibility functions / checks. Ensure a correct and consistent heading structure, and that the cursor can move throughout all text.
- Use descriptions ('alt. text') to explain diagrams or photographs.
- Consider making all 'standard' printed letters / documents 'easier to read' – using plain English, highlighting important information, and supporting text with diagrams, images or photographs.
- Keep track of the electronic originals of documents you print out so you can re-print in larger font or convert to an alternative format when required.

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APPENDIX 5: EQUALITY IMPACT ASSESSMENT FORM					
Department	Equality and Diversity	Service or Policy	Policy	Date Completed:	May 2017
GROUPS TO BE CONSIDERED Deprived communities, homeless, substance misusers, people who have a disability, learning disability, older people, children and families, young people, Lesbian Gay Bi-sexual or Transgender, minority ethnic communities, Gypsy/Roma/Travellers, women/men, parents, carers, staff, wider community, offenders.					
EQUALITY PROTECTED CHARACTERISTICS TO BE CONSIDERED Age, gender, disability, race, sexual orientation, gender identity (or reassignment), religion and belief, carers, Human Rights and social economic / deprivation.					
QUESTION	RESPONSE		IMPACT		
	Issue	Action	Positive	Negative	
What is the service, leaflet or policy development? What are its aims, who are the target audience?	The policy has been developed to ensure support is given to those service users who require correspondence in different formats. The aim is to ensure patients receive information in a format they can understand.	Promote the procedure across the Trust to ensure staff now about and implement the Five Steps of the AIS.	Patients will be more confident in understanding recommended treatment and procedures to have a say in their care.		
Does the service, leaflet or policy/ development impact on community safety • Crime • Community cohesion	N/A	N/A	N/A	N/A	
Is there any evidence that groups who should benefit do not? i.e. equal opportunity monitoring of service users and/or staff. If none/insufficient local or national data available consider what information you need.	Implementing this policy should create improved accessibility of information for patients requiring different formats e.g. languages, BSL which will enable patients to be more involved in their care.	Promote the procedure across the Trust to ensure staff now about and implement the Five Steps of the AIS.	To give patients the knowledge and understanding to make informed decisions.		
Does the service, leaflet or development/ policy have a negative impact on any geographical or sub group of the population?	There has been no negative impact identified at this time.	The AIC procedure will be monitored to ensure any unidentified negative impact is addressed as quickly as possible	By having information available in a variety of formats it will have a positive effect on the patients being able to understand healthcare options available to them.		
How does the service, leaflet or policy/ development promote equality and diversity?	E&D is promoted by having accessible information in different formats so patients can understand and be involved in their healthcare.	Promote the procedure across the Trust to ensure staff know about and implement the Five Steps of the AIS to better support patients.	To give patients the knowledge and understanding about their healthcare in different formats allowing them to make informed decisions.		
Does the service, leaflet or policy/ development explicitly include a commitment to equality and diversity and meeting needs? How does it demonstrate its impact?	This policy includes a commitment to equality and diversity by offering information about patient care in different formats; thereby allowing patients to be fully involved in their care.	Promote the procedure across the Trust to ensure staff now about and implement the Five Steps of the AIS.	To give patients the knowledge and understanding about their healthcare in different formats allowing them to make informed decisions.		
Does the Organisation or service workforce reflect the local population? Do we employ people from disadvantaged groups	The organisation is more than reflective of the community it serves with 95.9% being White British and 4.1% BAME. The organisation employs people from disadvantaged groups e.g. BAME (12%) , disability.	To monitor the demographics of the community we serve to ensure the organisation can react quickly to any changes in the make-up of the community.	Having a diverse workforce enables the Trust to be supportive of the patients from the community it serves.		
Will the service, leaflet or policy/ development i. Improve economic social conditions in deprived areas ii. Use brown field sites iii. Improve public spaces including creation of green spaces?	N/A	N/A	N/A	N/A	

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APPENDIX 5: EQUALITY IMPACT ASSESSMENT FORM				
Does the service, leaflet or policy/development promote equity of lifelong learning?	N/A	N/A	N/A	N/A
Does the service, leaflet or policy/development encourage healthy lifestyles and reduce risks to health?	By providing information on healthcare and treatments in different formats e.g. large font, Braille individuals will be better placed to make decisions about their wellbeing	To promote the procedure to all staff so they can ensure information is given in a format best suited to the patient.	By having information in different formats patients	
Does the service, leaflet or policy/development impact on transport? What are the implications of this?	N/A	N/A	N/A	N/A
Does the service, leaflet or policy/development impact on housing, housing needs, homelessness, or a person's ability to remain at home?	N/A	N/A	N/A	N/A
Are there any groups for whom this policy/ service/leaflet would have an impact? Is it an adverse/negative impact? Does it or could it (or is the perception that it could) exclude disadvantaged or marginalised groups?	This policy has been written to positively impact on patients and service users who require information about the hospital, or healthcare in different formats. By having different formats patients will not be excluded from accessing the hospitals services.	To promote to patients and staff how best to support patients and services users who require information in different formats.	It allows access to information about healthcare so as not to exclude patients and service users from being involved with their healthcare.	
Does the policy/development promote access to services and facilities for any group in particular?	This policy promotes access to services by having information about Trust services and procedures which enable patients to understand and have a say in their care.	Promote the procedure across the Trust to ensure staff now about and implement the Five Steps of the AIS to improve support for patients requiring information in different formats.	By having information in different formats patients and service users are able to understand our services and facilities and make clear choices on the services they access.	
Does the service, leaflet or policy/development impact on the environment <ul style="list-style-type: none"> • During development • At implementation? 	N/A	N/A	N/A	N/A
ACTION:				
Please identify if you are now required to carry out a Full Equality Analysis		Yes	No	(Please delete as appropriate)
Name of Author: Signature of Author:	Tina Daniels		Date Signed:	May 2017
Name of Lead Person: Signature of Lead Person:	Tina Daniels		Date Signed:	May 2017
Name of Manager: Signature of Manager			Date Signed:	

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