

# Accessible Information Standard Policy

‘Supporting the Information and communication needs of Service Users’

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***Title sheet must be followed by a***

## **Version Control Sheet**

<b>Version</b>	<b>Date</b>	<b>Author</b>	<b>Status</b>	<b>Comment</b>
1.0	July 2018	Sandy Zavery	Final	

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## 1 Introduction

The Royal Free London is committed to the equality, diversity and inclusion agenda and recognises the importance of providing access to healthcare equitably for all protected groups. The implementation of the 'Accessible Information Standard' gives the trust an opportunity to ensure that the policies, procedures, functions and practices it applies improves the experiences and care of patients, service users, carers and parents (from here on known as service users) they receive.

The policy aims to help define the specific and consistent approach the trust requires to **identify, record, flag, share and meet** the information and/or communication support needs, where it relates to a disability, impairment or sensory loss.

## 2 Policy Statement

The purpose of the policy is to support staff in the implementation of appropriate information and/or communication needs for service users.

It is about mitigating risks associated with service user information and/or communication, by adopting standards which will help service users make an informed choice in relation to their care. It sets out the steps staff need to take when identifying or developing information for service users and provides guidance on best practice.

### 2.1 Background

The Royal Free London and other healthcare providers have a legal duty to make 'reasonable adjustment' for protected groups of people to enhance their access to healthcare. Legislation has been implemented to support the adoption of the standard. This includes;

- Equality Act 2010;
- Disability Discrimination Act 1998 & 2005;
- Mental Health Act 2007;
- Mental Capacity Act 2005;
- Health and Social Care Act 2012;
- Data Protection Regulations 2018

This policy refers to all written, face to face or electronic information/communication that is produced by the trust. The standard for producing information should be in line with the [trust's patient information guidelines](#).

## 3 Definitions of terms used

<p><b>Patient information or Patient/care r-facing information</b></p>	<p>Information provided to patients, service users, carers and parents, which has and/or will be provided (including all translated/converted formats) need to be amended to meet the specific and consistent approach to <b>identifying, recording, flagging, sharing or meeting</b> the information and communication support needs of patients, service users, carers and parents (from here on known as service users). For example; leaflets, booklets, factsheets or posters about services, conditions and treatments, operations, treatments and investigations, medication and health improvement topics.</p> <p>The Standard applies to service providers across the NHS and adult social care system, and it specifically aims <b>to improve the quality and safety of care received by individuals with information and communication needs, and their ability to be involved in autonomous decision-making about their health, care and wellbeing.</b></p>
<p><b>Equal Access Group</b></p>	<p>A diverse group of people with who check our information and communication resources, to tell us what they understand from it and how it can be improved.</p>
<p><b>Volunteers</b></p>	<p>A group of people who volunteer to provide support in a variety of ways on trust services to service users.</p>
<p><b>Stakeholder</b></p>	<p>An individual or organisation with an interest in the subject of the document; e.g. staff, staff side representatives, service users, commissioners.</p>
<p><b>Free mail</b></p>	<p>The trust will communicate the information through the newsletter circulated to all staff.</p>
<p><b>The Accessible Information Standard</b></p>	<p>The <a href="#">Accessible Information Standard</a> aims to ensure that people who have a disability or impairment/sensory loss receive information and/or communication that is accessible and can be understood. For example; large print, Braille, email or text communication, as well as any professional communication support if required. For example; British Sign Language interpreter. The Standard requires organisations that provide NHS or adult social care to:</p> <ol style="list-style-type: none"> <li>1 <b>Ask:</b> identify / find out if an individual has any communication / information needs relating to a disability or sensory loss and if so what they are.</li> <li>2. <b>Record:</b> record those needs in a clear, unambiguous and standardised way in electronic and / or paper based record / administrative systems / documents.</li> <li>3. <b>Alert / flag / highlight:</b> ensure that recorded needs are ‘highly visible’ whenever the individual’s record is accessed, and prompt for action.</li> <li>4. <b>Share (‘note about consent to share information’):</b> include information about individuals’ information / communication needs as part of existing data sharing processes (and in line with existing information governance frameworks).</li> <li>5. <b>Act:</b> take steps to ensure that individuals receive information which they can access and understand, and receive communication support if they need it.</li> </ol>

<b>Easy read</b>	<p>Easy Read is one way of making information more accessible to people with learning disabilities. Easy Read is also known as:</p> <ol style="list-style-type: none"> <li>1. Making information easier;</li> <li>2. Easier to understand information;</li> <li>3. Simple words and pictures;</li> <li>4. Easy Write/Information;</li> <li>5. Easy Access (combination of pictures and easy words).</li> </ol>
<b>Interpreter</b>	A person who translates speech orally in different language(s) or into British Sign Language (BSL) or other signed languages
<b>Large print</b>	<p>Large print is significantly bigger text (a minimum of 16 point). This may be large enough for people who have some useful sight, but who struggle to read regular print.</p> <p><b>Note:</b> If you're thinking of producing material in large print for someone, check with them first to see what size of font they are comfortable reading. Some people may prefer audio.</p>
<b>Equality Analysis</b>	<p>Having due regard for advancing equality involves:</p> <ul style="list-style-type: none"> <li>• Removing or minimising disadvantages suffered by people due to their protected characteristics.</li> <li>• Taking steps to meet the needs of people from protected groups, where these are different from the needs of other people.</li> <li>• Encouraging people from protected groups to participate in public life or in other activities, where their participation is disproportionately low.</li> </ul>

## 4 Equality statement

4.1 The Royal Free London NHS Foundation Trust is committed to creating a positive culture of respect for all individuals, including job applicants, employees, patients, their families and carers as well as community partners. The intention is, as required by the Equality Act 2010, to identify, remove or minimise discriminatory practice in the nine named protected characteristics of age, disability (including HIV status), gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex or sexual orientation. It is also intended to use the Human Rights Act 1998 to treat fairly and value equality of opportunity regardless of socio-economic status, domestic circumstances, employment status, political affiliation or trade union membership, and to promote positive practice and value the diversity of all individuals and communities.

4.2 The equality analysis for this policy is attached at Appendix A.

## 5 Responsibilities

The group board, group executive team and local hospital management have the legal responsibility for trust policies; ensuring robust clinical governance mechanisms and effective implementation and use.

The Patient and Staff Experience group is responsible for ensuring that a policy relating to the provision of patient information is in place and that all staff working in the trust are aware of it and operate within it.

### 5.1 Management responsibility

- **Patients' notes:** should be made available in a format that is suitable for the individual if a communication barrier has been identified. The staff member needs to enter the information onto the patient's electronic/paper file to assist with any future information and/or communication request.
- **Patients need to give 'consent to share information'** with any other member of staff and/or external organisation. This needs to be recorded on the electronic/paper file, to help and support any challenge received from the patient at a later date.
- **Patient records** need to be up-to-date, accurate and communicated clearly to the patient.

### 5.2 Staff responsibility:

- To engage with service users prior to developing any service user information in accordance with the trust produce.
- To engage, involve and consult service users to help develop appropriate material for the target group(s).

## 6 Process

### 6.1 Recording information on patient notes

Staff need to:

- ensure that the patient records clearly identify what verbal or written information is given and the format it was given in, if a communication barrier is identified.
- ensure that the patient has given **consent to share information** with any other member of staff or organisation. This will need to be recorded on the electronic/paper file, to support the patient with any future healthcare

appointments. It will also stand as evidence for any challenge received from the patient at a later date.

- ensure patient records are up-to-date, accurate and communicated clearly to the patient.
- identify current information needs and ensure it is up-to-date and complies with the 'Accessible Information Standard'.

## 6.2 What is the point of the standard?

The Accessible Information Standard aims to ensure that people who have a disability, impairment or sensory loss receive information and/or communication that is accessible and clear. For example; information in the format of large print, Braille or via email/text together and/or communication support from recognised professionals such as a British Sign Language interpreter.

It is important to provide information and/or communicate in a way that is accessible to the service user, particularly considering their disability, impairment or sensory loss.

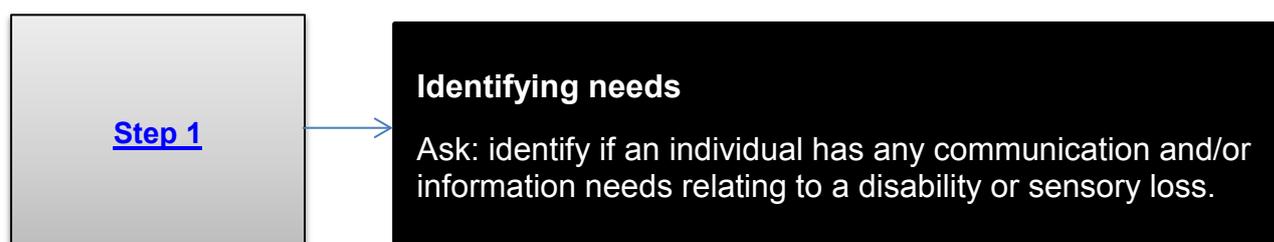
By providing information that is clear and understandable, service users can:

- attend appointments on time and be prepared;
- understand the process for cancelling appointments;
- access details about their healthcare;
- access the information that is relevant to them, think about the issues and make informed decisions in their own time and space;
- be involved in their treatment and care;
- gain confidence in the care they receive.

## 6.3 Steps to Implementation

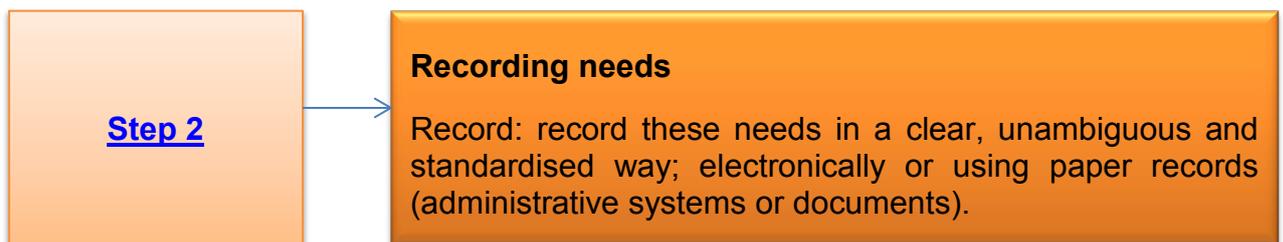
There are five steps to the Accessible Information Standard, which are:

- a. **Identify needs:** a consistent approach to the identification of service users' information and/or communication needs, where they relate to a disability, impairment or sensory loss.



- b. **Recording of needs:**

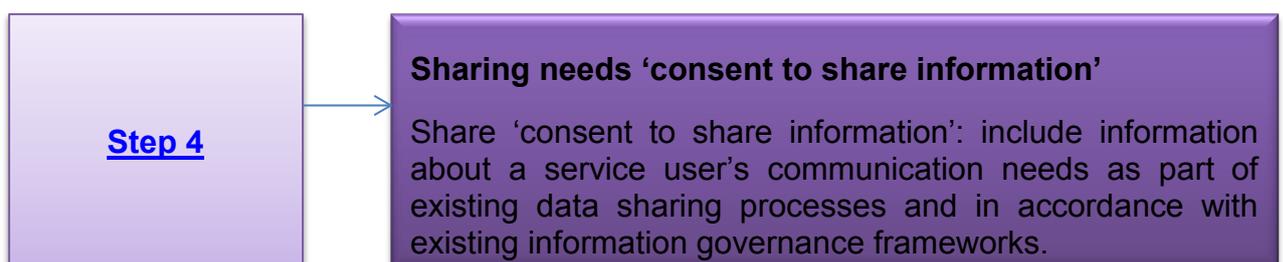
- a. Consistent and routine recording of service users' information and/or communication needs, where they relate to a disability, impairment or sensory loss, as part of service user records and clinical management / patient administration systems;
- b. Use of defined clinical terminology, set out in four subsets, to record such needs, where Read v2, CTV3 or SNOMED CT® codes are used in electronic systems;
- c. Use of agreed English definitions indicating needs, where systems are not compatible with either of the three clinical terminologies (Read v2, CTV3 or SNOMED CT® codes) or where paper based systems / records are used;
- d. Recording of needs in such a way that they are **highly visible**.



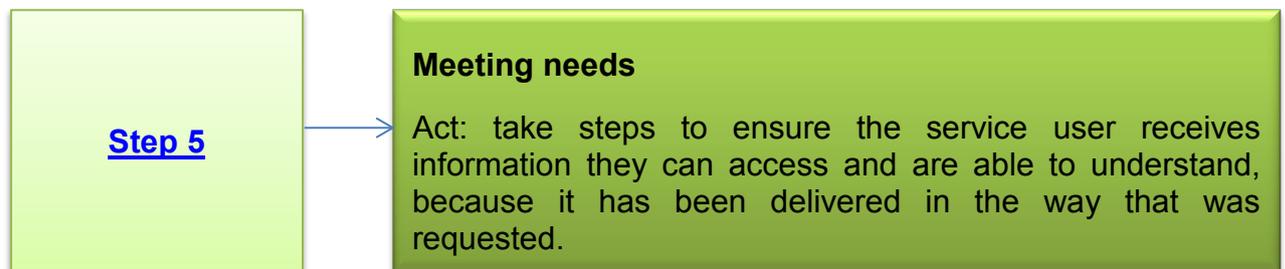
- c. **Flagging of needs:** establish and use of electronic flags or alerts, or paper-based equivalents, to indicate that an individual has recorded an information and / or communication need, which prompts staff to take appropriate action. For example, trigger the auto-generation of information in an accessible format.



- d. **Sharing of needs and consent (note about consent to share information):** inclusion of recorded data about service users information and / or communication support needs as part of existing data-sharing processes, and as a routine part of referral, discharge and handover processes.



- e. **Meeting of needs:** taking steps to ensure that the service user receives information in an accessible format and any communication support required (please click on links for National guidance).



## 6.4 Marketing and Communication support

Staff who are unclear about the Trust branding requirements can view documentation on the Trust site. Please click [here](#) to view information. If you require support with the development of the information, please contact the communication team.

## 7 Monitoring

The policy will be reviewed every 2 years and in line with any national changes applied by NHS England.

## 8 References

1. [NHS England](#) - Accessible Information Standard Information
2. Factsheets
  - [Identifying Information and Communication Needs](#)
  - [Recording information and communication needs](#)
  - [Flagging Information and Communication Needs](#)
  - [Sharing Information and Communication Needs](#)
  - [Meeting communication and information needs](#)
  - [Using email and text message for communicating with patients – guidance from the Information Governance team at NHS England](#)
  - [Legal Duties to meet individual's information and communication and support needs](#)
  - [Different types of accessible information and communication support and who may need them](#)
  - [Psychological Professions network](#)
  - [NHS Choices - Caring for someone with communication difficulties](#)

## **9 Associated documentation**

Interpretation and Translation policy and guidance  
Communication Toolkit  
Patient Information

**Table 1 - Checklist for new policies and procedures**

<b>Checklist</b>	<b>Comments</b>
Why is this policy/ procedure needed?	The policy is needed to comply by the NHS England standard introduced in 2016.
Is there an existing policy/ procedure that covers this or could be modified to do so?	No
Who needs to be involved in drafting the document?	Equality Leads Equal Access Group All staff
Who needs to approve the document (Individual and/or groups)?	The document has been approved by the Policy group.
Who is the author of this document?	Equality and Diversity Manager (patient and carers)
How will the use of this policy / procedure be monitored? Where and when will this be reported?	The policy will be monitored through the task and finish group and reported to the Patient and Staff Group, Trust Director, Board and commissioner.
What other policy/ procedure needs to be updated as a result of this document?	Interpretation and Translation policy and guidance Communication Toolkit

## Supporting Information

### A. The NHS Constitution - The NHS belongs to the people.

The [NHS Constitution](#) is there to improve our health and wellbeing, supporting us to keep mentally and physically well, to get better when we are ill and, when we cannot fully recover, to stay as well as we can to the end of our lives. It works at the limits of science – bringing the highest levels of human knowledge and skill to save lives and improve health. It touches our lives at times of basic human need, when care and compassion are what matter most.

The NHS is founded on a common set of principles and values that bind together the communities and people it serves – patients and public – and the staff who work for it.

#### Principles that guide the NHS

Seven key principles guide the NHS in all it does. They are underpinned by core NHS values which have been derived from extensive discussions with staff, patients and the public. The values are set out below.

1. The NHS provides a comprehensive service, available to all.
2. Access to NHS services is based on clinical need, not an individual's ability to pay.
3. The NHS aspires to the highest standards of excellence and professionalism.
4. The patient will be at the heart of everything the NHS does.
5. The NHS works across organisational boundaries.
6. The NHS is committed to providing best value for taxpayers' money.
7. The NHS is accountable to the public, communities and patients that it serves.

#### NHS values

Patients, public and staff have helped develop this expression of values that inspire passion in the NHS and that should underpin everything it does. Individual organisations will develop and build upon these values, tailoring them to their local needs. The NHS values provide common ground for co-operation to achieve shared aspirations, at all levels of the NHS.

- Working together for patients
- Respect and dignity
- Commitment to quality of care
- Compassion
- Improving lives
- Everyone counts

## B. Checklist of Example Questions

Checklist for developing information about conditions and treatments	Checklist for developing information about operations, treatments and investigations	Checklist for developing information about services	Checklist for information about medication	Checklist for information about health improvement
<ul style="list-style-type: none"> <li>• What is the leaflet about? Who is it for?</li> <li>• What condition is being described?</li> <li>• What causes this condition? If the cause is unknown, say so.</li> <li>• How common is it?</li> <li>• Does anything increase the risk, for example, age, sex, ethnic origin or family history?</li> <li>• What are the signs and symptoms?</li> <li>• Are there any tests or examinations needed to confirm the diagnosis?</li> <li>• What treatments are available?</li> <li>• What are the benefits of having the treatment?</li> <li>• What are the side effects and risks/complications associated with treatment?</li> <li>• What are the side effects and risks/complications of not receiving treatment?</li> </ul>	<ul style="list-style-type: none"> <li>• What is the leaflet about and who is it for?</li> <li>• What is the procedure For example: type and details of the operation or investigation involved)? Provide in information such as how long does it last, what it feels like, where possible include information about what information clinicians will be hoping to gain from this investigation.</li> <li>• Why do patients need this procedure? Give the benefits and alternatives where appropriate.</li> <li>• Explain the benefits/risk and complications of having this procedure, treatment, investigation.</li> <li>• Explain the benefits and/or risk and complications of not having this procedure, treatment, investigation.</li> <li>• What preparation do</li> </ul>	<ul style="list-style-type: none"> <li>• Provide contact details, phone number, address and website of the organisation delivering the service, if applicable.</li> <li>• Is the site (where the service is delivered from) wheelchair accessible. If the service is delivered from a number of sites, provide a telephone number for people to use if they need to be seen at a site which has wheelchair access.</li> <li>• How will you describe the service?</li> <li>• It might be useful to start your description of the service where the patient would start – at the beginning. For example, a leaflet about transport might start with how to book it (including an accompanying phone number).</li> <li>• Who is eligible for the</li> </ul>	<ul style="list-style-type: none"> <li>• What medication are you describing and what is it for - It's important to explain the information in your leaflet, alongside the medication provided.</li> <li>• How is the medication given?</li> <li>• How often should it be given?</li> <li>• What should patients avoid when taking a particular medication?</li> <li>• What are the side effects? Explain that different people may react differently to the same medication.</li> <li>• What should people do if the medication is not properly administered?</li> <li>• You will need to remind patients to tell the clinician who prescribes their medication about any other medication they are taking.</li> <li>• You will need to provide</li> </ul>	<ul style="list-style-type: none"> <li>• What is the aim of the information?</li> <li>• Who is the target audience?</li> <li>• Is this a local resource for a local, regional or national campaign? Check to see if a template and/or information for locally tailored information exists.</li> <li>• Make sure that the information reflects latest thinking and does not contradict national advice/recommendations.</li> <li>• Who could benefit? Impact on quality of life both immediate and long-term.</li> <li>• Benefits of taking action and possible consequences of not taking action?</li> <li>• Are there any risks? If so, explain them and how they can be minimised</li> <li>• Cost savings and/or</li> </ul>

<ul style="list-style-type: none"> <li>• What are the next steps?</li> <li>• What can patients do for themselves?</li> <li>• Are there other implications?</li> <li>• Who can they contact if they have any more questions?</li> <li>• Inform the service user of where they can find more information such as support groups, websites.</li> </ul>	<p>patients need or not need?</p> <ul style="list-style-type: none"> <li>• Do patients need a general anaesthetic, sedation or local anaesthetic?</li> <li>• What happens when patients arrive at the hospital or the clinic? Who will they meet?</li> <li>• Is the venue wheelchair accessible? If the procedure and/or treatment is delivered from a number of sites and any are not accessible, provide a telephone number for people to use if they need to be seen at a site which has wheelchair access.</li> <li>• Will they be asked to sign a consent form, or is verbal consent required?</li> <li>• How successful is the procedure usually? Provide statistics if known and always reference their source, if applicable.</li> <li>• What happens after the procedure in terms of pain control, nursing checks and stitches?</li> <li>• How long will patients need to stay in hospital?</li> </ul>	<p>service?</p> <ul style="list-style-type: none"> <li>• How do people access the service?</li> <li>• Explain where patients need to go and how to find the service in question.</li> <li>• Are maps needed?</li> <li>• When is the service available?</li> <li>• Is there a waiting time?</li> <li>• How often do patients need to attend, what if they can't attend all sessions and what impact will it have on their treatment?</li> <li>• Is equipment or special clothing needed to access the service?</li> <li>• Do patients need to bring any documents?</li> <li>• Who should patients contact if they cannot attend?</li> <li>• What is and isn't available or part of the service?</li> <li>• Are interpreters needed, if make the arrangements prior to the appointment?</li> <li>• Are there any advantages or disadvantages that need to be explained?</li> <li>• Who should patients contact (include a phone</li> </ul>	<p>advice on storing medication, for example, 'out of reach and sight of children', 'in the fridge' and 'out of the sunlight'.</p> <ul style="list-style-type: none"> <li>• Where can patients get repeat prescriptions? Provide advice/details.</li> <li>• It's important to provide a contact telephone number (of the pharmacy, specialist nurse, doctor or NHS Direct) for more information, and for people who have concerns about side effects.</li> </ul>	<p>implications – include details of possible savings to client and/or cheaper/free alternatives to ensure equity</p> <ul style="list-style-type: none"> <li>• Are the individual agencies and/or authors involved in its production clearly stated on the leaflet?</li> <li>• Does the leaflet include further contact information (including websites)?</li> </ul>
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	<ul style="list-style-type: none"> <li>• Do patients need someone with them or any special equipment when they go home?</li> <li>• What care is needed at home?</li> <li>• What follow-up care is needed and do patients need to visit their doctor?</li> <li>• What can go wrong, what signs should patients look out for, what should they do if something does go wrong?</li> <li>• When can patients resume their normal activities, for example, driving, sport, sex or work?</li> <li>• Who can patients contact if they have any further questions?</li> <li>• Where can people find more information, for example from support groups and websites?</li> </ul>	<p>number) and when? Provide instructions such as 9am to 5pm, Monday to Friday.</p>		
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**Note:**

- All other standard items will be included by the Communications Team when the patient information resource is submitted for approval: logo and relevant branding, address/website address, date implemented, review date, edition, and the equal access statement.
- Use [NHS Choices](#) as a starting point for getting this information.
- [Patient Information Toolkit](#).

### C. Top Tips for communication

The following ‘top tips’ are intended to support staff to make their information and/or communication more accessible and inclusive – they may be used as part of internal communications or raising awareness.

<b>Tips for clear face-to-face communication</b>	<b>Tips for printed communication</b>
<ul style="list-style-type: none"> <li>• Make sure you have the person’s attention before trying to communicate with them. If they do not hear you, try and get their attention by gently waving, lightly tapping them on the shoulder, etc.</li> <li>• Identify yourself clearly. Say who you are and what you do – it may be more relevant to explain your reason for seeing the person rather than your job title.</li> <li>• Check that you are in the best position to communicate, usually this will be facing the person, but consider whether seated or standing is more appropriate. Communication at eye level is usually easiest so if you are speaking to a wheelchair user or if speaking to a person that deaf, they may be able to lip read if you are at eye level, so consider sitting down, if possible.</li> <li>• Find a suitable place to talk, with good lighting and away from noise and distractions, to enable the individual discuss matters confidentially, should they need to.</li> <li>• Speak clearly and a little slower than you would do usually, but do not shout.</li> <li>• Keep your face and lips visible – do not cover your mouth with a hand, your hair or clothing. If a member of staff is concerned about religious and/or belief expression they</li> </ul>	<ul style="list-style-type: none"> <li>• Use a minimum font size of 12 point, preferably 14 (which is readable by a significantly greater number of people).</li> <li>• Use a clear, uncluttered and sans serif font such as Arial.</li> <li>• Align text to the left margin and avoid ‘justifying’ text.</li> <li>• Ensure plenty of ‘white space’ on documents, especially between sections. Avoid ‘squashing’ text onto a page and, if possible, include a double-space between paragraphs.</li> <li>• Print on matt and not gloss paper.</li> <li>• Use page numbers.</li> <li>• If printing double-sided ensure that the paper is of sufficient thickness to avoid text showing through from the other side.</li> <li>• Correctly format Word documents and PDFs using styles and accessibility functions / checks. Ensure a correct and consistent heading structure, and that the cursor can move throughout all text.</li> <li>• Use descriptions (‘alt. text’) to explain diagrams or photographs.</li> <li>• Consider making all ‘standard’ printed letters / documents ‘easier to read’ – using plain English, highlighting important information, and supporting text with diagrams, images or photographs.</li> </ul>

should discuss this with their manager.

- Use gestures and facial expressions to support what you are saying, where possible.
- If necessary, repeat phrases, re-phrase the sentence or use simpler words or phrases.
- Use plain, direct language and avoid using figures of speech such as 'it's raining cats and dogs' or euphemisms such as 'expecting the patter of tiny feet'.
- Check if the person has understood what you are saying. Look for visual clues as well as asking if they have understood.
- Encourage people to ask questions or request further information. Ask if they would like anything in writing as a reminder or reference. If they do, ask them what format they would like the information.
- Try different ways of getting your point across. For example; writing things down, drawing or using symbols or objects to support your point.

- Keep track of the electronic originals of documents you print out so you can re-print in larger font or convert to an alternative format when required.

## **D. Additional Information**

### **People with multiple/complex needs**

The Accessible Information Standard was developed to ensure that people with information and/or communication needs have their needs addressed by providers of health and/or adult social care services. This could be achieved by using alternative formats (such as braille, email and British Sign Language) or by using other generic adjustments (such as facing someone to help them to lip-read).

Many people with a learning disability and some people with other communication needs have a 'communication passport', 'communication book', 'hospital passport' or similar document which includes a detailed record of their communication needs and preferences – this can be a very useful source of information and advice where available (and staff would be advised to proactively ask individuals if they have such a document where communication difficulties are experienced.)

### **Use of email and text message**

For people with an impairment or sensory loss, email is a highly effective, quick and economical communication format or contact method.

The service user's own assistive technology or software, for example a 'screen reader,' helps convert text to speech or a refreshable braille display. Depending on the software or assistive technology, a blind person or one with visual loss may require information is emailed in one or more formats, such as plain text (with or without attachments), HTML, and Word or PDF format attachments.

Organisations should refer to ISB 1596 Secure Email. The Specification for ISB 1596 which states that, "The Caldicott 2 review noted that emails should not be used to communicate with patients as they are not secure. The review report stated: "The Review Panel concludes that personal confidential data can be shared with individuals via email when the individual has explicitly consented and they have been informed of any potential risk." Health and care organisations should develop guidelines for service providers to support and encourage the use of email where the service user has consented to this

**Publication and communication checklist**

To be completed for each document.

<b>Title of document:</b>			
<b>Date finalised:</b>		<b>Dissemination lead:</b> (print name and contact details)	
<b>Previous document already being used?</b>	<b>Yes / No</b> (Please delete as appropriate)		
<b>If yes, in what format and where?</b>			
<b>Proposed action to retrieve out-of-date copies of the document:</b>			
<b>To be disseminated to:</b>	<b>How will it be disseminated, who will do it and when?</b>	<b>Paper or electronic</b>	<b>Comments</b>

<b>Date put on register / library of procedural documents</b>		<b>Date due to be reviewed</b>	
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<b>Disseminated to:</b> (either directly or via meetings, etc)	<b>Format (i.e. paper or electronic)</b>	<b>Date disseminated</b>	<b>No. of copies sent</b>	<b>Contact details / comments</b>
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## Royal Free London NHS Foundation Trust Equality Analysis for: Policy name

Name of the policy / function / service development being assessed	Accessible Information Standard Policy
Briefly describe its aims and objectives:	The aim of the policy is to ensure the Trust complies with the National AIS standard applied in 2016 and support staff in implementing appropriate information and/or communication for people with a disability, impairment or sensory loss.
Directorate and Lead:	Deputy Director of Patient Experience
Evidence sources: DH, legislation. JSNA, audits, patient and staff feedback	National NHS England Guidance
Is the Trust Equality Statement present?	Yes

Protected Characteristic (Equality Act 2010)	Identify negative impacts	What evidence, engagement or audit has been used?	How will you address the issues identified?	Identifies who will lead the work for the changes required and when?	Please list positive impacts and existing support structures
Age Disability Gender Reassignment	There is no known negative impact, as the policy aims to enhance equality and diversity for				The aim of the policy is to improve the information and/or communication for

Protected Characteristic (Equality Act 2010)	Identify negative impacts	What evidence, engagement or audit has been used?	How will you address the issues identified?	Identifies who will lead the work for the changes required and when?	Please list positive impacts and existing support structures
<b>Marriage and Civil Partnership</b> <b>Pregnancy and maternity</b> <b>Race</b> <b>Religion or Belief</b> <b>Sex</b> <b>Sexual Orientation</b> <b>Carers</b>	service users accessing healthcare.				<p>people with disabilities, impairments or sensory loss.</p> <p>The policy has been implemented in line with National Guidelines from NHS England.</p> <p>The action plan will help to embed the appropriate actions required to improve access to healthcare for service users.</p>

It is important to record the names of everyone who has contributed to the policy, practice, function, business case, project or service change.

Equality Analysis completed by: (please include every person who has read or commented and approval committee(s). Add more lines if necessary)	Role and organisation if appropriate	Date