

1 Introduction

1.1 Background

The Accessible Information Standard (AIS) is a mandatory requirement that applies to all providers of NHS and publicly funded adult social care. This includes:

- Providers of publicly funded Adult Social Care or services (including care homes, nursing homes and day care).
- Adult Social Care or services bodies (in their role as service providers).
- Providers of Adult Social Care from the voluntary and community or private sectors.
- Providers of Public Health, including advice and information.
- Providers of Integrated Care Systems (ICS), including hospitals and social care.

1.2 Principles

The Accessible Information Standard (SCCI1605 Accessible Information), as set out in Section 250 of the Health and Social Care Act, aims to ensure that people with a disability or sensory loss receive information that they can access and understand. The standard requires that all organisations which provide NHS or Adult Social Care Services comply to the requirements set by the AIS.

1.3 Purpose

The aim of the Standard is to establish a framework to ensure that patients and service users (and where appropriate carers and parents) who have information or communication needs relating to a disability, impairment or sensory loss receive accessible information and communication support appropriate to their needs.

2 Purpose

The purpose of this policy is to ensure the following:

- That people with a disability or sensory loss receive information from Aseptika that they can access and understand.
- Aseptika staff with a specific responsibility for producing accessible information are well informed about the Standard and their roles and responsibilities in doing.
- All Aseptika staff are well informed about the requirements of the AIS and what this means.
- Our audiences are aware of Aseptika's commitment to providing high-quality, accessible information.
- Social Values are incorporated into the principles we uphold for access and understanding, in particular with respect to economic inequality, equal opportunity and wellbeing as per the Social Value Model and Procurement Policy Note (PPN 06/20).

3 Scope

3.1 Statutory Basis for the policy

Although introducing consistency and clarity via specific requirements, the Accessible Information Standard builds upon existing legal duties, which public sector bodies and all service providers are already obligated to follow as set out in the Equality Act 2010.

The Equality Act became Law in October 2010. It replaced and aimed to improve and strengthen previous equalities legislation, including the Disability Discrimination Act 1995. The Equality Act covers all the groups that were protected by previous equality legislation, known as Protected Characteristics, one of which is disability.

The Equality 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. Guidance produced by the Equality and Human Rights Commission (EHRC) states that, “Anything which is more than minor or trivial is a substantial disadvantage.” The Equality Act is explicit in including the provision of information in “an accessible format” as a ‘reasonable step’ to be taken.

The Health & Social Care Act 2012 gave the NHS Commissioning Board (subsequently re-named NHS England) or the Secretary of State powers to prepare and publish an information standard relating to information concerning or connecting with the provision of health services or adult social care in England.

The Care Act 2014 also placed a duty on Local Authorities to establish and maintain a service for providing people in its area with information and advice relating to care and support for adults and support for carers. This information and advice must be accessible to and proportionate to the needs of those for whom it is being provided.

4 Tasks, Responsibilities and Accountabilities

This policy applies to all employees and to other workers such as trainees, temporary staff, agency staff, contractors, home workers, students and those involved in delivering services on behalf of Aseptika, e.g. subcontractors.

The Managing Director (SIRO) and the Management Review and Information Governance Committees are responsible for the quality of products, services and care that is provided by the organisation and is accountable for ensuring compliance with the Health and Social Care Act. The Caldicott Guardian (Quality Regulatory and IG Director) has dual responsibility for compliance to this policy, with respect to patients.

All staff will receive a copy of this policy. Conformance with this policy and its procedures is a contractual requirement and non-compliance will be dealt with in accordance with Aseptika disciplinary procedures.

It will be the day-to-day responsibility of all managers to monitor that the requirements of this procedure are being adhered too and that appropriate risk control measures are in place. Managers are responsible for ensuring effected staff have followed the reporting and management procedures highlighted in this policy.

5 Equipment / Software

Any equipment required in the device manufacture by Aseptika, software used in development of Medical Device Software Applications by Aseptika, desk top software including Microsoft suite of software, Adobe Creative Suite, Xero, Harvest, Asana, eQMS and the NAS with its Cloud backup.

6 Procedure and Course of action required

Successful implementation of the Accessible Information Standard is based on the following elements:

6.1 Identification of needs - Ask

All staff will take a consistent approach to the identification of patients', service users', carers' and parents' information and communication needs, where they relate to a disability, impairment or sensory loss.

6.2 Recording of needs

All staff will consistently:

- a. Approach the routine recording of patients', service users', carers' and parents' information and communication needs, where they relate to a disability, impairment or sensory loss as part of patient or service user records and clinical management or patient administration systems.
- b. Use defined clinical terminology, set out in four subsets, to record such needs, where Read v2, CTV3 or SNOMED CT[®] codes are used in electronic systems.
- c. Use defined English definitions indicating needs, where systems are not compatible with either of the three clinical terminologies or where paper-based systems/records are used.
- d. Record needs in such a way that they are 'highly visible'.
- e. The reporting of incident will be recorder in the form in Appendix D of this Policy and then this needs to be added to the ASL F-023 Health and Safety Accident and Incident Risk Log.

6.3 Flagging of needs

All staff will take a consistent approach to the use of electronic flags or alerts or paper-based equivalents to indicate that an individual has a recorded information and/or communication need and prompt other 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.

6.4 Sharing of needs

All staff will take a consistent approach to 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.

6.5 Meeting of needs

All staff will take a consistent approach to taking steps to ensure that individuals receive information in an accessible format and any communication support that they need.

Appendix B details support considerations when looking to meet an individual's needs.

Appendix C provides a glossary of terms to support staff understanding of identified needs.

7 Monitoring

The Management Review and Information Governance Committees oversees the implementation of and compliance with this policy (including the dissemination of lessons learned).

Each product or service provided by Aseptika will complete an annual audit of compliance with the Accessible Information Standard (see Appendix D) that will be reviewed by the Management Review and Information Governance Committees. In addition, the policy will be monitored, assessed and reviewed through on-going incident reporting and any subsequently required action.

The Management Review and Information Governance Committees meet biannually and monthly respectively. It is the responsibility of each member of staff to ensure reporting is conducted in line with this framework – including accelerated timeframes for the reporting of serious incidents, red rated risks and threats to business continuity.

This reporting system facilitates and ensures effective planning, allows any issues to be dealt with at the most appropriate level of management and ensures that specialist expertise can be drawn on where necessary.

7.1.1 Equality and Diversity

Aseptika will seek to collect data on the nine-protected characteristics as per the implementation of EDS2, when and where applicable.

This data will be collected by the Health and Safety Manager or delegate and reported to the Management Review and Information Governance Committees in order to monitor equity of access and take any subsequently required action.

7.1.2 Implementation Plan

Consultation

Members of the Information Governance Committee and other key stakeholders will be made aware of this policy and offered the opportunity to comment or advise on the content.

Dissemination

The policy will be made available on the shared drive. Copies of this policy will be made available to patients and service users upon request.

Training/Awareness

This policy will be introduced to all staff at induction and reviewed annually along with other policies and SOPs and re-briefed when significant changes are made.

Audit and/or Monitoring

The Accessible Information Standard has been implemented for all appropriate Aseptika product or services. Each existing service will complete an audit of compliance (using the template at Appendix D) by end of February and then on an annual basis to ensure on-going compliance.

In addition, the policy will be monitored, assessed, and reviewed through on-going incident reporting and any subsequently required amendments.

8 Forms and Records

ASL IG P-500-007 Accessible Information Standard Appendix D Annual Audit of Compliance

9 Related Documents

ASL QM P-720 Customer Related Processes

ASL QM P-822 Complaint Handling

ASL SOP P-500-004 Equality, Diversity, Respect and Recruitment

ASL IG P-020 Staff Handbook

ASL IG P-036 Safeguarding Adults Policy

ASL IG P-027 Children’s Privacy Policy

ASL QM P-622 Competence, Awareness and Training

ASL SOP P-500-011 Health and Safety

ASL SOP P-500-001 Respecting and Involving Patients

ASL SOP P-500-002 Corporate Social Responsibility

10 References

EN ISO 13486:2016+A11:2021 Medical Devices - Quality Management Systems - Requirements for Regulatory Purposes

MDR 2017/745 EU Regulation on Medical Devices

Directive 93/42/EEC on medical devices (EU MDD), which are given effect in UK law through the Medical Devices Regulations 2002 (SI 2002 No 618, as amended) (UK MDR 2002).

Accessible Information Standard (SCCI1605 Accessible Information), set out in Section 250 of the Health and Social Care Act

Procurement Policy Note (PPN 06/20): Taking Account of Social Value in the Award of Central Government Contracts.

The Social Value Model, Government Commercial Function, December 2020.

11 Document History

Version	Date	Author Initials	Reviewers Initials	Summary of Changes	Authorised by & date
0.1	2018	Spirit		Spirit policy	
1.0	15.01.2020	JA	MP	Integrate in QMS	JA
2.0	06.02.2021	JA	MP	CC2020-059	KAA, authorised JA 01.03.2021
3.0	17.11.2021	JA	GE	CC2021-077	Kevin Auton, 02.12.2021
4.0	04.11.2022	JA	JC	Migrate to AWS CC2022-063	KAA authorise JA 04.11.2022

Appendix A - One Page Quick Guide

Accessible Information Standard

11.1 Overview of the Standard – scope (who, what and where)

SCCI1605 Accessible Information – the Accessible Information Standard – directs and defines a specific, consistent approach to identifying, recording, flagging, sharing, and meeting the information and communication support needs of patients, service users, carers, and parents, where those needs relate to a disability, impairment, or sensory loss.

It is of relevance to individuals who are blind, d/Deaf, deafblind and/or who have a learning disability, although it should support anyone with information or communication needs relating to a disability, impairment, or sensory loss, for example people who have aphasia, autism or a mental health condition which affects their ability to communicate.

The Standard applies to all providers across the NHS and adult social care system.

11.2 The Accessible Information Standard – quick guide (how)

There are five basic steps that make up the Accessible Information Standard:

1. **Ask:** identify and find out if an individual has any communication or information needs relating to a disability or sensory loss and if so, what they are.
2. **Record:** record those needs in a clear, unambiguous and standardised way in electronic and/or paper-based record system or documents.
3. **Alert, flag or highlight:** ensure that recorded needs are ‘highly visible’ whenever the individuals’ record is accessed and prompt for action.
4. **Share:** include information about individuals’ information or communication needs as part of existing data sharing processes and following existing information governance frameworks.
5. **Act:** take steps to ensure that individuals receive information that they can access and understand and receive communication support if they need it.

11.3 Aim of the Standard (why)

The aim of the Standard is to establish a framework and set a clear direction such that patients and service users (and where appropriate carers and parents) who have information or communication needs relating to a disability, impairment or sensory loss receive:

- ‘Accessible information’ (‘information which is able to be read or received and understood by the individual or group for which it is intended’); and
- ‘Communication support’ (‘support which is needed to enable effective, accurate dialogue between a professional and a service user to take place’).

so that they can access services appropriately and independently, and make decisions about their health, wellbeing, care, and treatment.

For more information see www.england.nhs.uk/accessibleinfo

Appendix B - Communication Support Needs Guide

Accessible Information Standard Communication support needs guide - if and when applicable

11.4 Introduction

This section briefly outlines groups who are anticipated to be most affected by the Accessible Information Standard and provides generic advice as to likely and foreseen support which may be required. The advice and groups included are indicative but not exhaustive. Words or phrases highlighted in bold are included in the extended glossary (Appendix 3).

11.5 Patient groups

The following groups of patients or service users are anticipated to be affected most directly by the Accessible Information Standard:

- People who are blind or have some visual loss.
- People who are deaf or d/Deaf or have some hearing loss.
- People who are deafblind.
- People who have a learning disability.

The following groups are likely to also be affected by the Accessible Information Standard:

- People with aphasia.
- People with a mental health condition which affects their ability to communicate.
- People with autism.

It should be noted that these categories do not represent all the groups who may be affected – the scope of the Standard includes all patients, service users, carers or parents with information or communication support needs relating to any kind of disability, impairment or sensory loss.

11.6 Types of communication support and alternative formats - Support for people who are blind or have some visual loss - if and where applicable

A person who is blind or has some visual loss may need information which is usually written down or provided in standard print in an alternative format such as: audio (on CD or as an MP3 file), braille, email, or large print.

Note that people who are blind, deafblind or have some visual loss may require information to be sent or shared with them electronically (via email) instead of in a written or printed format. This is because use of email enables the recipient to use (their own) assistive technology or software, for example a 'screen reader', which converts text to speech. Depending on the software or assistive technology used, a person who is blind or has some visual loss may require information sent to them electronically (emailed) in one or more specific formats such as plain text (with or without attachments), HTML, attachments in Word or PDF format.

A person who is blind or has some visual loss may need visual information in the form of an audible alert. For example, many blind people cannot read their name on a screen or notice and so will need to be told or guided to the appropriate room and/or seat.

11.7 Support for people who are d/Deaf or have some hearing loss

A person who is d/Deaf or has some hearing loss may require support from a communication professional, including a British Sign Language (BSL) interpreter, BSL interpreter who uses Sign-Supported English, Lip speaker, Note taker or speech-to-text reporter (STTR).

A person who is d/Deaf may also need information which is usually provided in standard print in BSL video format.

A person who is d/Deaf or has some hearing loss may also need support to communicate because they:

- Lip-read – in which case the speaker should clearly address the person and face them whilst speaking, avoid touching or covering their mouth and ensure conversations are held in well-lit areas.
- Use a hearing aid – in which case care should be taken to speak clearly and a loop system may support conversation in reception or waiting areas.

It should be noted that the ability of d/Deaf people to read and understand written English varies considerably and it should not be assumed that having a conversation via written notes is an appropriate way of holding a dialogue. Similarly, it should not be assumed that because someone is wearing one or more hearing aids, they no longer need any support to communicate. They may, for instance, be supporting their hearing via lip-reading. The person's communication needs must be established with them in the first instance.

A person who is d/Deaf may need verbal or audio information in the form of visual alert. For example, many d/Deaf people cannot hear their name called in a waiting area.

11.8 Support for people who are deafblind

Types of communication support which may be needed by a person who is deafblind are as follows. It should be noted that many deafblind people will use a combination of different mechanisms to support communication.

A deafblind person may require support from a communication professional:

- British Sign Language (BSL) interpreter who may need to be particularly skilled to work with deafblind people who need BSL adapting in the following ways.
 - BSL interpreter - hands-on signing.
 - BSL interpreter - visual frame signing.
 - Deafblind manual interpreter.
 - Speech-to-text-reporter (STTR).

A deafblind person may receive individual support from an identified professional to support them in communicating, such as a Deafblind communicator-guide or Deafblind intervenor. If so, it would be expected that this person would accompany the deafblind person.

A deafblind person may need written information in an alternative format, such as braille or via email.

A deafblind person may also need support to communicate using a communication tool or aid. They may also rely on the use of Tadoma to communicate or use a Voice Output Communication Aid (VOCA).

A deafblind person may also use non-verbal communication including gestures, pointing or eye-pointing.

11.9 Support for people with a learning disability

A person who has a learning disability may need information which is usually provided in standard English provided in an alternative format such as 'easy read' or explained using Makaton.

A person with a learning disability may require support from a communication professional at their appointment, for example an advocate.

A person with a learning disability may also need support to communicate using a communication tool or aid. They may also have a 'communication passport'.

A person with a learning disability may also use non-verbal communication including gestures, pointing or eye-pointing.

It should be noted that the level of a person's learning disability will have a significant impact on their ability to communicate and therefore level of support needed. People with a mild or moderate learning disability may be living independently and need information in 'easy read' format and verbal information explained more slowly and simply.

A person with a more severe or profound learning disability is likely to be supported by one or more carers and will need additional support to communicate, including using a communication tool or aid. People with a more severe learning disability are more likely to communicate in non-verbal and non-traditional ways.

11.10 Support for other patient groups

The following groups are likely to also be affected by the Accessible Information Standard:

- People with aphasia.
- People with a mental health condition which affects their ability to communicate.
- People with autism.

It should be noted that these categories do not represent all the groups who may be affected.

The potential for the information and communication support needs of these service users to vary or fluctuate and to be greater at times of crisis or when experiencing an acute episode, and lesser (or non-existent) when well, should be acknowledged. This may require more

frequent review of recorded needs to reflect such changes, as appropriate to the individual, and records should be flagged accordingly to prompt for review at appropriate intervals.

In the vast majority of cases, needs can be met using 'standard' or 'standardised' alternative formats (such as braille), 'mainstream' contact methods (such as email), 'standardised' communication methods (such as British Sign Language) and / or other 'generic' adjustments (for example facing someone to enable them to lipread).

However, a minority of people with information and/or communication needs relating to a disability, impairment or sensory loss have multiple and/or complex needs, meaning that they require bespoke tools and/or communication support to enable or communication. Individuals with multiple and/or complex needs are more likely to use alternative and/or non-verbal communication methods and may use a highly personal communication system, for example particular gestures or eye-pointing, which may require interpretation from someone close to them who understands them well.

In these instances, services should make use of the communication devices or tools usually used by the individual, work with their carer(s), family members, support workers and others who know them well to identify and use communication approaches which maximise the involvement and inclusion of the individual. Services may find documentation of the needs of individuals with bespoke or highly personalised information and/or communication needs challenging and use of a 'communication passport' or similar document to support standardised/coded recording would be advisable.

Appendix C - Glossary of Terms

The following glossary defines and explains some of the key words and terms used in the Accessible Information Standard Policy and elsewhere in documentation associated with the Accessible Information Standard. It should be read in conjunction with the FSNs (Fully Specified Names) linked to the SNOMED CT codes associated with the four subsets of the Standard.

Advocate: a person who supports someone who may otherwise find it difficult to communicate or to express their point of view. Advocates can support people to make choices, ask questions and to say what they think.

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

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

Aphasia: a condition that affects the brain and leads to problems using language correctly. People with aphasia find it difficult to choose the correct words and can make mistakes in the words they use. Aphasia affects speaking, writing and reading.

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.

Braille: a tactile reading format used by people who are blind, deafblind or who have some visual loss. Readers use their fingers to 'read' or identify raised dots representing letters and numbers. Although originally intended (and still used) for the purpose of information being documented on paper, braille can now be used as a digital aid to conversation, with some smartphones offering braille displays. Refreshable braille displays for computers also enable braille users to read emails and documents.

British Sign Language (BSL): BSL is a visual-gestural language that is the first or preferred language of many d/Deaf people and some deafblind people; it has its own grammar and principles, which differ from English.

BSL interpreter: a person skilled in interpreting between BSL and English. A type of communication support which may be needed by a person who is d/Deaf or deafblind.

BSL interpreter - hands-on signing: a BSL interpreter who is able to sign with the hands of the person they are interpreting for placed over their hands, so that they can feel the signs being used. A type of communication support which may be needed by a person who is deafblind.

BSL interpreter - visual frame signing: a BSL interpreter who is able to use BSL within the visual field of the person with restricted vision. A type of communication support which may be needed by a person who is deafblind.

BSL interpreter - Sign-Supported English (SSE): a BSL interpreter who is able to communicate using BSL signs but in the order that they would be used in spoken English. A type of communication support which may be needed by a person who is d/Deaf or deafblind.

BSL translator: a person able to translate written or printed English into British Sign Language (BSL), to support face-to-face consideration of a document or for recording for use in a BSL video for example for publication on a website.

BSL video: a recording of a BSL interpreter signing information which may otherwise only be available in written or spoken English. A BSL video may be made available on DVD or via a website.

BSL video remote interpreting (VRI) - also known as video interpreting, remote interpreting, or virtual interpreting: an online service in which a BSL interpreter interprets via video software. It works using a computer and webcam, a smartphone or tablet. Provided through contract or on demand by a range of organisations, 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.

Communication passport: sometimes called a communication book or 'hospital passport'. A document containing important information (usually) about a person with learning disabilities, to support staff in meeting those needs. It will include a person's likes and dislikes and outlines ways in which they communicate. Many hospital trusts provide communication passports to people with learning disabilities.

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

Communication tool or aid: a tool, device or document used to support effective communication. 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.

d/Deaf: a person who identifies as being deaf with a lowercase d is indicating that they have a significant hearing impairment. Many deaf people have lost their hearing later in life and as such may be able to speak and/or read English to the same extent as a hearing person. A person who identifies as being Deaf with an uppercase D is indicating that they are culturally Deaf and belong to the Deaf community. Most Deaf people are sign language users who have been deaf all their lives. For most Deaf people, English is a second language and as such they may have a limited ability to read, write or speak English.

Deafblind: The Policy guidance Care and Support for Deafblind Children and Adults (Department of Health, 2014) states that "The generally accepted definition of Deafblindness is that persons are regarded as Deafblind "if their combined sight and hearing impairment causes difficulties with communication, access to information and mobility. This includes people with a progressive sight and hearing loss" (Think Dual Sensory, Department of Health, 1995)."

Deafblind communicator-guide: a professional who acts as the eyes and ears of the deafblind person including ensuring that communication is clear. A deafblind person may have a communicator-guide provided by a charity, through a personal budget or by their local authority.

Deafblind intervenor: a professional who provides one-to-one support to a child or adult who has been born with sight and hearing impairments (congenital deaf blindness). The intervenor helps the individual to experience and join in the world around them. A deafblind person may have an intervenor provided by a charity, through a personal budget or by their local authority.

Deafblind manual interpreter - deafblind manual alphabet: a person skilled in interpreting between the deafblind manual alphabet / block alphabet and English. The deafblind manual alphabet is a tactile form of communication in which words are spelled out onto a deafblind person's hand. Each letter is denoted by a particular sign or place on the hand.

Deafblind manual interpreter - block: a person skilled in interpreting between the deafblind block alphabet and English. The block alphabet is a tactile form of communication in which words are spelled out on to the palm of the deafblind person's hand.

Disability: The Equality Act 2010 defines 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.

Disabled people: Article 1 of the United Nations Convention on the Rights of Persons with Disabilities has the following definition, “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.”

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.

Hearing loop system: a hearing loop or ‘audio frequency induction loop system’, allows a hearing aid wearer to hear more clearly. It transmits sound in the form of a magnetic field that can be picked up directly by hearing aids switched to the loop (or T) setting. The magnetic field is provided by a cable that encloses, or is located close to, the intended listening position such as a reception desk. The loop system allows the sound of interest, for example a conversation with a receptionist, to be transmitted directly to the person using the hearing aid clearly and free of other background noise.

Impairment: The Equality and Human Rights Commission defines impairment as, “A functional limitation which may lead to a person being defined as disabled...”

Interpreter: a person able to transfer meaning from one spoken or signed language into another signed or spoken language.

Large print: printed information enlarged or otherwise reformatted to be provided in a larger font size. A form of accessible information or alternative format which may be needed by a person who is blind or has some visual loss. Different font sizes are needed by different people. Note it is the font or word size which needs to be larger and not the paper size.

Learning disability: this term has an existing Data Dictionary definition and is also defined by the Department of Health in Valuing People (2001). People with learning disabilities have life-long development needs and have difficulty with certain cognitive skills, although this varies greatly

among different individuals. Societal barriers continue to hinder the full and effective participation of people with learning disabilities on an equal basis with others.

Lipreading: a way of understanding or supporting understanding of speech by visually interpreting the lip and facial movements of the speaker. Lipreading is used by some people who are d/Deaf or have some hearing loss and by some deafblind people. A person can be supported to lipread by the speaker clearly addressing the person and facing them whilst speaking, avoiding touching or covering their mouth, and ensuring conversations are held in well-lit areas.

Lip speaker: a person who repeats the words said without using their voice, so others can read their lips easily. A professional lip speaker may be used to support someone who is d/Deaf to communicate.

Makaton: a communication system using signs, symbols, and speech. There are three levels of Makaton, used according to the individual's circumstances and abilities – functional, keyword and symbol reading. Makaton may be used by people with deaf blindness or a learning disability.

Moon: a tactile reading format made up of raised characters, based on the printed alphabet. Moon is similar to braille in that it is based on touch. Instead of raised dots, letters are represented by 14 raised characters at various angles.

Non-verbal communication: communicating without using speech and instead using gestures, pointing or eye-pointing.

Notetaker: in the context of accessible information, a notetaker produces a set of notes for people who are able to read English but need communication support, for example because they are d/Deaf. Manual notetakers take handwritten notes and electronic note takers type a summary of what is being said onto a laptop computer, which can then be read on screen. Notetakers are commonly used in combination with other communication support, for example people who are watching a sign language interpreter are unable to take notes at the same time.

Sign language: a visual-gestural language and way of communicating.

Appendix D - Accessible Information Standard Annual Audit of Compliance

Accessible Information Standard Policy Processes Compliance Audit

The service identifies individuals with information or communication needs, including who asks what question(s) are asked, how, where, and when.

Observations / Evidence of Compliance

The service records individuals' information and communication needs as part of the existing patient or service user recording systems and administrative processes, including use of specific categories or codes.

Observations / Evidence of Compliance

The service ensures that an alert, flag, or other prompt is used to notify staff of an individual's information or communication needs such as that they are 'highly visible' whenever a record is accessed and that a prompt is in place for relevant action(s) to be taken.

Observation / Evidence of Compliance

The service ensures that individuals with information or communication needs are contacted in alternative ways and that they are able to contact the service through alternative means such as, email, text message or telephone.

Observations / Evidence of Compliance

The service ensures that correspondence is available to send to service users in alternative formats such as large print, easy read, and braille.
Observations / Evidence of Compliance

The service ensures that patient information can be obtained by alternative formats.
Observations / Evidence of Compliance

The service ensures that a Communication Professional is available to support a patient/service user as soon as possible (in an urgent situation) or for an advance appointment. The service has established protocols and links for remote BSL and or STTR
Observations / Evidence of Compliance

The service sets out clear guidelines for arranging longer appointments for a patient or service user with communication needs.
Observations / Evidence of Compliance

The service ensures staff support individuals with communication needs, i.e., lip-reading or use of hearing aids.
Observations / Evidence of Compliance

Audit completed by: Product/Service Lead

Date: