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NHS Midlands Partnership NHS Foundation Trust
A Keele University Teaching Trust

**Accessible Information Standard
Compliance Assessment Plan**

January 2019.

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Background and Context

The Accessible Information Standard (AIS) is officially called DCB1605 Accessible Information (formerly SCCI1605), it is a mandatory national standard which applies to all providers across the NHS and adult social care system. It directs and defines a specific, consistent approach to identifying, recording, flagging, sharing and meeting individuals' information and communication support needs, where those needs relate to a disability, impairment or sensory loss.

By law (section 250 of the Health and Social Care Act 2012), from 1st August 2016 onwards, all relevant organisations must follow the standard in full. The Equality Act 2010 places a legal duty on all service providers to take steps or make "reasonable adjustments" in order to avoid putting a disabled person at a substantial disadvantage when compared to a person who is not disabled.

Failure to provide information to our Commissioners is a breach of contract. The Care Quality Commission and Monitor will review this information as part of the 'well-led' domain in inspection programmes. The NHS Constitution establishes the principles and values of the NHS, to this end the AIS is aligned with the Constitution.

Once the Trust is aware of a communication or information support need we respond in a format that is relevant to the needs of that person, for example, if a person requests communication in easy read, braille, or by telephone, we communicate in these formats rather than sending a printed letter. Depending on the need of the individual, other formats may include; large print, British Sign Language, audio disc.

Aim of the Standard

Communicating with patients, service users and carers in a format that is relevant to them means each person is in a better position to:

- make decisions about their health and wellbeing, and about their care and treatment;
- self-manage conditions;
- access services appropriately and independently; and
- make choices about treatments and procedures.

This respects confidentiality in delivering health and social care, communicating directly with the individual in a format that is personal to them and at the same time maintaining their dignity and independence.

There are 5 requirements:

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

2. Record: record those needs in a clear and standardised way in electronic and/or paper based record/administrative systems/documents.

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

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

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

Implementation and Governance

Compliance of the standard requires a co-ordinated approach across the Trust's functions and services. Initially the need to establish current compliance across the Trust is priority in order for the Trust to identify and develop services, systems and processes to achieve compliance. A paper sent to the Workforce Development Committee proposes a task and finish group to be established to provide the co-ordinated approach to the assessment, implementation and governance for compliance of the AIS within the Trust. This group is the AIS Compliance Group chaired by the Director of Adult Social Care which will meet on a monthly basis until March 2019 to establish and undertake a gap analysis for compliance. The Head of Equality and Inclusion will lead on the overall implementation and work in partnership with key service area leads.

The Trust have recognised that compliance is varied across its functions and services and therefore Trust wide compliance for the AIS was established as an Equality Objective in 2018. The attached compliance plan provides the framework and direction of work the Trust will and has undertaken to meet Trust wide compliance. The shared folder documents accessible to the AIS compliance group members will provide a folder of evidence for the Trust and commissioners. Governance of the AIS compliance plan will be through the AIS compliance group and six monthly updates to the Trust Board sub- committee Workforce and Development Committee.

AIS compliance heavily relies on IT processes, record keeping and recording as well as staff training and development. There are requirements for the Interpreting and Translation services within the Trust. The AIS compliance objective is linked very closely with the Trust's Equality Objective of meeting the Deaf Charter Pledges. The Deaf Charter Pledges are:

Pledge 1 – Ensure access for Deaf people to information and services
Pledge 2 – Promote learning and high quality teaching of British Sign Language and Lipspeaking skills
Pledge 3 – Support Deaf children and families
Pledge 4 - Ensure that staff have competence to communicate effectively with the Deaf community
Pledge 5 – Consult with our local Deaf community on a regular basis

The Compliance plan will be a record of evidence on Trust activity to meet the AIS compliance. Each compliance requirement will be graded using the following grading key:

RED	Update required / no evidence or plan for compliance
AMBER	Ongoing and good practice in places need actions to have Trust wide compliance / compliance met needs to be robust and sustainable
GREEN	Compliance met from a Trust wide perspective
BLUE	Complete

Accessible Information Standard Compliance Plan: January 2019.

Requirement	Compliance Evidence: Outcome to Achieve Compliance	Lead Responsible	Operational Actions to Achieve Compliance	Internal RAG GRADING
1. Organisations MUST effectively prepare for implementation of the Standard, including assessing their current systems and processes, and developing and rolling out a local implementation plan.	Organisations have begun to prepare for implementation of the Standard, including assessing their current systems and processes, and developing and commencing roll out of a local implementation plan.	**Chair of AIS Steering Group & EI Lead**	1. Assess any new systems for compliance 2. Establish AIS as an equality objective. 3. Establish a steering group to oversee the implementation.	AMBER
2. Organisations SHOULD refer to and utilise the Implementation Guidance accompanying this standard to steer decisions.	Implementation Guidance accompanying the Standard has been read and used to inform local decision-making.	**Chair of and All members of AIS Compliance Group**	1. AIS compliance group established to implement standard Trust wide 2. AIS compliance included within the Equality Analysis Process 3. Regular papers and updates to Workforce Matters Committee (WMC) 4. AIS Compliance is an equality Objective this compliance plan provides the evidence of implementation and compliance.	AMBER
3. Organisations MUST review their current patient or service user administration and record systems, platforms, processes and documentation and, if necessary, update, change or replace those systems so that they conform to the Standard by 31.07.16.	Patient / service user administration and record systems, platforms, processes and documentation adhere to the Accessible Information Standard.	**Head of IM&T. Care Director Lead (SCC) EI Lead**	1. Electronic systems RiO and Care Director and the recent updated versions comply with AIS. 2. "How To" staff guides to be available and launched for most recent versions of Care Director and RiO (March 2019) 3. A clear process (SOP) for paper records is required alongside the AIS policy. 4. Assurance that all systems used across Trust services are compliant with AIS	AMBER
4. From 01.04.16, organisations developing, implementing and / or contracting for new electronic patient or service user record or administration systems MUST specify compliance with this information standard in IT systems and software supplier contracts.	Contracts for patient / service user record and administration systems include the requirement for the system to adhere to the Accessible Information Standard.	**Head of IM&T Care Director Lead (SCC) EI Lead**	1. Assurance required from RiO 2. Assurance from SCC re: Care Director 3. An Equalities Checklist for procurement processes needs to be integrated within the procurement processes of the Trust.	AMBER
5. Information governance leads MUST review the information governance implications of implementation of the Standard within their organisation(s), and if necessary plan for and implement mitigating actions to address any identified risks such that they are as low as reasonably possible.	Information governance risks associated with implementation of the Standard have been identified and mitigating actions completed such that residual risks are as low as reasonably possible.	**Information Governance Lead**	Assurance and assessment required by Information Governance	RED
6. Clinical governance, social care governance and IT safety leads MUST consider and take mitigating action to address the identified hazards as outlined in the Clinical Safety Case and any other locally identified	Clinical and other safety risks associated with implementation of the Standard have been identified and mitigating actions completed such that residual risks are as low as reasonably possible.	**Head of IM&T Care Director Lead (SCC) Care Records Group EI Lead**	1. Care Director EA and User guide for all staff to be launched and in place 2. RiO EA and user guide for all staff to be undertaken and developed. 3. Paper held records/Documents process to be fully assessed. (Need to consider AIS against all systems including the paper held	AMBER

risks or
    hazards associated with implementation of the Standard
    such that they are as low as reasonably possible.
			records.)
			4. Information Governance assurance statement required for this requirement	

7. Clinical leads and adult social services team leaders /
    service managers SHOULD review the Implementation
    Guidance accompanying this standard and consider
    whether changes are required to current professional
    practice, business practices, training and local policies /
    pathways.
	Following assessment, any and all actions required to change current professional practice, business practices, training and / or local policies / pathways to enable implementation of and compliance with the Standard have been completed.	**Care Records Training and Development Group Chair & EI Lead**	1. Trust wide AIS awareness and communication plan to be implemented
			2. AIS gap analysis undertaken with AIS steering group Jan 2019 identifying key operational actions required for compliance.
			3. Staff guides to be available to support staff using **all systems**
			4. Procurement assurance of AIS compliance
			5. Equality Analysis process to include AIS compliance
			6. Equality objective established to meet AIS compliance across all Trust services.
			7. AIS Compliance plan report to WMC on six monthly basis. Operational compliance plan to be presented by March 2019.
			8. AIS communication plan to be implemented i.e. screen savers, communications media etc.
			9. Day 1: Sensory Equality Training available to all staff requires NHS England produced AIS eLearning to be undertaken before attendance to the training day.
			10. Review of training available to all Trust staff who are assessing needs of service users/clients. AIS to be included within these packages.
				AMBER

8. Organisations MUST establish a clear, stepwise approach (or procedure) which all professionals and relevant staff are supported to follow to enable consistent, effective compliance with the Standard as part of 'business as usual'. This MUST include a clear procedure for the accurate and consistent identification, recording, flagging and sharing of the data items or categories defined by the Standard. It MUST also include a clear and locally well-known procedure for ensuring that such needs are met.	A clear, stepwise approach (or procedure) to ensure compliance with the Standard as part of 'business as usual' is in place and being followed by professionals and relevant staff. There is a high level of awareness of the approach / procedure amongst the workforce.	**AIS steering Group: EI Lead & Communications Lead.**	1. AIS policy to be ratified SOP on Easy Read to be included. 2. Communication Plan for Staff awareness and Policy/Process. e.g. AIS screensavers. 3. Staff resources folder developed for intranet access http://ssotp.ns.xnsht.nhs.uk/dir/ei/Pages/How-To-Guides.aspx 4. Review of Interpreting and Translation policy (March 2019) 5. Service User, Carer/Parent end poster awareness campaign to record communication need. 6. AIS is an equality objective for the Trust, therefore this compliance plan is part of the objective. An evidence folder will be maintained. 7. Review of training available to all Trust staff who are assessing needs of service users/clients. AIS to be included within these packages eg: social care academy.	**AMBER**

9. Organisations MUST review the ability of their workforce to implement the Standard and, if necessary, plan for and implement a training and / or awareness programme so that conformance with the Standard is achieved by 31.07.16.	Where identified as necessary following local assessment of the workforce, a programme of staff training and / or awareness-raising has been completed	**AIS Compliance Group**	1. Implementation of Communication Plan for Staff awareness and Policy/Process. E.g. AIS screensavers, Staff resources folder developed for intranet access http://ssotp.ns.xnsht.nhs.uk/dir/ei/Pages/How-To-Guides.aspx 2. Trust Policy and staff guidance to raise awareness of AIS and how to implement the 5 stages to be implemented. SOP on Easy read to be included. 3. Poster campaign for service users to inform professional of communication requirement in process. 4. Revised Interpreter and translation policy to reflect AIS and stage 5- meeting the communication need in place. 5. Day 1: Sensory Equality Training available to all staff which requires NHS England produced AIS eLearning to be undertaken before attendance to the training day. 6. Review of training available to all Trust staff who are assessing needs of service users/clients. AIS to be included within these packages eg: social care academy.	**AMBER**
10. Organisations MUST provide, arrange for and / or support relevant staff to receive any training which is identified as locally necessary to enable effective implementation of the Standard. 11. Organisations SHOULD support their staff to access training and resources offered by NHS England to support implementation of the Standard.	Staff competency / training records indicate that relevant staff and professionals have received any training identified as locally necessary to enable effective implementation of the Standard, including accessing training and resources offered by NHS England to support implementation of the Standard where appropriate.	**Training & Development Lead Library services & EI Lead**	As above. 7. Development of Easy Read resources library for staff to access in order to meet communication/documentation format needs of service users, carers and parents.	**AMBER**
12. Professionals MUST identify and record the information and / or communication needs of their patients and service users – and where appropriate their carers or parents – where such needs relate to or are caused by a disability, impairment or sensory loss, and: • Such information MUST be recorded as part	Patient / service user records include consistent population of fields relating to information and communication needs.	**IM&T LEAD**	1. AIS fields need to be easily accessed by staff via RiO, Care Director systems. Assurance from IM&T that all systems have compliance assessed and staff guides. 2. Paper records need recognised codes and process to be implemented across the Trust- SOP	

of the individual's first or next interaction with the service. • In electronic systems which use SNOMED CT, Read v2 or CTV3 codes, such information MUST be recorded using the coded data items associated with the subsets defined by this standard. • In electronic systems which use other coding systems or terminologies, or where paper records are used, such information MUST be recorded in line with the human readable definitions / categories associated with the data items.			and AIS Policy 3. Referral processes and papers need AIS fields included to ensure flagging and sharing stages. 4. Assurance and evidence that fields are Included in first initial assessment and care planning processes for systems used across the Trust (detailed plan to be established for evidence by IMT). 5. The Trust should be reporting on a six monthly basis the number of service users who have a recorded communication need. 6. Staff have resources to support the consistent compliance to the 5 stages of the AIS. http://ssotp.ns.xnsht.nhs.uk/dir/ei/Pages/How-To-Guides.aspx	**AMBER**
13. Professionals and relevant staff SHOULD proactively prompt individuals to identify that they have information and / or communication needs, and support them to describe the type of alternative format and / or support that they need, at their first or next interaction with the service.	Organisations identify and record information and communication needs when service users first interact or register with their service.	**IMT Lead and Training and Development**	1. Staff training to be aware of AIS and the Trust policy and processes for compliance and escalation via incident reporting if any stage not met where a service user has an identified communication need. 2. IT systems on the Landing/ opening page should have the communication needs and equality demographics e.g. Care Director/ RiO 3. Paper records need SOP to support local practice for identification and flagging. 4. Assurance and evidence that fields are included in first initial assessment and care planning processes.	**AMBER**

14. Organisations MUST ensure that the information and / or communication needs of patients and service users – and where appropriate their carers or parents – where such needs relate to or are caused by a disability, impairment or sensory loss, are identified and recorded: • Upon registration with the service; • As part of the initial contact or interaction with the service; • In an emergency or urgent care scenario, as soon as is practical after initial interaction with the service; • At first appointment; • Upon receipt of a 'certificate of vision impairment' from an ophthalmologist; • Upon receipt of notification that a person has a sensory loss or learning disability; • When a diagnosis or symptoms indicate a new or revised communication or information support need; • As part of a health check; As part of care or support planning.	Organisations identify and record information and communication needs as part of ongoing / routine interaction with the service by existing service users. Staff competency / training records indicate that relevant staff and professionals have received any training identified as locally necessary to enable effective implementation of the Standard.	**IM&T, Care Records, Communications & EI Lead**	1. Implement AIS Trust policy and related processes for compliance and escalation via incident reporting if any stage not met where a service user has an identified communication need 2. Assurance that IT systems on the Landing/ opening page should have the communication needs and equality demographics e.g. Care Director/ RiO 3. Evidence that Paper records have SOP to support local practice for identification and flagging. 4. Staff user guides for electronic systems need to be established and publicised alongside staff awareness. 5. Regular communication via screensavers, communication updates etc. to be evident across the Trust services. 6. Quarterly reports on met needs via Interpreter and Translation activity reports to Quality Governance Committee. 7. Service User surveys to be developed to assess accessibility to information, services and communication 8. Assurance from external marketing, business and strategy that accessible communication is integral part of their services/functions	**AMBER**
This MAY require changes to existing electronic paper recording systems and/or documentation. Electronic recording and administration systems MUST enable recording of information and communication needs in line with the data items or categories associated with the subsets defined by the Standard. Paper-based systems and documentation MUST enable recording of needs in line with the human readable definitions of the data items associated with the subsets defined by the Standard. Systems and documentation MUST be formatted so as to make any record of information or communication needs highly visible.	Record systems and relevant documentation enable recording of information and communication needs in line with the Standard, and are formatted so as to make any record of information or communication needs highly visible.	**Care Records, IM&T & EI Lead**	1. Staff user guides to be available to inform staff on correct procedure and codes to use to record communication needs. 2. Both RiO and Care Director have Alerts on the landing page (highly visible requirement) that will indicate to any professional accessing the record that there is a communication need to be met. Need to develop guides for other IT systems used by the Trust and also publicise this to staff. 3. AIS policy will support this requirement.	**AMBER**
Verification of Accuracy & Data				
15. Organisations MUST ensure that information recorded about individuals' information and communication support needs is accurate. Systems for edit checking / quality assurance of data SHOULD be put in	Quality assurance / edit checking processes are in place to enable verification of the accuracy of data recorded about individuals' information and communication needs.	**IM&T AIS Compliance Group**	1. Development of audit on annual basis via RiO and Care Director on needs recorded vs needs met 2. Feedback from users of interpreter and	

				AMBER
place, including establishment of alerts or mechanisms to prevent or discourage the recording of mutually incompatible data in related fields.	Mechanisms are in place to alert, prevent or discourage the population of mutually incompatible data fields associated with individuals' information and communication needs (in line with best practice).		translation services within quarterly reports 3. Patient surveys to assess this requirement and feedback to Quality Governance Committee. 4. Assurance from IM&T that fields do not allow other codes for all systems used in the Trust.	
16. Organisations MUST ensure that data recorded about individuals' information and communication support needs is current. Systems MUST enable records made about individuals' information and communication support needs to be revised and SHOULD include prompts for review at appropriate points.	Systems enable revision / amendment of records made about individuals' information and communication support needs and, where possible, include prompts for review at appropriate points.	IM&T	1. Core EPR system has the functionality for records about the individual's information and communication support needs to be revised. Assurance from IMT that updates can be undertaken by the IT Systems used. 2. AIS Policy, AIS training and staff resources to encourage data to be updated /confirmed.	AMBER

Verification of Accuracy & Data

				AMBER
17. The individual patient, service user, carer or parent SHOULD be aware of the exact information recorded about their information and communication support needs, including verifying accuracy.	Feedback from patient surveys, PALS (Patient Advice and Liaison Service), local Healthwatch or other sources demonstrates that individuals are aware of the exact nature of the information which has been recorded about their information and / or communication needs.	Patient / Service User Engagement Lead & EI Lead	1. Patient Experience feedback to look at including question of whether communication need identified and met 2. Deaf Charter Forum will be working on this area as part of the Deaf Charter pledges of meeting needs and engaging with the Deaf Community- regular engagement and updates/feedback via EI Manager re: EDS2 and equality objectives implementation. 3. Easy Read Complaints user leaflet will be available to service users and communities 4. Identified process whereby Equality & Inclusion Lead notified where complaints or concerns re: unmet communication needs are submitted. 5. Service user and engagement events/ workshops will include discussion on accessible information and formats – quality assure work by the Trust. 6. Service User AIS poster and leaflets will be distributed across the Trust services and amongst the community groups and networks.	

18. Where online systems enable patients or service users to access their own records, and subject to Data Protection Act 1998 safeguards, such systems: • MUST enable an individual to review the data recorded about their communication and information needs and request changes if necessary; and, where necessary functionality exists, • SHOULD enable an individual to record their own communication and information needs using this system where appropriate.	Where online systems enable patients or service users to access their own records, there is evidence that individuals have viewed and / or contributed to their records with regards to information and communication needs.	IM&T Lead	1. Alerts to be included into data set of information shared from RiO to other systems (STP patient record initiatives)	AMBER
19. Professionals SHOULD review, and if necessary update data recorded about individuals' communication and information needs alongside verification and revision of data held in other demographic fields.	Data recorded about individuals' information and communication needs is reviewed and refreshed alongside other data held in demographic fields.	Care Records Group & EI Lead	1. Staff resources and awareness campaign to be consistent (updates for staff) once AIS implementation is complete. 2. Audit to be undertaken of quality of recording on an annual basis via random selection of service users and use of interpreter services. 3. Audit on quality of recording on paper records – process needs to be identified. 4. Poster campaign to service users to record Communication needs 5. Record Keeping/ Care Records policy to support regular update of service user data and demographics.	AMBER
Supporting Documents				

20. Where an individual has a care plan, the organisation
    responsible for developing or holding the plan MUST
    ensure that it includes information about the individual's information and / or communication support
    needs, recorded in line with the Standard.
	Care plans include information about individuals' information and communication needs, where applicable.	Care Records Group	1. Quarterly Translation reports to Quality Governance committee will indicate care-plans translated to different formats as supporting AIS compliance
			
			2. Annual audit for quality assurance – may need to look at inclusion within quality visits.
			
			3. AIS policy and Staff resources will support this requirement.
				AMBER

21. Where used, local documents used to support professionals in understanding the information and communication support needs of individuals, such as health passports, communication passports, 'my health need' cards and 'NHS help cards' MUST include information about the individual's information and / or communication support needs (where they exist).	Local documents used to support professionals in understanding the information and communication support needs of individuals (where used) include information about individuals' information and communication needs, where applicable.	Patient Engagement & Experience and EI Lead	1. Under work of Deaf Charter- Deaf equality Forum working with the Trust to develop the communication card/passport. 2. Information and training campaign – compliance in supporting staff to use interpreter and alternate format need to link with Rio and Care director actions and associated staff guide to achieve complete compliance. 3. Work with community organisations to encourage uptake of recording communication needs.	AMBER

Flagging and Prompts to Action				
22. Organisations MUST ensure that electronic patient or service user administration and record systems include electronic flags or alerts to indicate that an individual has a recorded information and / or communication need. Such flags MUST be highly visible and MUST prompt 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.	Electronic patient or service user administration and record systems automatically identify a recorded need for information or correspondence in an alternative format and / or communication support, and flag, prompt or otherwise make this highly visible to staff whenever the record is accessed.	**Care Records and EI Manager**	1. Alerts are highly visible on opening page of RiO and Care Director. 2. Develop a robust process for paper records. 3. Alerts / Information of requirement can be shared across teams 4. Letters need to be available via IT systems or via agreed process in different formats so all staff groups have access to them. Currently RiO not able to send letters in different formats. 5. Trust wide interpreter and translation services are able to provide documents in different formats. 6. Incorporate the Easy Read SOP into the AIS policy and Interpreter and Translation policy.	**AMBER**
23. Organisations MUST ensure that paper-based patient or service user administration and record systems include flags or alerts to indicate that an individual has a recorded information and / or communication need. Such flags MUST be highly visible and MUST prompt staff to take appropriate action	Electronic patient or service user administration and record systems automatically identify relevant recorded needs and either automatically generate correspondence or information in an alternative format or enable staff to manually generate correspondence in an alternative format upon receipt of an alert.	**IM&T and Equality & Inclusion Lead**	1. Care Director and RIO not able to do this- therefore need to develop local process to link with Interpreter portal request and also AIS resources folder. 2. Assurance from IM&T re: updated Rio version can meet this compliance. 3. Both Care Director and RiO can identify and record the required need but not generate correspondence in that format (nationally recognised issue)- local process required. 4. AIS policy and guide states to manually generate via Interpreterservices.	**AMBER**
24. Organisations MUST ensure that electronic patient or service user administration and record systems automatically identify a recorded need for information or correspondence in an alternative format and in response: • Automatically generate correspondence or information in an alternative format (preferred); OR • Enable staff to manually generate correspondence in an alternative format upon receipt of an alert. Organisations MUST ensure that a standard print letter is not sent to an individual for whom this is not an appropriate or accessible format (due to automatic generation or any other reason).	Systems are in place to ensure that a standard print letter is not sent to an individual for whom this is not an appropriate or accessible format.	**IM&T EI Lead**	1. Letters need to be available via IT systems or via agreed process in different formats so all staff groups have access to them. Currently RiO not able to send letters in different formats. 2. Further work to review care director and current paper based documents to assure there are flags or indicators for communication needs are highly visible. 3. Link interpreter and translation requests and portal with RiO/ Care Director- where staff can request manual generation of letter/notes etc.	**AMBER**

25. Organisations MUST ensure that information about individuals' information and / or communication support needs is included as part of existing data-sharing processes, and as a routine part of referral, discharge and handover. All information sharing SHOULD follow existing processes and information governance protocols.	Arrangements and protocols are in place such that information about individuals' information and / or communication support needs is included as part of existing data-sharing processes, and as a routine part of referral, discharge and handover.	IM&T and Care Records Group.	1.Assurance that One Staffordshire protocol has been updated 2. Assurance Privacy Impact Assessment document completed 3. AIS policy for Trust to be ratified 4. Review of referral forms used within the Trust 5. Assurance from RiO required	**AMBER**
26. Organisations MUST ensure that patients, service users, carers and parents with information and/or communication needs related to or caused by a disability, impairment or sensory loss have these needs met. 27. Organisations MUST ensure that patients, service users, carers and parents with information needs (a need for information in a non-standard print format) are sent or otherwise provided with information, including correspondence, in formats which are appropriate, accessible and that they are able to understand. 28. Organisations MUST ensure that patients, service users, carers and parents with information and/or communication support needs have access to accessible contact methods and are contacted using accessible means.	Feedback from patient surveys, PALS, local Healthwatch and/or other sources demonstrates that individuals with information and/or communication needs have had those needs routinely and regularly met.	Patient Experience Manager and EI Lead	1. Assurance required that Patient surveys will include the communication requirements as part of survey. 2. Easy read complaints leaflet in use across the Trust. 3. Interpreter and Translation services provide reports on activity of meeting communication needs of service users and gain feedback from staff and service users of progress. 4. The Deaf Charter engagement and feedback events will monitor and feed back to services patient experiences related to information/communication needs. 5. staff will enter an incident whereby a service user/carer's communication need has not been met.	**AMBER**
29. Organisations MUST ensure that patients, service users, carers and parents are provided with appropriate communication support, including using aids or equipment and/or by staff making adjustments to their behaviour to enable effective communication. 30. Organisations MUST take steps to ensure that communication support, professional communication support and information in alternative formats can be provided promptly and without unreasonable delay. This includes making use of remote, virtual, digital and telecommunications solutions. 31. Organisations MUST ensure that communication professionals (including British Sign Language interpreters and Deafblind manual interpreters) used in health and social care settings have:	Records show that individuals with information needs have been sent or provided with information, including correspondence, in formats which are appropriate, accessible and that they are able to understand.	IM&T and EI Lead	As above 6. Quality audit via RiO and Care Director- recorded needs met both communication and documentation. Evidence via quality visits.	**AMBER**
	There are policies and procedures in place to enable communication support, professional communication support and information in alternative formats to be provided promptly and without unreasonable delay.	EI LEAD	1. The Integrated Language and Communication Support Services provide qualified interpreters, translation and development into different formats. Utilisation of services is reported to Quality Governance Committee on a quarterly basis (March 2019) 2. AIS policy and Interpreter policy will be ratified and include Easy read SOP.	**AMBER**

• Appropriate qualifications; AND • Disclosure and Barring Service (DBS) clearance; AND signed up to a relevant professional code of conduct.				
32. Organisations SHOULD ensure that patients, service users, carers and parents with information and/or communication support needs are given a longer appointment where this is needed to support effective communication / the accessible provision of information.	By 31.07.16 staff awareness of policies and procedures with regards to provision of communication support and information in alternative formats is high and they are embedded as part of 'business as usual'.		1. Included within AIS Policy 2. Included within Interpreting and Translation Policy 3. above to be ratified by April 2019.	**AMBER**
33. Quality assurance MUST be undertaken by organisations to ensure that the type of communication support or alternative format provided to patients, service users, carers and parents is effective in meeting those needs. Such assurance SHOULD be undertaken in partnership with one or more patient groups. 34. Individuals MUST be encouraged and enabled to provide feedback about their experience of receiving information in an appropriate format or communication support, including having access to an accessible complaints policy.	Feedback from patient surveys, PALS, local Healthwatch or other sources demonstrates that individuals with relevant needs have received communication support and/or information in alternative formats which is of a suitable quality and is effective in meeting those needs.		1. Patient and service user surveys to undertake inclusion of AIS compliance 2. Local service users feedback to cover this 3. Quality Visits to include this in the assessment 4. Deaf Charter Forum to support feed into this as part of the Deaf charter Pledges action plan 5. Annual Audit by random selection to gain user feedback 6 Interpreter and translation services receive feedback from users and staff. 7. Patient surveys are available in accessible format.	**AMBER**
	By 30.09.16 feedback has been received from individuals with communication and information needs.		As above	**AMBER**
	By 31.07.16 there are mechanisms in place for individuals to make a complaint, raise a concern or pass on feedback in alternative formats and with communication support.		1. Revised Customer Services Policy to include AIS compliance 2. Complaints policy resources available in Easy Read and services will link with Interpreter Services where a communication need is identified.	**AMBER**
35. Organisations MUST prepare and publish or display an accessible communications policy or similar which outlines how they will identify, record, flag, share and meet the information and communication needs of patients, service users, carers and parents, in line with this standard.	An accessible communication policy has been published and is publicly available. This policy outlines how the information and communication needs of patients, service users, carers and parents, will be identified, recorded, flagged, shared and met.		1. AIS Policy for ratification 2. Interpreter Policy for ratification 3. Staff guides available to support the 5 stages for compliance to the standard.	**AMBER**

Requirements – health and social care commissioners (excluded)

Requirements – IT system suppliers

In the table below 'systems' refers to "patient or service user record and / or administration systems supplied to or used by providers of NHS or publicly-funded adult social care".

Requirement	Compliance Evidence: Outcome to Achieve	Lead Responsible	Operational Actions to Achieve Compliance	Internal RAG Grading
1. Suppliers of patient or service user record and / or administration systems to providers of NHS and / or adult social care MUST update, change or replace those systems so that they conform to the Standard by 31.07.16. 2. Systems used for the recording of individuals' information and communication needs SHOULD be designed and built with consideration for the clinical safety risks identified in the Clinical Safety Case published alongside this Specification. 3. Systems used for the recording of individuals' information and communication needs MAY allow the patient or service user (or their carer or parent) to access their own record electronically, and to have editing rights for specific fields relating to information and communication.	Systems used for the recording of individuals' information and communication needs have been designed and built with consideration for the clinical safety risks identified in the Clinical Safety Case published alongside this Specification.	IM&T	1. NHS E codes uploaded and system records communication and information needs 2. Staff user guides will support AIS compliance for RiO and Care Director. 3. Assurance of Procurement checklist required	AMBER
	Where online systems and local procedures enable patients or service users to access their own records, the system allows the patient or service user (or their carer or parent) to access the data recorded about their information and / or communication needs.		1. Assurance statement required from IM&T.	AMBER
	Where online systems and local procedures enable patients or service users to edit their own records, the system allows the patient or service user (or their carer or parent) to edit fields relating to information and communication.		1. Assurance statement required from IM&T	AMBER

Data Items				
4. Systems MUST enable recording of all of the data items or categories associated with the subsets defined by the Accessible Information Standard, in their specified format. Local systems MAY hold more information than is required by the Accessible Information Standard. 5. Systems SHOULD alert users – in line with other review reminders – when none of the data items / categories in any one of the subsets associated with the Standard has been selected. 6. Systems SHOULD support edit checking / quality assurance of data recorded about individuals' information and communication needs. This MAY include generating an alert or preventing users from populating mutually incompatible data fields (in line with best practice). 7. The system MUST allow for changes to the data items associated with the Standard over time, including following release of new or amended SNOMED CT, Readv2 or CTV3 codes (where used by relevant systems), and enabling any locally defined additional information to be captured.	Systems allow for changes to the data items associated with the Standard over time, including following release of new or amended SNOMED CT, Readv2 or CTV3 codes (where used by relevant systems), and enable any locally defined additional information to be captured.	IM&T	1. The core EPR system (RiO) can incorporate any changes associated to the standard over time. 2. This is supported in Care Director. 3. Assurance statement from IMT that this requirement is met.	AMBER
Notification or Flagging				
8. Systems MUST include functionality to notify staff involved – or to be involved in the near future – in the administration or care of patients or service users of their communication and information needs (and where appropriate the needs of patients' or service users' parents or carers).	Systems include functionality to notify staff involved – or to be involved in the near future – in the administration or care of patients or service users of their communication and information needs (and where appropriate the needs of patients' or service users' parents or carers).	IM&T	1. The core EPR system (RiO) has highly visible alerts within the system. 2. This is supported in Care Director. 3. Assurance statement from IMT that this requirement is met.	AMBER
9. The system MUST automatically identify a recorded need for information or correspondence in an alternative format and / or communication support, and flag, prompt or otherwise make this highly visible to staff whenever the record is accessed.	Systems automatically identify a recorded need for information or correspondence in an alternative format and / or communication support, and flag, prompt or otherwise make this highly visible to staff whenever the record is accessed.		1. The core EPR system (RiO) has highly visible alerts within the system. 2. This is supported in Care Director. 3. Assurance statement from IMT that this requirement is met.	AMBER
Auto Generation				

10. Systems automatically generate correspondence, the system MUST automatically identify a recorded need for information or correspondence in an alternative format and in response: • Automatically generate correspondence or information in an alternative format (preferred); OR • Enable staff to manually generate correspondence in an alternative format (upon receipt of an alert); AND Not produce the standard printed output for sending to the individual.	Where systems automatically generate correspondence, the system automatically identifies a recorded need for information or correspondence in an alternative format and in response either automatically generates correspondence or information in an alternative format or enables staff to manually generate correspondence in an alternative format (upon receipt of an alert).	IM&T	1. Assurance from IMT that the systems (RiO and Care Director) do not automatically generate correspondence unless a system user requests it to do so. 2. A process needs to be established that links interpreter services to the above systems. 3. Staff can request manually, different formats from the Trust's interpreter services.	**AMBER**
	Where systems automatically generate correspondence, the system automatically identifies a recorded need for information or correspondence in an alternative format and in response does not produce the standard printed output for sending to the individual, and alerts staff accordingly.		1. Assurance from IMT that the systems (RiO and Care Director) do not automatically generate correspondence unless a system user requests it to do so. 2. A process needs to be established that links interpreter services to the above systems. 3. Staff can request manually, different formats from the Trust's interpreter services.	**AMBER**
Review				
11. The system MUST enable records made about individuals' information and communication support needs to be revised / amended.	The system allows for records made about individuals' information and communication support needs to be revised or amended.	IM&T	1. Assurance from IMT that the core EPR system (RiO) allows for the revision / amendment of an individual's information and communication support need.	**AMBER**
12. The system SHOULD prompt for a review of data recorded about individuals' information and communication needs alongside and concurrent with review of data held in other demographic fields.	The system prompts for a review of data held about individuals' information and communication needs alongside and concurrent with review of data held in other demographic fields.		1. Assurance from IMT that the core EPR system (RiO) allows for the revision / amendment of an individual's information and communication support need. 2. Staff Guide and policy support regular review	**AMBER**

Data requirements of the Standard

The Accessible Information Standard is not establishing any new data set or national collection. However, it is specifying recording practices and standards with regards to individuals' information and communication support needs (for use to support direct patient / service user care and access to services / support).

Requirement	Compliance Evidence: Outcome to Achieve	Lead Responsible	Operational Actions to Achieve Compliance	Internal RAG Grading
1. The specified codes MUST be used where electronic systems use / refer to any one of the three clinical terminologies, and these codes MUST be up-to-date in line with scheduled code releases.	Systems implementing the Accessible Information Standard use the specified accessible information codes in the native code system with codes up-to-date in line with scheduled code releases. Where there is no native code system, information is classified and recorded using the human readable definitions (fully specified name) of the relevant code / the applicable category.	IM&T	As above actions will support implementation and compliance to this action. Trust has Snow-Med codes and they are compatible with RiO.	AMBER
2. In electronic systems which do not use SNOMED CT, Read v2 or CTV codes, and where paper-based systems are used, information MUST be recorded in line with the human readable definitions of the data items (also known as categories) or the 'fully specified name' as listed alongside SNOMED CT codes. 3. NHS organisations and suppliers implementing SCCI1605 Accessible Information MUST refer to ISB 0034 (the SNOMED CT fundamental standard). NHS organisations contracting for new patient record and administration systems MUST specify that suppliers use SNOMED CT for all coded information within systems that are developed, but there may also be a need to support other coding systems where required for interoperability.	Health and Social care organisations and suppliers implementing the Accessible Information Standard use ISB 0034 (the SNOMED CT fundamental standard), and include this in the specification in any new procurement, irrespective of any other coding systems that are also required.	IM&T	Procurement of IT systems is led by IM&T. Standards and equalities checklist to be developed into the procurement specifications	AMBER

Mandatory fields

It is mandatory for IT systems to support recording of the data items associated with the subsets defined by the Accessible Information Standard or their human readable definitions / categories.

Requirement	Compliance Evidence: Outcome to Achieve	Lead Responsible	Operational Actions to Achieve Compliance	Internal RAG Grading
1. Organisations and systems MUST comply with the Accessible Information Standard in recording individuals' information and communication support needs, including using defined data items and codes (where relevant terminologies are used in systems or human readable definitions where not).	Systems comply with the Accessible Information Standard through recording individuals' information and communication support needs using defined data items and codes (where relevant terminologies are used in systems) or human readable definitions (where relevant terminologies are not used in systems).	IM&T	1. Assurance from IMT that Codes uploaded system compatible and compliant to all 4 stages.	**AMBER**
2. Recording of this data is REQUIRED, that is, where data is available – i.e. where the individual has a need – the data item or its human readable definition / category MUST be supported and populated. 3. Organisations implementing the Accessible Information Standard MAY decide on any additional content to be included as part of local data collection and recording practice.	Where an individual is identified as having a need, the data item or its human readable definition cannot be left blank.	IM&T	Both RiO and Care Director have the fields available for completion. Verification required that they are mandatory fields.	**AMBER**

Information governance

The Standard requires that recorded data about individuals' information and / or communication support needs is included as part of existing data-sharing processes, and as a routine part of referral, discharge and handover processes. All information sharing SHOULD follow existing processes and information governance protocols.

Requirement	Compliance Evidence: Outcome to Achieve	Lead Responsible	Operational Actions to Achieve Compliance	Internal RAG Grading
1. All IT systems MUST comply with legal information governance requirements, including ISB 0086 Information Governance Toolkit, for data security and confidentiality to ensure security and protection of the data when viewed, transferred and stored. Organisations SHOULD also refer to, and ensure that they comply with, any and all relevant professional or sector-specific protocols with regards to information governance in implementing this standard.	Systems used for the recording of individuals' information and communication needs comply with legal information governance requirements for data security and confidentiality ensuring security and protection of the data when viewed, transferred and stored.	**IM&T & Information Governance**	A system cannot comply with the Toolkit only a supplier can. This is done through existing processes. Assurance required from IMT and IG to meet this point.	**AMBER**
2. Implementation of the Accessible Information Standard MUST follow existing information governance standards and frameworks including complying with ISB 1512 Information Governance Standards Framework	By 31.07.16 systems implementing the Accessible Information Standard follow existing information governance standards and frameworks complying with ISB 1512 Information Governance Standards Framework.	**IM&T & Information Governance**	Organisations meet the IG standards framework if they comply with ISB 0086 Information Governance Toolkit. Assurance required from IG.	**AMBER**