

OP19

Accessible Information Policy

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1.0 Policy Statement (Purpose / Objectives of the policy)

This policy responds to RWT's legal duty to implement the **NHS Accessible Information Standard** (the AIS) which was introduced in July 2016. This policy seeks to establish AIS into the Trust's everyday business and functions. The aim of this policy is to direct standards of practice that will enable staff to provide meaningful information in formats that are accessible to individually identified patients' requirements of accessibility. This will enable patients to:

- Make decisions about their health and wellbeing, and about their care and treatment;
- Self-manage conditions;
- Access services appropriately and independently;
- Make choices about treatments and procedures including the provision or of consent.

AIS requirements are intended to ensure that people who need to have information in a particular format and / or support to communicate because of a disability or sensory loss are able to receive:

- Information in a form that they can access and understand, and
- Any support that they need to communicate with adult social care / NHS staff

The AIS is of particular relevance to people who:

- are blind or have some visual loss,
- are d/Deaf, have some hearing loss, or are deafblind,
- have a learning disability;
- have aphasia,
- have autism
- have a mental health condition which affects their ability to communicate.

This list is not exhaustive.

2.0 Definitions

The relevant definitions for this policy are attached as [Appendix 1](#).

3.0 Accountabilities

3.1 Chief Executive

The Chief Executive is ultimately responsible for ensuring that the Trust's responsibilities towards the Accessible Information Standard are discharged effectively and that there is a process in place to ensure that staff are aware of and adhere to the standard.

3.2 Chief Nursing Officer; Lead Executive for Patient Experience EDI

As the nominated Director/Executive who is responsible for coordinating the implementation of AIS. Ensuring that the board receives sufficient assurance on the implementation of the Standard as accessibility of information is essential to

effective patient centred care. Accountable to the Trust Board for ensuring compliance with all standards contained with this document.

3.3 Associate Director of Patient Relations and Engagement

Responsible of the oversight of this document and for coordination of the Accessible Information Standard Working Group (AISWG).

3.4 Quality and Safety Oversight Group (QSOG)

To receive regular reports from the Accessible Information Standard Working Group (AISWG) to allow for updates on the progress made with the implementation of the AIS standard

3.5 The Accessible Information Standard Working Group (AISWG)

To progress the successful implementation of the Accessible Information Policy and will receive quarterly reports from Divisional representation or Heads of Department at its meetings with regard to progress of workstreams agreed for implementation.

3.6 Heads of Departments/Commissioned services

Must be aware of the relevant legislation and ensure that the services delivered fully meet the requirements of the AIS.

3.7 Associate Chief Technology Officer

To ensure IT systems are compliant with the requirements set out within the Accessible Information Standard and this Policy

3.8 All staff All staff are responsible for the implementation of this policy and for:

- Identifying, recording, sharing, flagging, and acting upon patients' specific needs for accessible communication both at initial and repeat points of contact.

4.0 Policy Detail

4.1 Legal and Policy Context.

Acts and guidance of particular relevance to the AIS are:

- The Equality Act 2010: Section 149 Public Sector Equality Duty
- The Health and Social Care Act 2012: section 250 Powers to publish information standards
- Data Sharing Code of Practice (2011) issued by the Information Commissioner's Office under section 52 of the Data Protection Act 1998

The Equality Act 2010 creates a duty for all service providers to take steps or make reasonable adjustments to avoid putting people with a disability, impairment or sensory loss at a substantial disadvantage when compared to others.

This duty is in the primary legal framework for the **NHS Accessible Information Standard** (the AIS) which was introduced in July 2016. The Standard requires all organisations that provide NHS care and/or publicly funded adult social care to identify, record, flag, share and meet the information and communication support needs of patients, service users, carers and parents with a disability, impairment or sensory loss.

4.2 Scope of AIS Policy.

The Accessible Information Standard Policy addresses the needs of people with disability, impairment or sensory loss that substantially affects their ability to carry out their normal life functions. Long-term Mental Health issues are also included within this category.

People with learning disabilities are included in the scope of AIS but people with learning *difficulties*, which includes dyslexia, are excluded from the scope of AIS.

Whilst trusts are not *required* to make information accessible for people with learning difficulties and dyslexia it is *recommended* that they should do so.

A full list of exclusions can be found at [Appendix 2](#).

4.3 The requirement of the AIS

Trusts are required to put into place accessible information policies and procedures that are embedded into all patient record systems, both digital and paper based. All staff must be aware of the requirement to make information accessible, and training must be in place to ensure that staff are aware of the need to:

- **Identify** individuals' specific needs for receiving information
- **Record** the needs that have been identified for each individual
- **Flag** clearly within the record the specific information format needed
- **Share** with appropriate colleagues the flagged information requirement
- **Act** to ensure that information is conveyed in the required format.

4.4 Actions that staff must take

4.4.1 At the point of initial contact with the service, staff must ask service users whether they have a disability, impairment and/or sensory loss and in which specific format in which they need to receive information. If this is not possible at the first contact, then the question must be asked at a subsequent contact.

4.4.2 Where needs are identified, the individual's record will include:

- the type of support required
- how needs are to be met
- where information was provided by anyone other than the individual concerned, the name of the person who provided the information and the reason why.
- where relevant, confirmation that the individual has given their specific consent to communication support being provided by a family member or any other person who

is not a registered communication professional.

- 4.4.3** The expressed need must be recorded the service user's medical notes and flagged using the appropriate marker.

An electronic flag (or equivalent alert for paper-based records) will need to be placed on the individual's record to ensure that any identified needs are highly visible to anyone accessing the record.

[Appendix 4](#) shows details of types of markers available for recording.

- 4.4.4** If the service user states that there is no specific need, this must also be recorded in the service user's medical notes.
- 4.4.5** It is important to remember that people's communication needs change and it should not be assumed that someone who had no requirement at previous contacts continues to have no specific requirements. Specific communication needs must be investigated at all review meetings.
- 4.4.6** If the service user is a repeat contact, staff must ask whether their communication needs have changed since their previous contact. Again, this information must be recorded accordingly in patient notes. Changes and requirements will be noted and the flag amended where necessary. Should there be no accessible information need or no revised accessible information need, this must be entered in patient notes.
- 4.4.7** Information should be sought first-hand directly from the service user. If this is not possible, this information should be sought from a relative, friend or advocate who knows the service user well.

Identified needs will be met in an appropriate way and without unreasonable delay, i.e. the individual will receive:

- information in an alternative format which they are able to access, and
- the support they need to communicate with staff.

- 4.4.8** Heads of Service, Heads of Department, I.T. Teams and service developers must be familiar with the requirements of the Accessible Information Standard and ensure that current and future paper based and I.T. based systems encompass the requirements of the Standard.
- 4.4.9** Providers of commissioned services. Under the Equality Act 2010, the responsibility to enact reasonable adjustments on behalf of RWT falls upon providers of commissioned services. Heads of commissioned services must be aware of the relevant legislation and ensure that the services delivered fully meet the requirements of the AIS.
- 4.4.10** The Accessible Information Working Group will meet bi-monthly monitor the progress and successful implementation of the Accessible Information Policy and will receive quarterly reports from Divisional representation or Heads of Department at its meetings with regard to progress of key workstreams identified.

5.0 Financial Risk Assessment

1	Does the implementation of this policy require any additional Capital resources	No
2	Does the implementation revenue resources of this policy require additional	No
3	Does the implementation of this policy require additional manpower	No
4	Does the implementation of this policy release any manpower costs through a change in practice	No
5	Are there additional staff training costs associated with implementing this policy which cannot be delivered through current training programmes or allocated training times for staff	No
	Other comments	

6.0 Equality Impact Assessment

An equality analysis has been carried out and it indicates that:

Tick	Options
	A. There is no impact in relation to Personal Protected Characteristics as defined by the Equality Act 2010.
x	B. There is some likely impact as identified in the equality analysis. Examples of issues identified, and the proposed actions are indicated in the Equality Analysis Impact Assessment which is attached as Appendix 3

7.0 Maintenance

This policy will be reviewed every three years by the Patient Experience Department (EDI Function) or earlier if warranted by a change in standards, guidance, or legislation and or if changes are deemed necessary from internal sources.

The Accessible Information Standard Working Group (AISWG) will monitor the implementation of the scheme and will arrange for review of the policy when due.

8.0 Communication and Training

This policy will be placed on RWT's intranet site. Awareness of the Standard, the policy and its requirements will flow from the AISWG to Heads of Departments who will cascade the information and arrange necessary training. This will be reinforced by support from RWT's Communications Team using staff social media, WOW newsletter and screensavers

9.0 Audit Process

The policy supports delivery of all of the Trust's [Visions and Values](#).

Criterion	Lead	Monitoring method	Frequency	Committee
Continued embedding of Standard into Trust business activity	Associate Director of Patient Relations	Feedback and reports of Heads of Departments to Working Group. Compliance against standards.	Ongoing	Accessible Information Standards Working Group
Reporting on Trust progress including periodic completion of self-assessment against compliancy of standards implementation and patient engagement through local surveys upon completion of new initiatives where appropriate.	Associate Director of Patient Relations	Regular report to Quality Committee on all EDI projects including this standard	6 monthly	QSAG

10.0 References - Legal, professional or national guidelines must underpin policies and be referenced here. Where appropriate cross references must be made to other policies.

- The NHS Accessible Information Standard.
- CQC Regulation 9 – Person Centred Care
- CQC Regulation 17 – Good Governance
- The Equality Act 2010 Section 149 – Public Sector Equality Duty
- The Health and Social Care Act 2012: Section 250 Powers to establish information standards,
- Data Sharing Code of Practice (2011) issued by the Information Commissioner's Office under Section 52 of the Data Protection A

Part A - Document Control

Policy number and Policy version: CP19 Version 1.0	Policy Title Accessible Information Policy First Version	Status: Final		Author: Alison Dowling, Associate Director Patient Experience Chief Officer Sponsor: Chief Nursing Officer
Version / Amendment History	Version	Date	Author	Reason
	First Version	August 2025	Associate Director of Patient Relations	Policy not in existence prior
Intended Recipients: All Trust staff and all Non-executive Directors				
Consultation Group / Role Titles and Date: Accessible Information Standard Working Group April 2025				
Name and date of Trust level group where reviewed		Trust Policy Group – October 2025		
Name and date of final approval committee		Trust Policy Group – October 2025		
Date of Policy issue		October 2025		
Review Date and Frequency (standard review frequency is 3 yearly unless otherwise indicated – see section 3.8.1 of Attachment 1)		Every 3 years (October 2028)		
Training and Dissemination: Document will be placed on intranet. Managers will cascade information. Communications Team will broadcast information.				
To be read in conjunction with:				
Initial Equality Impact Assessment (all policies): Completed Yes If you require this document in an alternative format e.g., larger print please contact Policy Administrator8904				
Monitoring arrangements and Committee				
Document summary/key issues covered. This policy responds to RWT's legal duty to implement the NHS Accessible Information Standard (the AIS) which was introduced in July 2016. This policy seeks to establish AIS into the Trust's everyday business and functions. The aim of this policy is to direct standards of practice that will enable staff to provide meaningful information in formats that are accessible to individually identified patients' requirements of accessibility. This will enable patients 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 including the provision or of consent.				
Key words for intranet searching purposes			Accessible; Information; Standard; AIS;	

Appendix 1 - Definitions

Term	Definition
Accessible Information	Information that can be received and read or in a preferred format that individuals can understand without difficulty.
Act	To ensure that the preferred mode of communication is put into effect to enable effective transfer of information.
Advocate	A person who will support someone who finds communication difficult, to make their voices and opinions heard.
AIS	The NHS Accessible Information Standard.
Alternative Format	Information provided in a format other than standard printed or hand-written English. For example, an audio recording, large print or an Easy Read document.
Aphasia	A condition that affects the brain and leads to problems using language correctly when speaking, writing or reading.
Autism	A condition that people are born with that affects their social interaction, their communication skills and their ability to imagine and think beyond certain patterns of thought and behaviour. Autism can exist at a range of levels from mild to severe.
Braille	A system of writing for blind people that uses patterns of raised dots.
Carer	Someone who voluntarily provides unpaid support to a partner, family member or other person in need of support, without which they would struggle to survive.
Communication Support	Any support that is needed to enable effective and accurate dialogue to take place between a professional person, a service or organisation and a patient or service-user. For example, pictures or diagrams, a hearing loop or a BSL interpreter or lip speaker.
d/Deaf	The lowercase 'd' indicates someone who has a significant hearing impairment, often incurred in later life who may well have some hearing and oral skills. The uppercase 'D' indicates the more profound, lifelong hearing impairment of a member of the Deaf community. Many Deaf people will use British Sign Language as their first language and English as their second language. Others may be lip readers rather than signers. Deaf people vary greatly in their ability to read, write or speak standard English.
Deafblind	A person who has neither hearing nor sight. A deafblind person and interpreter will communicate using hand touch patterns.
Disability	A person is defined as having a disability if they have a long-term condition (defined lasting more than 12 months) that has an adverse effect on their ability to carry out day-to-day activities.
Easy Read	A system of communication using simple images rather than words to convey ideas.
Flag	A conspicuous marker on a record that clearly alerts anyone accessing it that an issue needs to be considered. This can be

	digital or more traditional sticker or a highlight on a paper record.
Identify	To establish with the person what is the best method of communication to convey information to them.
Interpreter*	A trained person, highly fluent in two or more languages who will listen to speech in one language and then repeat it exactly in a different language. This is different from a translator (see below).
Large Print	A letter format different to standard letters in that the font is larger, usually no less than size 14 font.
Learning Difficulty	A generalised difficulty in learning not specifically diagnosed as a disability. Learning difficulties are not within the scope of the AIS. For the purpose of the AIS this includes people with dyslexia for which it is not required for trusts to enable accessible information but for whom it is recommended to do so. This will be reviewed at the next iteration of the AIS
Learning Disability	A disability existing from childhood that slows down learning and sometimes speech. This makes it difficult for people to communicate, to acquire new information, learn new skills or make well-informed decisions about situations such as options or safety. Social skills can also be affected.
Record	To store information either on paper or on digital systems in a way that can be shared with appropriate colleagues.
Share	To enable appropriate information about patients' communication preferences to be clearly seen colleagues.
Transition (1)	The process by which people move from one service to another. This could be between children's and adult services or between units that provide care.
Transition (2)	Transition can also mean the changing of gender identity. This can be both in terms of appearance only or by surgical intervention. Gender transition does not fall under the scope of this policy.
Translator*	A trained person, highly fluent in two or more languages who will read documents in one language and then reproduce them exactly in a different language. This is different from an interpreter (see above).

*Foreign language interpreting and translation is not within the scope of the Accessible Information Standard. In these definitions Interpreter is refers to a British Sign Language interpreter, deafblind interpreter or lip reader. A translator would be translate between standard English and BSL English, or from standard English into Easy Read.

Appendix 2– Exclusions

The following exclusions are reprinted from section 5.6 of the NHS England DCB1605 Accessible Information: Specification v 1.1 which is available in full at this link: <https://www.england.nhs.uk/wp-content/uploads/2017/08/accessible-info-specification-v1-1.pdf>

5.6.1 Key aspects determined to be out of the scope of this standard

The following aspects, which may be considered relevant to improving the accessibility of health and social care, are explicitly out of scope of this standard:

- The needs or preferences of staff, employees or contractors of the organisation (except where they are also patients or service users (or the carer or parent of a patient or service user)).
- Recording of demographic data / protected characteristic strand affiliation.
- Recording of information or communication requirements for statistical analysis or central reporting.
- Expected standards of general health and social care communication / information (i.e. that provided to individuals without additional information or communication support needs).
- Individuals' preferences for being communicated with in a particular way, which do not relate to disability, impairment or sensory loss, and as such would not be considered a 'need' or 'requirement' (for example a preference for communication via email, but an ability to read and understand a standard print letter).
- Individuals who may have difficulty in reading or understanding information for reasons other than a disability, impairment or sensory loss, for example due to low literacy or a learning difficulty (such as dyslexia) (as distinct from a learning disability).
- Expected standards, including the level of accessibility, of health and social care websites.
- 'Corporate' communications produced / published by organisations which do not relate to direct patient / service user care or services, and do not directly affect individuals' health or wellbeing.
- Implementation of the Equality Act 2010 more widely, i.e. those sections that do not relate to the provision of information or communication support. This exclusion includes other forms of support which may be needed by an individual due to a disability, impairment or sensory loss (for example ramps or accommodation of an assistance dog).
- Foreign language needs / provision of information in foreign languages – i.e. people who require information in a non-English language for reasons other than disability. Note: the Council will meet foreign language needs within its AIS duties.
- Matters of consent and capacity, including support for decision-making, which are not related to information or communication support.
- Standards for, and design of, signage.

Equality Analysis Including Guidance Notes

Legislation requires that our policy documents consider the potential to affect groups differently and eliminate or minimise this where possible. This process helps to address inequalities by identifying steps that can be taken to ensure equal access, experience and outcomes for all groups of people.

This analysis has been amended to also reflect the principles of the Health Equity Analysis Tool (HEAT) as defined by Public Health England.

Health equality means giving everyone the same thing, while health equity means everyone receives individualised care to bring them to the same level of health.

Step One – Policy Definition

This section helps to determine whether the policy under consideration needs an assessment.

Function/policy name and number:	Accessible Information Standard Policy	
Main aims and intended outcomes of the function/policy:	To ensure successful implementation of the Accessible Information Policy with RWT and WHT in order to ensure that patients with specific information needs receive care information that is understandable to them and accurate.	
How will the function/policy be put into practice?	It will be published on the Trust's intranet site, cascaded by Service Heads and publicised on the Trust's internal media.	
Who will be affected/benefit from the policy? How do you expect your work to reduce health inequalities?	All patients with communication difficulties caused by disability . The policy will enhance the Trust's ability to produce information that is understandable to them.	
Is an full Equality Assessment required? NB :Most policies/functions will require an EA with few exceptions such as routine procedures-see guidance attached	Yes ☐	
	No ☐ (If no state reasons)	
Accountable Director: (Job Title)	Chief Nursing Officer	
Assessment Carried out by:	Name: Alison Dowling	Job Title: Associate Director of Patient Relations
Contact Details:	alison.dowling1@nhs.net	
Date Completed:	05/08/2025	

To help you to determine the impact of the policy think about how it relates to the Public Sector Equality Duty, the key questions as listed below the and prompts for each PC indicated in Step 3. Think about due regard under the general equality duty, NHS Constitution and Human Rights.

KEY QUESTIONS

- Are people with PCs likely to be affected differently even though the policy is the same for everyone? Does the policy change truly provide health equity?
- Could there be issues around access, differences in how a service or policy is experienced and whether outcomes vary across groups?

- What information /data or experience can you draw on to indicate either positive or negative impact on different groups of people in relation to implementing this function policy?
- What health inequalities (HI) exist in relation to your work?
- How might your work affect HI (positively or negatively)?
- What specific actions will you take to address health inequalities and the needs of groups/communities with protected characteristics?

It is important that, where adverse impact is known or is likely, mitigation measures must be identified and acted upon to reduce or minimise the impact.

Step Two – Evidence & Engagement

EAs should be underpinned by sound data and information. This should be sought from a variety of sources including information on Trust record systems, consultation and engagement activities, demographic sources

What evidence have you identified and considered? This can include research (national, regional, local), surveys, reports, NICE guidelines, focus groups, pilot activity evaluations, clinical experts or working groups, information about Wolverhampton's demographics, RWT equality and diversity reports, JSNA or other equality analysis, WRES or WDES data, anecdotal evidence.

What are the key sources of data, indicators, and evidence that allow you to identify Health Inequalities in your policy or topic?

- Consider nationally available data such as health profiles and RightCare
- Consider local data such as that available in JSNA, performance data, and qualitative data from local research

<u>Research/Publications</u>	<u>Working Groups</u>	<u>Clinical Experts</u>
NHS England Accessible Information Standard Gloucestershire County Council – Adult Care Services. Accessible Information Policy Great Western Hospitals NHS Foundation Trust: Accessible Information Standard Policy South West Yorkshire Partnership NHS Foundation Trust: Accessible Information Policy	Accessible Information Working Group	

University Hospitals Bristol and Weston NHS Foundation Trust Accessible Information Policy		
University Hospitals Sussex NHS Foundation Trust :Accessible Information Policy.		
Engagement, Involvement and Consultation: Involve protected characteristic patient groups in co-designing the policy/project – do not assume that you have the right answer or solution. Truly involve patients at the beginning of change. If relevant, please state what engagement activity has been undertaken and the date and with which protected groups:		
<u>Engagement Activity</u>	<u>Protected Characteristic/ Group/ Community</u>	<u>Date</u>
For each engagement activity, please state the key feedback and how this affected / or will shape policy / service decisions (E.g. patient told us So we will):		

STEP 3 – ASSESSMENT OF IMPACT

Complete relevant boxes below to help you record your findings. Consider information and evidence from engagement activities, Equalities monitoring data and wider research. Consider which populations face the biggest health inequalities for your policy/process, according to the data and evidence above?

Protected Characteristic (PC)	List concerns raised for possible negative impact OR List beneficial impact (utilise information gathered during assessment) Positive OR Negative Impact (not both) How might your work affect HI (positively or negatively)? - Consider the causes of these inequalities. What are the wider determinants? - Think about whether outcomes vary across groups, and who benefits most and least - Consider what the unintended consequences of your work might be		What are the next steps? What specific actions will you take to address health inequalities and the needs of groups/communities with protected characteristics? List actions to redress concerns raised if a negative impact has been identified in previous column	Lead [title] And Timescale	How are actions going to be monitored/reviewed / reported? (incl. after implementation)
	Positive Impact HIGH MEDIUM LOW	Negative Impact HIGH MEDIUM LOW			
1) Age Describe age related impact and evidence. This can include safeguarding, consent and welfare issues:	Medium: As people age, eyesight and hearing disabilities increase.				
2) Disability Describe disability related impact and evidence. This can include attitudinal, physical, communication and social barriers as well as mental health/ learning disabilities, cognitive impairments:	High: People with mental health issues, learning disabilities, d/Deafness and sight loss will benefit from better communication with RWT.				
3) Gender re-assignment Describe any impact and evidence on transgender people. This can include issues such as privacy of data and harassment:	Low: Although people who have re-assigned their gender will benefit if they have disabilities, this is not the prime focus of the policy.				

4) Marriage and civil partnership Describe any impact and evidence in relation to marriage and civil partnership. This can include working arrangements, part-time working, and caring responsibilities:	Low: Although people in marriages or civil partnerships will benefit if they have disabilities, this is not the prime focus of the policy.				
5) Pregnancy and maternity Describe any impact and evidence on pregnancy and maternity. This can include working arrangements, part-time working, and caring responsibilities:	Low: Although people who are pregnant or who have given birth will benefit if they have disabilities, this is not the prime focus of the policy.				
6) Race Describe race related impact and evidence. This can include information on different ethnic groups, Roma gypsies, Irish travellers, nationalities, cultures, and language barriers:	Low: Although people of all races and cultures will benefit if they have disabilities, this is not the prime focus of the policy.				
7) Religion or belief Describe any religion, belief or no belief impact and evidence. This can include dietary needs, consent and end of life issues:	Low: Although people of faith will benefit if they have disabilities, this is not the prime focus of the policy.				
8) Sex Describe any impact and evidence on men and women. This could include access to services and employment:	Low: Although all genders will benefit if they have disabilities, this is not the prime focus of the policy.				
9) Sexual orientation Describe any impact and evidence on heterosexual people as well as lesbian, gay and bisexual people. This could include access to services and employment, attitudinal and	Low: Although people of all genders will benefit if they have disabilities, this is not the prime focus of the policy.				

social barriers:					
10) Other marginalised groups e.g., homeless people Describe any impact and evidence on groups experiencing disadvantage and barriers to access and outcomes. This can include lower socio-economic status, resident status (migrants, asylum seekers), homeless, looked after children, single parent households, victims of domestic abuse, victims of drugs / alcohol abuse: (This list is not exhaustive)	Low: Although other marginalised groups and homeless people will benefit if they have disabilities, this is not the prime focus of the policy.				
11) Privacy, dignity, respect, fairness etc.	High: Providing information in the format that is accessible to service users is respectful and accords them dignity.				

Step Four – Assurance

This section must be approved by a senior member of staff such as a head of department or higher.

Signed	Alison Dowling	Please forward a copy to :	Equality and Diversity Officer in Patient Relations E-mail: rwt-tr.EqualityandDiversity@nhs.net Tel: 01902 691678
Name (print)	Alison Dowling		
Title	Associate Director of Patient Relations		
Date	05/08/2025		

AIS Alerts in CareFlow PAS

Alert Group – All accessible information alerts will be grouped under ‘Accessible Information Alert’

Alert Type – This will be displayed on the patient banner within the system demonstrating that the patient has AIS requirements

Communication Method – Some, but not all AIS alert types will have linked communication methods providing the ability to give further detail. These will also show in brackets on the patient banner within the system when selecting the alert.

Table 1 in the document represents the full list of Alert Types under the Accessible Information Alert group.

Table 2 in the documents displays those Alert Types that have a linked Communication Method.

Table 1

Alert Group	Alert Type
Accessible Information Alert	Communication Preferences/Instructions
Accessible Information Alert	Communication Support Used - Advocates
Accessible Information Alert	Communication Support Used - Devices
Accessible Information Alert	Communication Support Used - Other
Accessible Information Alert	Communication Support Used - Sign Language
Accessible Information Alert	Communication Support Used - Visual Aids
Physical Disability Affecting Activity	Contact Format Required
Physical Mobility	Contact Method Required
Professional Communicator Required	Deaf
Speech Difficult	Hard Of Hearing
Speech Impairment	Hearing Impaired
Speech Impossible	Interpreter required
Visual Impairment - Partially Sighted	Contact Format Required
Visual Impairment - Registered Blind	Contact Method Required
Visually Impaired	Deaf
Physical Disability Affecting Activity	Hard Of Hearing
Physical Mobility	Hearing Impaired
Professional Communicator Required	Interpreter required
Speech Difficult	Physical Disability Affecting Activity
Speech Impairment	Physical Mobility
Speech Impossible	Professional Communicator Required
Visual Impairment - Partially Sighted	Speech Difficult
Visual Impairment - Registered Blind	Speech Impairment
Visually Impaired	Speech Impossible
Physical Disability Affecting Activity	Visual Impairment - Partially Sighted
Physical Mobility	Visual Impairment - Registered Blind
Professional Communicator Required	Visually Impaired

Table 2

Alert Type	Communication Method
Communication Preferences/Instructions	None
Communication Support Used - Advocates	Citizen Advocate
Communication Support Used - Advocates	Deafblind Intervener
Communication Support Used - Advocates	Legal Advocate
Communication Support Used - Devices	Apps On Mobile Device
Communication Support Used - Devices	Communication Device
Communication Support Used - Devices	Cued Speech Transliterators
Communication Support Used - Devices	Electronic Note Taker
Communication Support Used - Devices	Hearing Aid
Communication Support Used - Devices	High Technology Communication Device
Communication Support Used - Devices	Low Technology Communication Device
Communication Support Used - Devices	Non-Powered Communication Device
Communication Support Used - Devices	Powered Communication Device
Communication Support Used - Devices	Speech To Text Reporter
Communication Support Used - Devices	Telecommunications Device For The Deaf
Communication Support Used - Devices	Voice Amplifier To Support Communication
Communication Support Used - Devices	Voice Output Communication Aid
Communication Support Used - Other	Alternative Communication Skill
Communication Support Used - Other	Lip Read
Communication Support Used - Other	Lipspeaker
Communication Support Used - Other	Manual Note Taker
Communication Support Used - Other	Personal Communication Passport
Communication Support Used - Other	Preferred Method Of Communication: Written
Communication Support Used - Other	Switches For Communication
Communication Support Used - Other	Tadoma Method For Communication
Communication Support Used - Sign Language	British Sign Language
Communication Support Used - Sign Language	Makaton Sign Language
Communication Support Used - Sign Language	Sign Language
Communication Support Used - Visual Aids	Photographs For Communication
Communication Support Used - Visual Aids	Symbols For Communication
Communication Support Used - Visual Aids	Visual Aid
Contact Format Required	Audio Cassette Tape
Contact Format Required	Compact Disc
Contact Format Required	Contracted (Grade 2) Braille

Contact Format Required	DVD
Contact Format Required	Easyread
Contact Format Required	Electronic Audio Format
Contact Format Required	Makaton
Contact Format Required	Moon Alphabet
Contact Format Required	Uncontracted (Grade 1) Braille
Contact Format Required	Verbally
Contact Format Required	Written Information In 20Pt Sans Serif Font
Contact Format Required	Written Information In 24Pt Sans Serif Font
Contact Format Required	Written Information In 28Pt Sans Serif Font
Contact Method Required	Audible Alert
Contact Method Required	Letter
Contact Method Required	SMS Text Service
Contact Method Required	Tactile Alert
Contact Method Required	Telephone
Contact Method Required	Text Relay
Contact Method Required	Visual Alert
Contact Method Required Contact Format Required	Email
Professional Communicator Required	British Sign Language Interpreter
Professional Communicator Required	Deafblind Block Alphabet Interpreter
Professional Communicator Required	Deafblind Communicator Guide
Professional Communicator Required	Deafblind Haptic Communication Interpreter
Professional Communicator Required	Deafblind Manual Alphabet Interpreter
Professional Communicator Required	Makaton Sign Language Interpreter
Professional Communicator Required	Needs An Advocate
Professional Communicator Required	Sign Supported English Interpreter