Doncaster and Bassetlaw Teaching Hospitals
NHS Foundation Trust

Accessible Information Standards (AIS) and patient communications Procedural Policy

This procedural document supersedes: PAT/PA 34 v 4 – Interpretation and Translation services policy.

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The Trust discourages the retention of hard copies of policies and can only guarantee that the policy on the Trust website is the most up-to-date version. **If, for exceptional reasons, you need to print a policy off, it is only valid for 24 hours.**

Executive Sponsor(s):	Karen Jessop
Author/reviewer: (this version)	Grace Mhora Head of Patient Engagement, Experience and Involvement.
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Approved by:	Caring committee
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Target audience:	Trust Wide

Amendment Form

Please record brief details of the changes made alongside the next version number. If the procedural document has been reviewed **without change**, this information will still need to be recorded although the version number will remain the same.

Version	Date Issued	Brief Summary of Changes	Author
Version 1	June 2024	Amended Section on font size based on feedback from Emma Shaheen	Grace Mhora
Version 1	March 2024	Feedback from Deaf Trust • Updated document with feedback. The Trust would like to thank the Deaf Trust for their support in the Development of this policy.	Grace Mhora
Version 1	January 24	First draft developed with : Feedback obtained from: Child of deaf adult – hearing with non-hearing family. Gypsy Roma Travellers Community link worker, Royal Society of the Deaf, Partially sighted Society. The Trust would like to thank all those involved for their input.	Grace Mhora

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1 INTRODUCTION

Doncaster and Bassetlaw Foundation Trust thereby referred to as the trust acknowledges that good communication is fundamental to a good patient experience as well as influencing patient safety and the ability of patients to be involved in their care. The purpose of this policy is to provide clear guidelines and procedures on identifying communications needs of our patients and how the Trust will respond to these needs including interpreting and translation services in the Trust.

The Accessible Information Standard (NHSE, 2016) (AIS) directed and defined a specific, consistent approach to identifying, recording, flagging, sharing, and meeting the information communication support needs of our patients. There is a legal requirement (under the Equality Act, 2010) for all our patients to not be disadvantaged because they have a disability. This policy applies to how we communicate with patient's under our care to ensure that measures are in place to support communication with people who have communication needs including: learning disabilities, people with speech and language impairments (which could have resulted from a stroke, brain injury, or dementia), people with visual, hearing impairments, deaf people and people who do not speak English as a first language. It does not refer with corporate communication from the Trust.

Clear communication is central to everything the Trust does, however accessible communication is essential for ensuring the messages we are trying to impart are understood. Making communication accessible means understanding our patient's communication requirements and adjusting the delivery of the message itself to meet their requirements. Accessible information does not simply mean providing a document in an alternative format. Information may come in many forms, through leaflets, signs and posters and the Internet. It is important to be aware of our audience and ensure information is clear and concise. Any new publications should be available in a range of formats to meet the needs of patients with communication needs. When the need is identified, publications should be of equivalent quality and within a reasonable timescale.

2 PURPOSE

This policy will guide staff in the processes for allowing conformance to the AIS and will include:

- How to identify individuals with information/communication needs
- How to record individuals' information and communication needs
- How to ensure there is an alert, flag, or other prompt to notify staff of an individual's information/communications needs such that they are 'highly visible' whenever the record is accessed

• Alternative ways to contact individuals with information/communication needs
• How to obtain patient information in alternative formats
• How to arrange for an interpreter provide support
• Arranging a longer appointments

3 DUTIES AND RESPONSIBILITIES

The Overall leadership in the Trust responsible for accessible information is the Chief Nurse. The Head of Patient Engagement, experience and involvement is the operational lead for the standard with the support of the Director of Communications and Engagement.

3.1 The Head of patient engagement, experience and involvement will be responsible for:

- Ensuring the Trust is compliant with the AIS.
- Ensuring Trust has provision of suitable services to meet the needs to patients and families with communication needs.

3.2 The Director of Communications and Engagement will be responsible for:

- Ensuring patient information on Trust website is compliant with the AIS
- Engaging staff on the AIS.

3.3 System Managers will be responsible for:

- Ensuring Trust IT systems are able to flag or create and record communication needs.

3.4 Patient Access Manager is responsible for:

- Ensuring all appointment contact with patients is compliant with AIS.
- Ensuring patients are able to contact the Trust using a means of communication that is suitable for them.

3.5 Divisional Nurses are responsible for:

- Ensuring all information produced for patients is accessible and that patients and the families are able to contact wards and clinical areas using a means of communication that suits them.
- Meeting patient communication needs and providing information in a way that is suitable to them.

3.6 All Staff are responsible for:

- Asking patients and families about communication needs and ensuring information is provided to patients and families using communication method that is suitable to them.

4 PROCEDURE

Good communication is an essential part of providing good health care. The Trust has adopted the Good communication with patients waiting for care: core principles from NHSE (2022) as outlined below.

4.1 Principles of good communication

		Key action
	**Personalised**	Communications should give clear steps for the patient's care, including likely and honest timescales, and what they can expect to happen and when. This will enable the patient to have an informed discussion about their treatment.
	**Reasonable adjustments**	As per our legal duty under the Equality Act we should make reasonable adjustments to enable people to access services and make informed decisions about their care.
	**Clear language**	Language should be clear, accessible and easy to understand. Avoiding language that may risk putting patients off from discussing their care. Interpreters will be needed for patients who do not have a good understanding of English.*
	**Shared decision- making**	Patients supported to understand their care, treatment and support options and risks, benefits and outcomes of these options.
	**Contact point for patients**	Making it easy for patients to get information about their upcoming care and to raise any questions via communication methods that suit the person.

	**Managing appointments, delays and cancellations**	Providing a clear message about upcoming appointments or cancellations. Providing clarity on what happens next and when.
	**Communication methods**	Inclusive communications for each patient, taking their personal circumstances into account and making reasonable adjustments. Ensuring there is a mechanism for the patient to get back in touch if required

*Please see section on interpretation and translation for more details.

PATIENTS LACKING CAPACITY

Sometimes it will be necessary to provide care and treatment to patients who lack the capacity to make decisions related to the content of this policy. In these instances staff must treat the patient in accordance with the Mental Capacity Act 2005 (MCA 2005).

- A person lacking capacity should not be treated in a manner which can be seen as discriminatory.
- Any act done for, or any decision made on behalf of a patient who lacks capacity must be done, or made, in the persons Best Interest.
- Further information can be found in the MCA policy, and the Code of Practice, both available on the Extranet.

There is no single definition of Best Interest. Best Interest is *determined on an individual basis. All factors relevant to the decision must be taken into account, family and friends should be consulted, and the decision should be in the Best interest of the individual. Please see S5 of the MCA code of practice for further information.*

4.2 Identifying individuals with information/communication needs

One of the fundamental principles of the AIS is that patients, service users, carers and parents should be asked to self-define their information and/or communication support needs, and it is these needs (not their disability) which should be recorded. A person is defined as being disabled under the Equality Act 2010 if:

- they have a physical or mental impairment and
- the impairment has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities

For an impairment to have a substantial effect, it must have more than a minor or trivial effect on someone's ability to do everyday tasks such as preparing food, having a conversation, getting washed, walking or using transport. For further information, see the definition of disability as specified by the Equality Act (2010).

An individual should receive information in a format that they can understand and any support which they need to communicate. Individuals must be asked about any information or communications support needs by a member of staff on all their interactions with the Trust. This could be done in a face-to-face communication, by telephone or in an online/paper form that people are asked to complete.

4.3 Recording Communication Needs

Where individuals have information and/or communication needs (relating to or caused by a disability, impairment or sensory loss), the needs must be recorded in the patient's record. This information may be recorded in electronic systems or paper-based documents, and it must be formatted to make any record of information or communication needs highly visible.

Ensuring there is an alert, flag, or other prompt

A record of communication and /or information needs must be flagged or otherwise highlighted/made 'highly visible' to relevant staff where the individual has subsequent interactions or contact with the service (to enable appropriate actions to be taken). Highly visible is defined in the standard as:

• Obvious and overtly apparent
• Visible on the cover, title and/or front page of a document, file, or electronic record
• Visible on every page of an electronic record
• Highlighted in some way on a care record to draw attention to the information as being of particular importance, for example in larger or bold font, and /a different colour .

The following should be used to record patient impairments

Impairment types

- Vision - for example blindness or partial sight
- Hearing - for example deafness or partial hearing
- Mobility - for example walking short distances or climbing stairs
- Dexterity - for example lifting and carrying objects, using a keyboard
- Learning or understanding or concentrating
- Memory
- Mental health
- Stamina or breathing or fatigue
- Social or behavioural - for example associated with autism spectrum disorder (ASD) which includes Asperger's, or attention deficit hyperactivity disorder (ADHD)
- Other (please specify)
- Prefer not to say

This should be recorded in all systems that are used by the Trust. When the Trust is able to implement the national reasonable adjustments flag this will link in with the spine and ensure flags already set for patients in primary care are visible as well as visibility of flags in all computer systems. Until then, flags/alerts will need to be inputted into each system.

4.4 Meeting Communication needs.

Services must provide one or more communication, or contact method, which are accessible to use by the patient, service user, carer or parent. The methods must enable the individual to contact the service, and staff must use this method to contact the individual. Examples of accessible communication/contact methods that may be considered include e mail, text message, telephone, and text relay. Any contact methods that are used will need to comply with Trust Information Governance policies and guidelines.

Correspondence in alternative formats.

Where systems are used to auto-generate correspondence systems must identify recorded need for an alternative format and either automatically generate correspondence in an appropriate format (the preference) or prompt staff to make alternative arrangements. Systems must prevent correspondence from being sent to a patient in a standard format where this is not suitable/not in line with their recorded needs.

Patient/service user information should be offered and available in the appropriate format, (for example large print, Easy Read, audio, or Braille) and information should use language and images that reflect and promote equality of opportunity and values diversity. When information is requested in larger fonts Arial bold 16 in highly contrasting paper e.g. yellow paper and black ink as this will allow more people to be able to access the documents. Examples of information that may require adapting include:

- Appointment letters – also consider the use of bilingual appointment letters.
- Patient information leaflets.
- Written instructions for taking medicine – i.e., medicine labels.
- Consent Forms

Arranging for Longer appointments

The scope of the AIS includes accommodation of an individual's need or requirement for a longer appointment to enable effective communication/the accessible provision of information. Teams who manage booking processes for scheduling and managing appointments should have the flexibility to accommodate these longer appointments. Any appointment requiring support from a communication professional will almost invariably take longer due to the 'three way' nature of the conversation and allowance for this should be made. Teams booking appointment, should also ensure information interpreters are booked and when required. Staff in outpatients should recognise the impact of patient's communication needs on their calling system and adapt it in order to meet patient's communication needs.

Overall it should be noted there are different types of adjustments that can be made. When adjustments are made they should be recorded in the patient record. Below is a list of examples of adjustments that can be made.

Accessible Information: Communication Support.
Specific communication methods that are required for interacting with the patient:

- does lip read
- does use communication device
- does use hearing aid
- preferred method of communication: written
- uses alternative communication skill
- uses British Sign Language (BSL)

Where a patient has a hearing impairment staff need to consider issues like mask wearing may inhibit those who lip read to communicate well. There are clear masks that are available and when there is a requirement to wear a mask for a patient who lip reads these should be procured.
Staff also need to consider their position when using a BSL interpreter. They should still address the patient and have the interpreter facing the patient as well to translate what they are saying. Where the BSL interpreter is via video relay messaging the screen should be facing the patient so they can see the person signing on the video.

- Accessible Information: Requires interpreter.

Please see section Five.

Specific communication requirements including interpreter and communication devices:

- British Sign Language interpreter needed
- Hands-on signing interpreter needed
- Makaton Sign Language interpreter needed

Accessible Information: Requires specific contact method.
This is where the patient requires contacts from care organisations to be provided through specific communication channels or mechanisms:

- requires audible alert
- requires contact by email
- requires contact by letter
- requires contact by short message service text message
- requires contact by telephone
- requires contact by text relay
- requires contact via carer
- requires tactile alert
- requires visual alert

Accessible Information: Requires specific information format.
This is where the patient requires information in a specific format:

- requires information in contracted (Grade 2) Braille
- requires information in Easy read
- requires information in Makaton
- requires information in Moon alphabet
- requires information in uncontracted (Grade 1) Braille
- requires information verbally

- requires third party to read out written information
- requires written information in at least 20 point sans serif font

Additional communications support.
These will document additional communication support beyond that defined in the AIS:

- difficulty analysing information
- difficulty processing information accurately
- difficulty processing information at normal speed
- expresses pain atypically
- has My Healthcare Passport
- needs assistance with communication
- requires appointment reminders
- requires carer to be present at encounters
- uses apps on mobile device to support communication
- uses switches for communication
- uses Tadoma method for communication

Community language support.

Additional Support Including community language support for patients with impairments and carers who provide communication support for the patient and do not speak English:

- e.g. Abkhazian language interpreter needed

4.5 Sharing communication needs.

The purpose of recording and sharing patient impairments to help other health and care professionals to understand individual needs and perform the associated adjustments required for a patient. This information should be shared with the patient's consent.

5 TRANSLATION AND INTERPRETING – COMMUNICATION PROFESSIONALS

English may not be the first language for some patients. This includes BSL users for whom English is a second language. It is good practice, and the Trust's preference, to always to use professional interpreters, not friends or family members, when discussing treatment, care and medical or social issues with a patient. Children under the age of 18 **must not** be used as interpreters. Children lack the linguistic and cognitive abilities to reliably interpret in technical or stressful situations. Like other family members, they also may be too embarrassed to interpret, or the patient may be too embarrassed to give information or discuss specific issues. Putting children in this situation will also be traumatic and stressful for them.

Using other patients or members of the public, as well as the problems associated with using untrained interpreters, risk a serious breach of patient confidentiality. Relatives and carers are not trained interpreters and while they may be able to communicate in a social situation there is no guarantee they have the level of proficiency required to interpret in a health care situation. There are serious risks of information being filtered either deliberately or because the family member or carer cannot interpret accurately. This is especially true in situations that might give rise to embarrassment, or which run counter to cultural norms. If the patient or relative finds it too embarrassing, they may not give particular information or discuss particular situations. Staff should also be aware that there are situations, such as child abuse or domestic violence, where it would be inappropriate or present an additional risk to the patient to have a family member interpreting. Because of these risks, healthcare staff should make use of an approved interpreter. Some patients may choose to use an adult family member, carer or other person as interpreter. A competent patient has the right to make this choice. In this event, they should be advised that use of an approved interpreter is recommended and that DBTH cannot take responsibility for any errors caused by the use of anyone other than an approved interpreter. They should also be advised that DBTH will only pay for the use of an approved interpreter. If a patient, after being advised of the risks of not using an approved interpreter, stills decides to use an adult family member, carer, or other person as interpreter this should be recorded in the patient's notes. Even when the patient has chosen to use a relative or carer. Independent interpreters should always be sought especially for obtaining consent, safeguarding issues for children or vulnerable adults, consultations on gynaecological, urological and sexual health matters and for breaking bad news.

It should be noted that the Trust has multiple provisions of interpretation services and the suitability of the interpretation method for the patient should be considered. For example if a patient requires a mental health assessment, face-to-face interpreters should be sought. Face-to-face interpreters should also be used for breaking bad news or interpreting for children. Face-to-face interpreters however normally require booking in advance usually 48 hours prior to the date they are required and they may not be available immediately at request. This too should be considered when making a request.

Telephone interpreters on the other hand are available on demand and do not require booking of the interpreters. This may make them a good option for unscheduled care as well as short assessments acknowledging the limitations of the service. It is recognised that for some appointments it may be physically impractical to use a telephone interpreting service, for example during an endoscopy procedure or an MRI, a face to face interpreter may be more appropriate.

5.1 Use of staff as interpreters.

It is generally unacceptable to use staff as interpreters. However, there are certain circumstances where it may be acceptable. These are in emergency situations where it has not been possible to arrange an interpreter (for example due to time constraints). Staff may also interpret if they are a member of the patient's care team as part of social interaction. It

should be considered that although staff may be happy to interpret, it is not always the most appropriate use of their time. Furthermore, there is no guarantee of the quality, or impartiality of the member of staff's interpreting and therefore the Trust policy is to book an independent interpreter even if there is a staff member present who speaks the same language.

5.2 How to arrange for Independent Interpreters to provide support

Where a need for support from an Independent interpreter is identified, services must ensure that such support is arranged/provided, and that interpreters and other communication professionals are suitably skilled, experienced, and qualified. Independent interpreters (including British Sign Language interpreters and deafblind manual interpreters) used in health and social care must have appropriate qualifications, have Disclosure and Barring service (DBS) clearance, and have signed up to a relevant code of conduct. Step–by-step details on how to book an independent interpreters are available in Appendix one.

5.3 Emergency situations

Where independent interpreters are not available the next best option should be used. For example Telephone interpreting or Video relay messaging for British sign language. If there is a network or connectivity issue with telephone and or video relay messaging, staff should use the communication book for basic communication. The book'Signs for health' can also be used for BSL where other formal interpretation methods are not available for any reason.

5.4 Translation of documents

Where a need it identified to translate documents into other formats or other languages an email should be sent to email address : dbth.interpreters@nhs.net.with the request.

6 TRAINING/SUPPORT

Please note: The Standard Training Needs Analysis (TNA) – The training requirements of staff will be identified through a training needs analysis. Role specific education will be delivered by the service lead.

7 MONITORING COMPLIANCE WITH THE PROCEDURAL DOCUMENT

What is being Monitored	Who will carry out the Monitoring	How often	How Reviewed/ Where Reported to
Compliance with the AIS	Head of Patient experience and Involvement Committee	Monthly	Patient Experience and Involvement Committee
Usage of the various translation services	Divisions	Monthly	Service providers send monthly breakdown reports which should be used to monitor usage by divisions
Incidents and complaints related to translation and interpretation services	Head of Patient engagement, experience and involvement	Monthly	Review of Datix incidents and complaints recorded.

8 DEFINITIONS

AIS The Accessible Information Standard aims to make sure that disabled people have access to information that they can understand and any communication support they might need.
Video Relay messaging is a video call service that allows deaf, heard or hearing and speech impaired individuals to communicate over video calls or similar technologies in real time via a sign language interpreter.

9 EQUALITY IMPACT ASSESSMENT

The Trust aims to design and implement services, policies and measures that meet the diverse needs of our service, population and workforce, ensuring that none are disadvantaged over others. Our objectives and responsibilities relating to equality and diversity are outlined within our equality schemes. When considering the needs and assessing the impact of a procedural document any discriminatory factors must be identified.

An Equality Impact Assessment (EIA) has been conducted on this procedural document in line with the principles of the Equality Analysis Policy (CORP/EMP 27) and the Equality Diversity and Inclusion Policy (CORP/EMP 59).

The purpose of the EIA is to minimise and if possible remove any disproportionate impact on employees on the grounds of race, sex, disability, age, sexual orientation or religious belief. No detriment was identified. (See Appendix 2)

10 ASSOCIATED TRUST PROCEDURAL DOCUMENTS

Consent to Examination or Treatment Policy – PAT/PA 2
Safeguarding Adults Policy– PAT/PS 8
Safeguarding Children Policy – PAT/PS 10
Breaking Significant News(Best Practice Guidelines) – CORP/COMM 9 Privacy and Dignity Policy – PAT/PA 28
Mental Capacity Act 2005 Policy and Guidance, including Deprivation of Liberty Safeguards (DoLS) – PAT/PA 19
Equality Diversity and Inclusion Policy – CORP/EMP 59
Equality Analysis Policy – CORP/EMP 27

11 DATA PROTECTION

Any personal data processing associated with this policy will be carried out under 'Current data protection legislation' as in the Data Protection Act 2018 and the UK General Data Protection Regulation (GDPR) 2021.

For further information on data processing carried out by the trust, please refer to our Privacy Notices and other information which you can find on the trust website:
https://www.dbth.nhs.uk/about-us/our-publications/information-governance/

12 REFERENCES

Department of Constitutional Affairs Mental Capacity Act (2005): Code of Practice, 2007
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/497253/Mental-capacity-act-code-of-practice.pdf

Equality Act 2010

NHS England 2016. Accessible information standard. Available from:
https://www.england.nhs.uk/about/equality/equality-hub/patient-equalities-programme/equality-frameworks-and-information-standards/accessibleinfo/

NHS England 2022 Good communication with patients waiting for care: core principles. Available from: https://www.england.nhs.uk/long-read/good-communication-with-patients-waiting-for-care-core-principles

APPENDIX 1 – HOW TO BOOK AN INTERPRETER.

Interpretation services can be provided for our patients and service users either face to face, or over the telephone/ via digital relay.

All face to face community language interpreting services need to be booked in advance email: dbth.interpreters@nhs.net.

British Sign Language (BSL) face to face interpreters can be booked from clarion on the following link https://clarion-uk.com/doncaster-bookings/

British Sign language (BSL) face-to-face interpreters are also available from Big Word. To book BSL face to face Interpreters from Bigword contact: dbth.interpreters@nhs.net.

For interpretation over the telephone the Trust use 'Big Word'. To access Big Word translation over the telephone takes three simple steps (dial 0333 344 9473; enter access code for your area; enter code for language required). Area access codes and language codes are:

Division Codes:

- Access code is 36120307 Women and Children
- Access code is 36120306 Acute Specialist Nurses
- Access code is 76842953 Medicine
- Access code is 86501515 Surgery and Cancer
- Access code is 86501960 Clinical Specialities

For a 3 way interpreter calling dial the number 0333 344 9473; follow the prompts from the automated message; use the code and then the relevant language code. When an interpreter is connected tell them you want to make a 3 way call with a patient. Press *1 and dial the patient's number and when they answer you will all be connected in a call.

We now also offer BSL video relay messaging (video translation) via Sign solutions. To pre-book a BSL Interpreter via video, using a platform of your choice please email interpreterslive@signsolutions.uk.com. You can also access BSL video relay messaging which has not been pre booked by following four simple steps:

1. go to: https://connect.interpreterslive.co.uk/vri_atw
2. enter your personal details and select 'Corporate'
3. click 'connect now' to access connection to your microphone and camera
4. you will enter a waiting area where the next available interpreter will join you

The Patient Experience Team are working with IT to get devices (such as screens) to clinical areas that do not have them. If you need a device in your area contact Grace Mhora grace.mhora@nhs.net

Translation requests for documents into other languages and formats can be made by sending an email to dbth.interpreters@nhs.net

APPENDIX2- EQUALITY IMPACT ASSESSMENT PART 1 INITIAL SCREENING

Service/Function/Policy/Project/Strategy	Division	Assessor (s)	New or Existing Service or Policy?	Date of Assessment
Corporate Nursing	All Divisions	Head of patient engagement, experience and involvement	New	18/03/2024

1) Who is responsible for this policy? Name of Division/Directorate: Corporate Nursing

2) Describe the purpose of the service / function / policy / project/ strategy? All Trust patients

3) Are there any associated objectives? Legislation, targets national expectation, standards: Equality Act 2010, Accessible Information Standard 2016

4) What factors contribute or detract from achieving intended outcomes? – Capability of IT systems and current contracts may impede outcomes.

5) Does the policy have an impact in terms of age, race, disability, gender, gender reassignment, sexual orientation, marriage/civil partnership, maternity/pregnancy and religion/belief? Details: [see Equality Impact Assessment Guidance] – yes

- **If yes, please describe current or planned activities to address the impact** [e.g. Monitoring, complaints and feedback from affected groups. It is anticipated the policy will have a positive impact in terms of race , disability , in improving communication with the Trust

6) Is there any scope for new measures which would promote equality? [any actions to be taken] No

7) Are any of the following groups adversely affected by the policy?

Protected Characteristics	Affected?	Impact
a) Age	No	
b) Disability	No	
c) Gender	No	
d) Gender Reassignment	No	
e) Marriage/Civil Partnership	No	
f) Maternity/Pregnancy	No	
g) Race	No	
h) Religion/Belief	No	
i) Sexual Orientation	No	

8) Provide the Equality Rating of the service / function /policy / project / strategy – tick (✓) outcome box

Outcome 1 ✓	Outcome 2	Outcome 3	Outcome 4

If you have rated the policy as having an outcome of 2, 3 or 4, it is necessary to carry out a detailed assessment and complete a* **Detailed Equality Analysis form – see CORP/EMP 27.

Date for next review:

Checked by: Simon Brown **Date:** 18/11/24