

Accessible Information Standard Guidance

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VALIDITY – Guidelines should be accessed via the Trust intranet to ensure the current version is used.

CHANGE RECORD

Version	Date	Change details
1.0	Jan 2021	<i>New document.</i>
1.1	Apr 2021	<i>Reviewed. Changes to the section following consultation with the Quality and Patient Safety Group to include: Linking a CDC form to an encounter and adding an alert on Lorenzo. Locating the accessibility template on SystemOne, automatic patient status alerts and adding a reminder to on SystemOne. Approved at Quality and Patient Safety Group (14 April 2021) 11/01/24 – Transposed to Trust Guidance document template.</i>
1.2	May 2024	<i>Small amendments to guidance Added information on the Trust website accessibility at section 3 Added paragraph on creating accessible patient information at Section 3 Added the link to the how to record a communication need training videos at Appendix 1. Approved at QPaS (4 April 2024) and at Information Governance Group (15 May 2024).</i>

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1. INTRODUCTION

The Accessible Information Standard DCB1605 (formerly SCCI1605 Accessible Information) was initially published by NHS England on 3 July 2015 under Section 250 of the Health and Social Care Act 2012. It was developed in response to the fact that, despite the existence of legislation and guidance (eg Equality Act 2010, Care Act 2014, NHS Constitution, Nursing and Midwifery Professional Standards of Practice and Behaviour), in reality many service users continue to receive information from health and social care organisations in formats which they are unable to understand and do not receive the support they need to communicate. This includes, but is not limited to, people who are blind or have some visual loss, people who are deaf or have some hearing loss, people who are deafblind, and people with a learning disability. The Standard was revised in 2017, but no substantive amendments were made to any of the requirements.

The standard requires that organisations:

- Ask people if they have any information or communication needs, and find out how to meet their needs.
- Record those needs clearly and in a set way.
- Highlight or 'flag' the person's file or notes so it is clear that they have information or communication needs and how those needs should be met.
- Share information about people's information and communication needs with other providers of NHS and adult social care, when they have consent or have permission to do so.
- Take steps to ensure that people receive information which they can access and understand, and receive communication support if they need it.

The aim of the Standard is to ensure that patients, service users, carers and parents with information or communication needs relating to a disability, impairment or sensory loss receive information in a format they can understand and any communication support they need to enable them to access services appropriately.

2. SCOPE

This guidance applies to all employees of the Trust, including all staff who are seconded to the Trust, contract, temporary and agency staff and other people working on Trust premises. This includes members of staff with an honorary contract or paid an honorarium.

The scope of the Accessible Information Standard extends to patients and service users and, where appropriate, the parents and carers of patients and service users who have information and/or communication support needs related to or caused by a disability, impairment or sensory loss.

Individuals who may have difficulty reading or understanding information for reasons other than a disability, impairment or sensory loss, for example low literacy or learning difficulty (as distinct from a learning disability is out of scope of the Accessible Information Standard.

Individuals' preferences for being communicated with in a particular way, which do not relate to disability, impairment or sensory loss, would not be considered a 'need' or 'requirement' (e.g. a preference for communication via email, but have the ability to read and understand a standard print letter is out of scope of the Accessible Information Standard.

3. STATEMENT

This guidance sets out the general steps to be taken to ensure any information and communication support needs that are related to disability, impairment or sensory loss of patients/service users and/or their parents/carers are met. This includes needs for:

- Information in a 'non-standard', alternative or specific format
- Use of specific or alternative contact methods
- Arrangement of support from a communication professional (eg a British Sign Language Interpreter or a deafblind manual interpreter); and
- Support to communicate in a different or particular way or to use communication aids (eg to lip-read or use a hearing aid).

This guidance document sets out the Trust's obligations under the NHS Accessible Information Standard and how it intends to achieve compliance with the Standard.

The Accessible Information Standard is therefore of particular relevance to individuals who have sensory loss (including people who are blind, deaf or deafblind) and people who have a learning disability. However, it will also support people who have other communication disabilities such as aphasia, autism or a mental health condition which affects their ability to communicate. Individuals with any form or type of disability or impairment which affects their ability to read or receive information, to understand information, and/or to communicate, are within the scope of the Standard.

The accessibility of health and social care websites is out of scope of the Accessible Information Standard. However, the Standard remains relevant in circumstances where a health or social care professional would usually refer a patient or service user (or their carer) to a website for information. In these instances, it will be the duty of the professional and the Trust to verify that the website is accessible to the individual and, if it is not, to provide or make the information available in another way.

Website

To ensure the Trust website is accessible, the site uses ReachDeck to add speech, reading and translation support, pages can be resized or the magnification changed. Users can make the site text only and change the contrast/colours.

Patient Information

it is important to be mindful of the accessible information standard when creating and designing patient information. Using the templates and tools in the 'creating patient information' section in the Trust [Brand Centre](#) will ensure patient communications are simple, clean and accessible for as wide an audience as possible. If you receive a request for information in a specific alternative format follow the flowchart in this guidance, also visit the alternative formats section on the [Patient Information](#) pages of the Intranet.

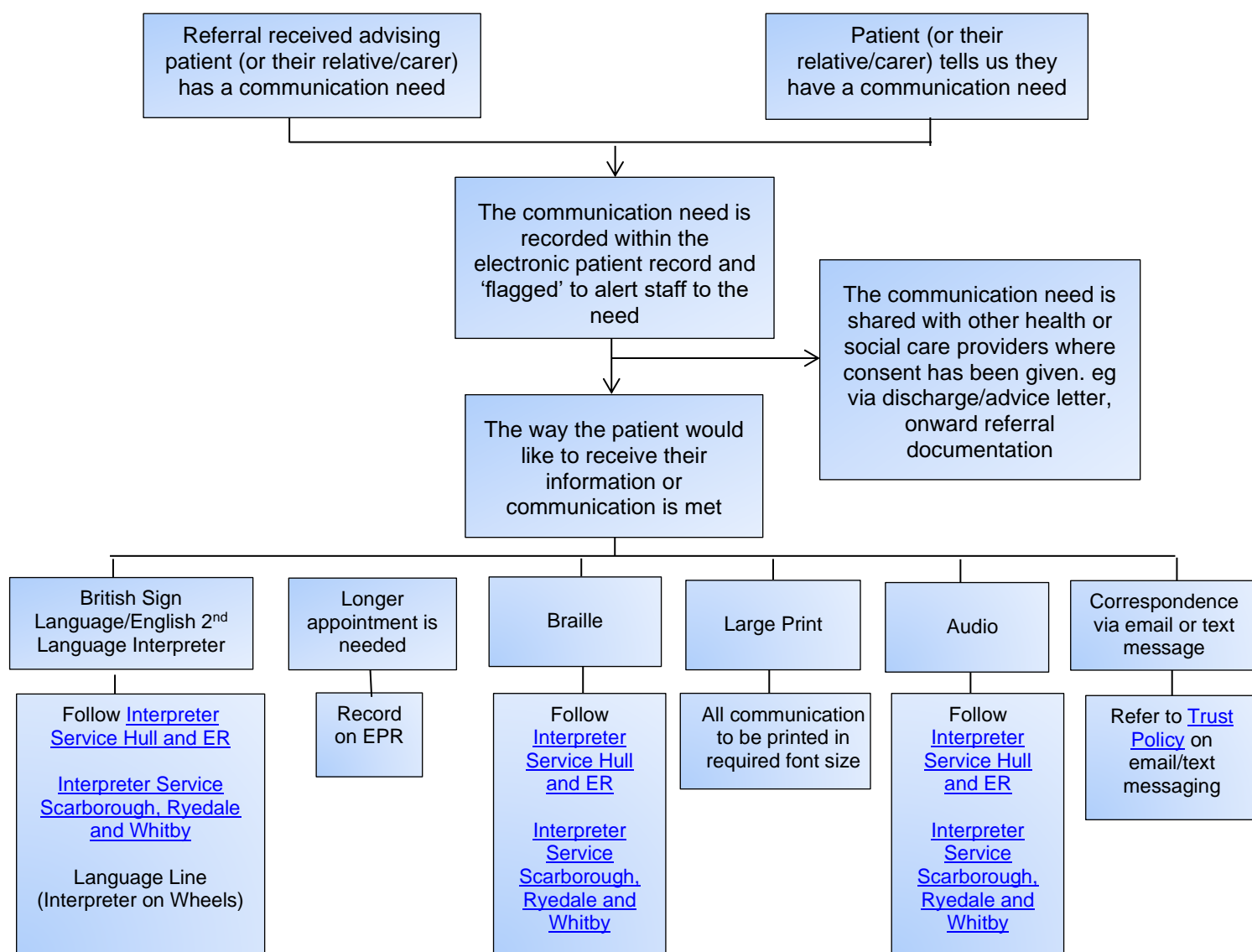
4. PROCEDURES

The Trust is committed to implementing and following the five steps set out in the Accessible Information Standard. These are:

1. **Identification of needs** – Staff will ask people if they have any information or communication support needs and will find out how to meet those needs.
2. **Recording of needs** – Identified needs will be recorded in the patient record in accordance with the **Accessible Information Standard Operating Procedure** – Appendix 1

3. **Flagging of needs** – The Trust will make use of electronic flags or alerts to ensure that appropriate staff accessing the patient record are alerted to the individual’s information and communication support needs.
4. **Sharing of needs** – Where the patient/service user has given permission to do so, information regarding their needs will be shared with other providers of NHS and adult social care as part of existing data-sharing processes and routine referral, discharge and handover processes.
5. **Meeting of needs** – Staff will take steps to ensure that people receive information which they can access and understand, and receive communication support if they need it.

The diagram below provides an overview of the process by which the five steps of the Standard will be delivered:



Accessible information and communication support provided to individuals will enable them to:

- Make decisions about their care and treatment
- Self-manage their condition
- Access services appropriately
- Make choices about treatments and procedures, including the provision or withholding of consent.

5. ACTIONS TO ACHIEVE COMPLIANCE WITH THE STANDARD

In order to ensure compliance with the Accessible Information Standard, the Trust will:

- Ensure that systems and processes are in place to consistently and routinely identify, record, flag and share patients', service users' carers' and parents' information and communication needs where they relate to a disability, impairment or sensory loss.
- Through training and communication, ensure that Trust staff are aware of the implications of the Accessible Information Standard and are aware of and able to follow Trust processes and procedures which have been put in place to meet the requirements of the Standard.
- Work in partnership with commissioners, health and adult social care providers to enable and support implementation and compliance with the Standard.
- Use clear language in our publications and on our website, avoiding any unnecessary jargon.
- Display clearly on our website, using social media (such as Twitter) and in our publications, how people can ask for accessible and alternative versions of summaries of our information.
- We will make our website as accessible as possible with the use of ReachDeck. ReachDeck adds text-to-speech, reading and translation support to the website, helping to make the content easily accessible to those who lack basic digital skills; have hidden disabilities, such as dyslexia or other reading difficulties; visual impairments; and English Language Learners.
- When gathering the views of people who use our services, we will provide consultation materials in a range of other formats.
- We will routinely test our alternative formats and our website with people who have accessibility needs and we will record, monitor and put into practice their feedback as appropriate.
- We will promote this accessible communications guidance, both outside the organisation and to our staff, so that people know about it.
- We will regularly monitor, evaluate and review the effectiveness of our guidance, and amend it as necessary.

6. MENTAL CAPACITY

The Trust supports the following principles, as set out in the Mental Capacity Act and has applied them in the development of this guidance:

- A person must be assumed to have capacity unless it is established that they lack capacity.
- A person is not to be treated as unable to make a decision unless all practicable steps to help them to do so have been taken without success.
- A person is not to be treated as unable to make a decision merely because they make an unwise decision.
- An act completed, or decision made, under this Act for or on behalf of a person who lacks capacity must be done, or made, in his best interests.
- Before the act is completed, or the decision made, regard must be had as to whether the purpose for which it is needed can be as effectively achieved in a way that is less restrictive of the person's rights and freedom of action.

7. IMPLEMENTATION AND MONITORING

The implementation of this guidance requires no additional financial resource.

Six-monthly reports on compliance will be presented for consideration by the Trust's Quality Patient and Safety Committee. The reports will be compiled from a variety of sources including:

- Patient/service user feedback (via informal and formal complaints, compliments, and local Healthwatch organisations)
- Internally generated activity reports for Trust systems eg Lorenzo and SystemOne

Compliance will also be monitored by the Commissioners under the NHS Standard Contract.

8. REFERENCES/EVIDENCE/GLOSSARY

- Accessible Information Standard: Specification, NHS England (Aug 2017)
<https://www.england.nhs.uk/wp-content/uploads/2017/08/accessilbe-info-specification-v1-1.pdf>
- Accessible Information: Implementation Guidance (Aug 2017)
<https://www.england.nhs.uk/wp-content/uploads/2017/08/implementation-guidance.pdf>
- NHS Standard Contract 2019/20: Service Conditions, NHS England
<https://www.england.nhs.uk/wp-content/uploads/2019/03/3-FL-SCs-1920-sepsis.pdf>
- Section 250, Health and Social Care Act 2012
<http://www.legislation.gov.uk/ukpga/2012/7/part/9/enacted>
- Equality Act 2010 <http://www.legislation.gov.uk/ukpga/2010/15/contents>
- [Interpreter Procedure Hull and East Riding](#)
- [Interpreter Services Guidelines \(Scarborough & Ryedale and Whitby\)](#)
- [Electronic Communications and Internet Acceptable Use Procedure](#)

APPENDIX 1: STANDARD OPERATING PROCEDURE FOR THE ACCESSIBLE INFORMATION STANDARD

The Accessible Information Standard aims to ensure that patients and service users, (and where appropriate carers and parents) who have information and/or communication support needs caused by a disability, impairment or sensory loss receive information in a format they can understand and/or the communication support they need to enable them to;

- Make decisions about their health and wellbeing, and their care and treatment
 - Self-manage conditions
 - Access services appropriately and independently
 - Make choices about treatments and procedures, including the provision or withholding of consent.
-
- Staff will identify if an individual has an information and/ or communication need.

This could be identified from a referral, directly from the patient (or relative/carer) or by asking the patient the question at the initial contact.

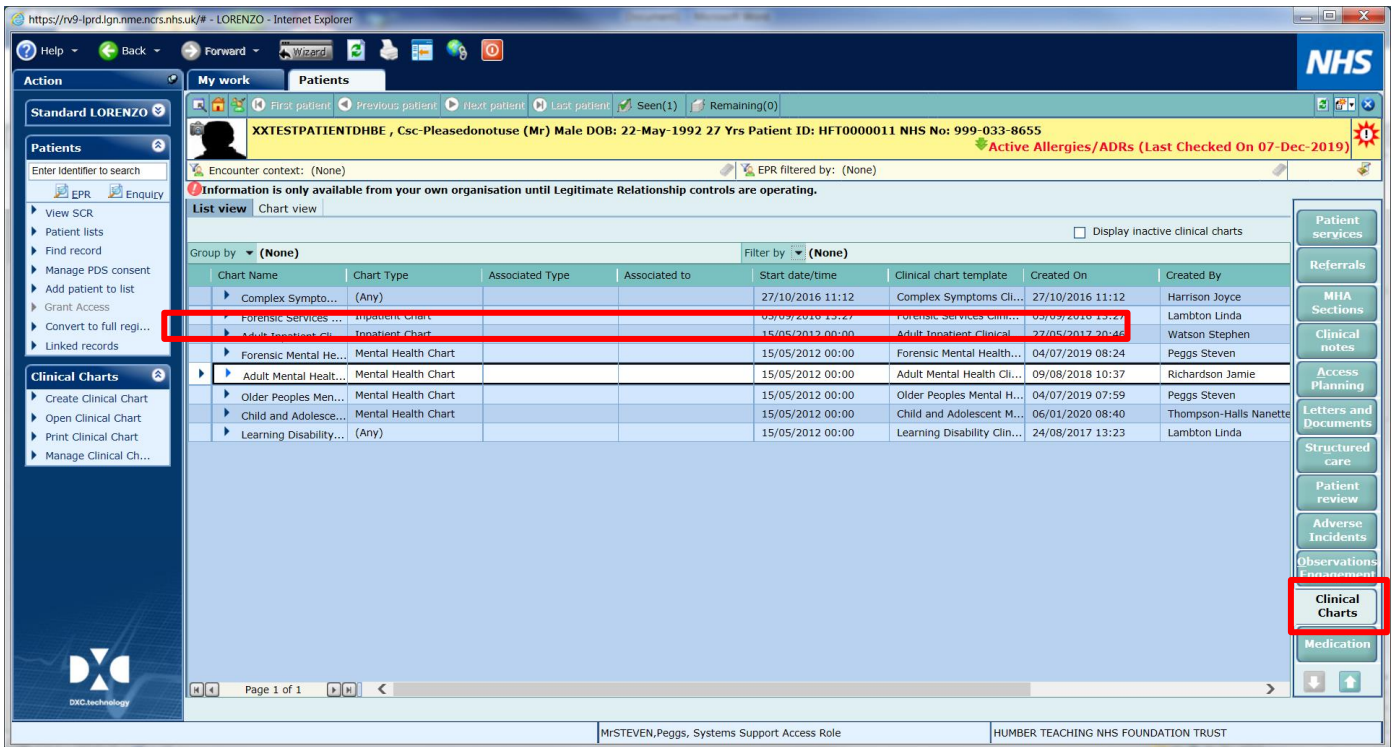
- Staff will record whether an individual has information and/or communication support needs in the patient record. These will be recorded on the relevant accessibility templates in the patient record.

LORENZO: Locating and Completing the Trust Accessibility Template

Training videos on how to record communication needs for each system are available [here](#)

The Trust Accessibility Template CDC form has been added to All Clinical Charts under the Mental Health Act and Legal tab, under the forms section. A click through to the CDC form can be added to a Teams clinical note by request. The Team will need to identify which note it needs adding to and contact the Clinical Systems team.

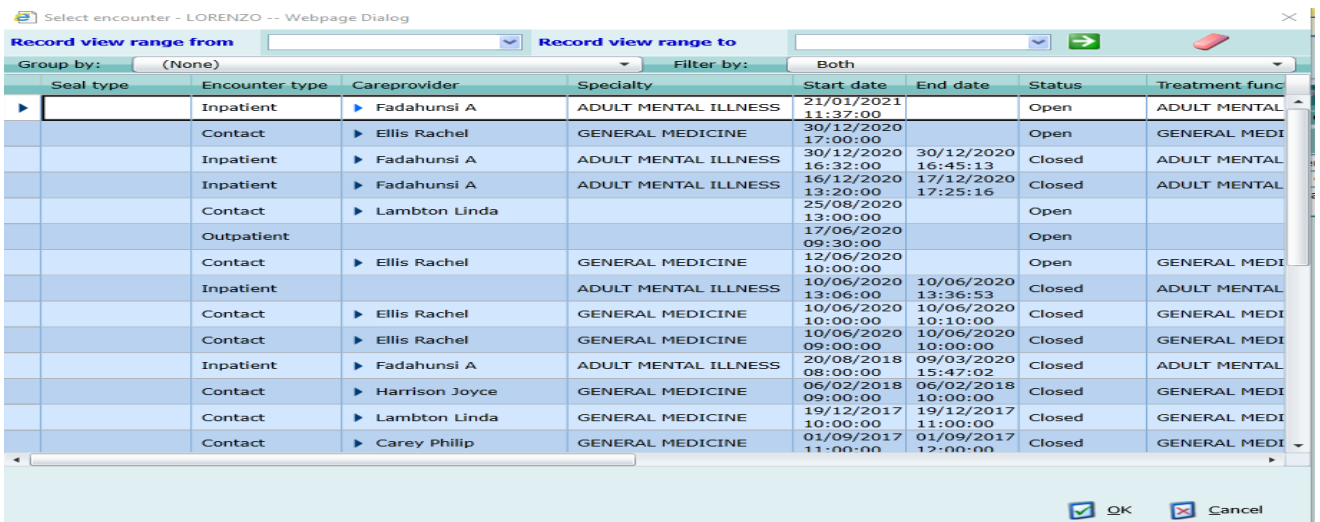
- 1) Locate the required patient and open their EPR.
- 2) Open the Clinical Charts tab if required, and select the appropriate Clinical Chart :



- 3) Click the Mental Health and Legal tab :
- 4) Right click the header and Select Forms → Accessibility Template

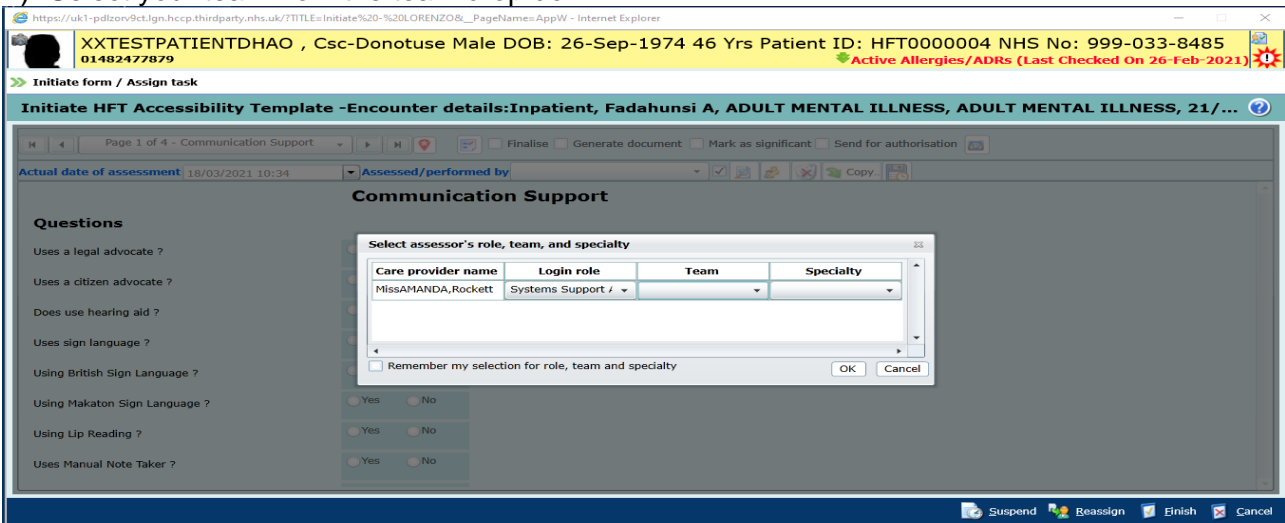


- 5) Click on the CDC form to launch it:
- 6) Select the appropriate encounter to link the CDC form to and click OK:



The CDC form is launched.

7) Select your team from the team drop down.

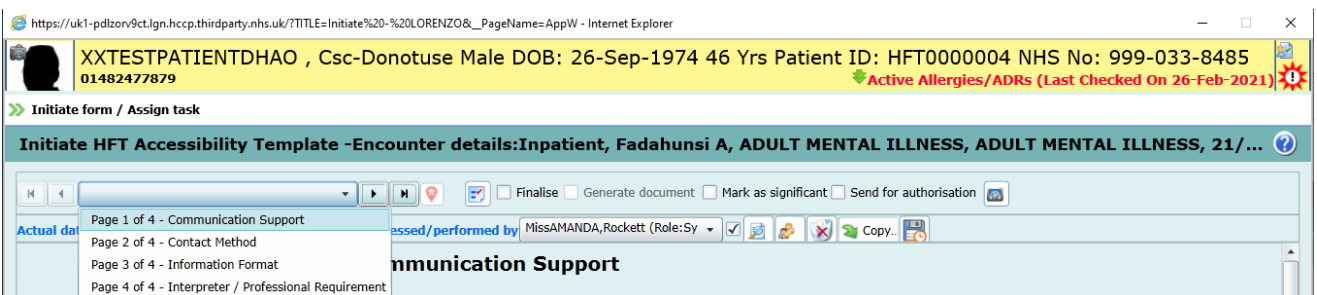


8) Click OK

- The form appears and can be completed

Work through the pages of the Accessibility Template selecting the options that are appropriate.

Once you have selected all the options that apply on all 4 pages, tick Finalise and Click on Finish to complete the CDC form.



Page 1 of 4 - Communication Support

Finalise Generate document Mark as significant Send for authorisation

Actual date of assessment 18/03/2021 10:34 Assessed/performed by MissAMANDA,Rockett (Role:Sy)

Communication Support

Questions

Uses a legal advocate ?	<input type="radio"/> Yes	<input type="radio"/> No
Uses a citizen advocate ?	<input type="radio"/> Yes	<input type="radio"/> No
Does use hearing aid ?	<input type="radio"/> Yes	<input type="radio"/> No
Uses sign language ?	<input type="radio"/> Yes	<input type="radio"/> No
Using British Sign Language ?	<input type="radio"/> Yes	<input type="radio"/> No
Using Makaton Sign Language ?	<input type="radio"/> Yes	<input type="radio"/> No
Using Lip Reading ?	<input type="radio"/> Yes	<input type="radio"/> No
Uses Manual Note Taker ?	<input type="radio"/> Yes	<input type="radio"/> No
Uses Electronic Note Taker ?	<input type="radio"/> Yes	<input type="radio"/> No
Uses Lipspeaker ?	<input type="radio"/> Yes	<input type="radio"/> No
Uses Telecommunications Device for the Deaf ?	<input type="radio"/> Yes	<input type="radio"/> No
Uses speech to text reporter ?	<input type="radio"/> Yes	<input type="radio"/> No
Uses cued speech transliterator ?	<input type="radio"/> Yes	<input type="radio"/> No
Preferred method of communication : Written ?	<input type="radio"/> Yes	<input type="radio"/> No
Uses alternative communication skill ?	<input type="radio"/> Yes	<input type="radio"/> No
Uses communication device ?	<input type="radio"/> Yes	<input type="radio"/> No
Uses Personal Communication Passport ?	<input type="radio"/> Yes	<input type="radio"/> No
Uses Deafblind Intervener ?	<input type="radio"/> Yes	<input type="radio"/> No
Uses Deafblind Manual Alphabet ?	<input type="radio"/> Yes	<input type="radio"/> No
Uses personal audio recording device to record information ?	<input type="radio"/> Yes	<input type="radio"/> No

Page 2 – Contact Method

Page 2 of 4 - Contact Method

Actual date of assessment: 18/03/2021 10:34

Assessed/performed by: MissAMANDA,Rockett (Role:Sy)

Finalise Generate document Mark as significant Send for authorisation

Contact Method

Questions

Requires contact by telephone ?	<input type="radio"/> Yes <input type="radio"/> No
Requires contact by text relay ?	<input type="radio"/> Yes <input type="radio"/> No
Requires contact by short message service text message ?	<input type="radio"/> Yes <input type="radio"/> No
Requires contact by letter ?	<input type="radio"/> Yes <input type="radio"/> No
Requires contact by email ?	<input type="radio"/> Yes <input type="radio"/> No
Requires audible alert ?	<input type="radio"/> Yes <input type="radio"/> No
Requires visual alert ?	<input type="radio"/> Yes <input type="radio"/> No
Requires tactile alert ?	<input type="radio"/> Yes <input type="radio"/> No
Requires contact via carer ?	<input type="radio"/> Yes <input type="radio"/> No

Page 3 – Information Format

Page 3 of 4 - Information Format

Actual date of assessment: 18/03/2021 10:34

Assessed/performed by: MissAMANDA,Rockett (Role:Sy)

Finalise Generate document Mark as significant Send for authorisation

Information Format

Questions

Requires information verbally ?	<input type="radio"/> Yes <input type="radio"/> No
Requires information on digital versatile disc ?	<input type="radio"/> Yes <input type="radio"/> No
Requires information on compact disc ?	<input type="radio"/> Yes <input type="radio"/> No
Requires information on audio cassette tape ?	<input type="radio"/> Yes <input type="radio"/> No
Requires information in Easyread ?	<input type="radio"/> Yes <input type="radio"/> No
Requires information in electronic audio format ?	<input type="radio"/> Yes <input type="radio"/> No
Requires information in Moon alphabet ?	<input type="radio"/> Yes <input type="radio"/> No
Requires information in Makaton ?	<input type="radio"/> Yes <input type="radio"/> No
Requires information in contracted (Grade 2) Braille ?	<input type="radio"/> Yes <input type="radio"/> No
Requires information in uncontracted (Grade 1) Braille ?	<input type="radio"/> Yes <input type="radio"/> No
Minimal Sans Serif Font Size ?	<input type="text"/>
Requires information on USB mass storage device ?	<input type="radio"/> Yes <input type="radio"/> No
Requires information in electronic downloadable format ?	<input type="radio"/> Yes <input type="radio"/> No
Requires healthcare information recording on personal audio recording device ?	<input type="radio"/> Yes <input type="radio"/> No
Requires third party to read out written information ?	<input type="radio"/> Yes <input type="radio"/> No

Page 4 of 4 - Interpreter / Professional F

Finalise Generate document Mark as significant Send for authorisation

Actual date of assessment 18/03/2021 10:34 Assessed/performed by MissAMANDA,Rockett (Role:Sy) Copy.. Saved: 10:44

Interpreter / Professional Requirement

Questions

Interpreter needed British Sign Language ? Yes No

Interpreter needed Makaton Sign Language ? Yes No

Needs an advocate ? Yes No

Requires Deafblind communicator guide ? Yes No

Sign Supported English interpreter needed ? Yes No

Requires Deafblind manual alphabet interpreter ? Yes No

Requires Deafblind block alphabet interpreter ? Yes No

Requires Deafblind haptic communication interpreter ? Yes No

Requires manual note taker ? Yes No

Requires lipspeaker ? Yes No

Visual frame sign language interpreter needed ? Yes No

Hands on signing interpreter needed ? Yes No

Requires speech to text reporter ? Yes No

Requires sighted guide ? Yes No

9) If an answer of Yes is selected from any of the Yes/No questions then a further Text field is displayed for additional Comments to be recorded.as follows:

Information Format

Questions **Comments**

Requires information verbally ? Yes No

Requires information on digital versitile disc ? Yes No

If No is selected, then no further comments are required.

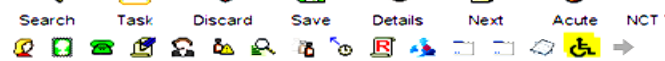
Staff must also add **an Alert** for the accessibility need so that the information is visible whenever a staff member clicks on the alert icon on the patient banner.

The Alert Type is **Communication**; the alert name is **Accessible Information Requirement**

Lorenzo does not automatically flag the alert so staff will need to check for an Accessible

SYSTEMONE: Locating and Completing the Accessibility Template

The Accessibility Template is published to each of Humber's SystemOne units

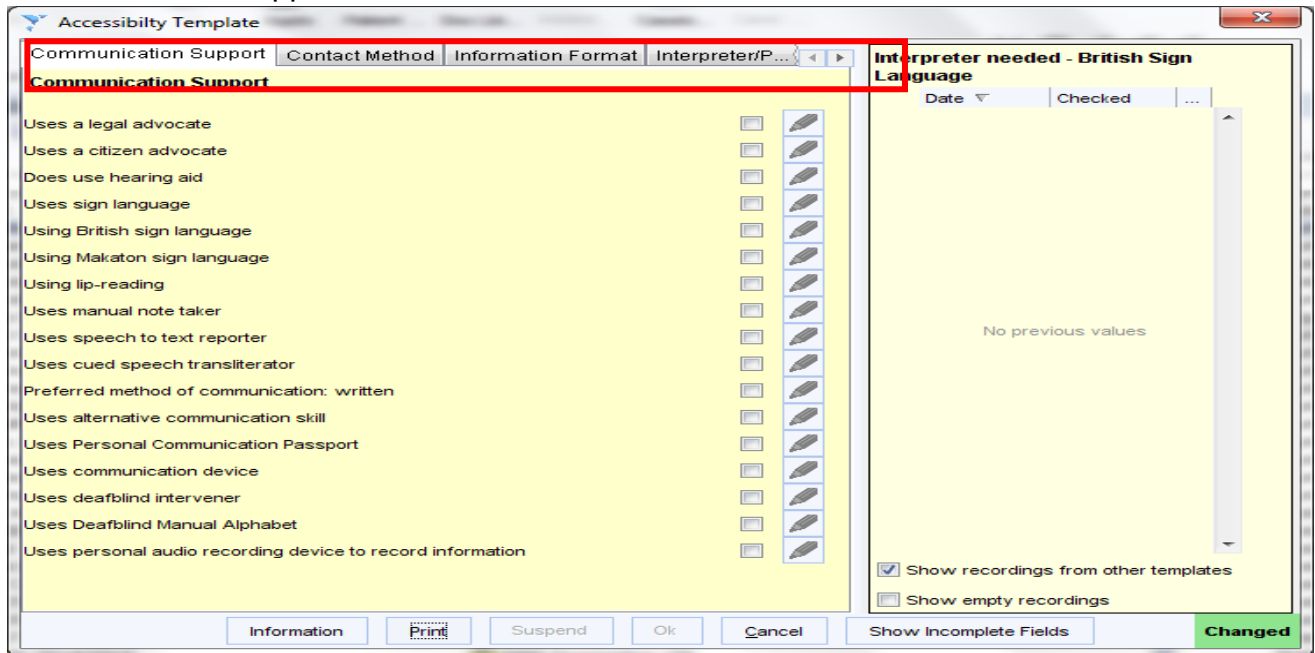


and can be located on the small toolbar and has the following icon

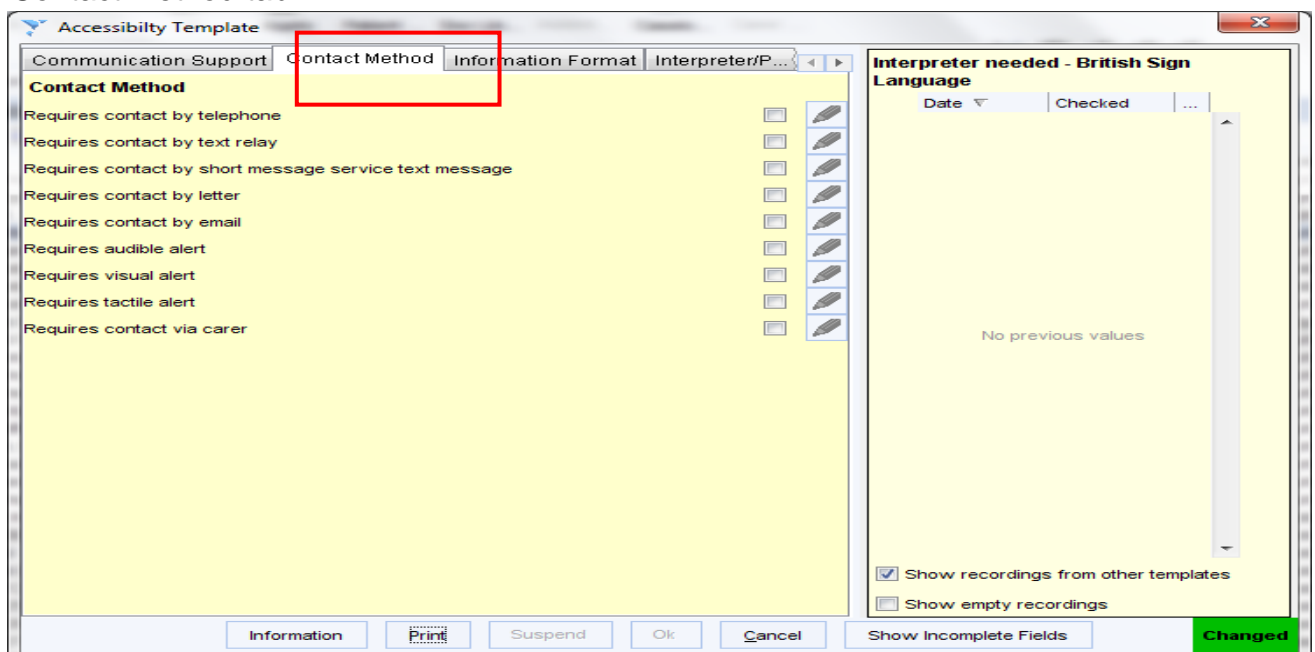


The template has 4 tabs, one for each aspect. Each can be accessed by selecting the appropriate tab across the top.

Communication support need tab



Contact method tab



Information Format tab

The screenshot shows the 'Accessibility Template' dialog box with the 'Information Format' tab selected. The 'Format' section lists various requirements with checkboxes and pencil icons for editing. The 'Interpreter/Professional requirement' tab is highlighted with a red box. The right-hand pane shows 'Interpreter needed - British Sign Language' with a table for recording values. The table has columns for 'Date', 'Checked', and an ellipsis. The text 'No previous values' is displayed in the table area. At the bottom, there are buttons for 'Information', 'Print', 'Suspend', 'Ok', 'Cancel', 'Show Incomplete Fields', and a green 'Changed' button.

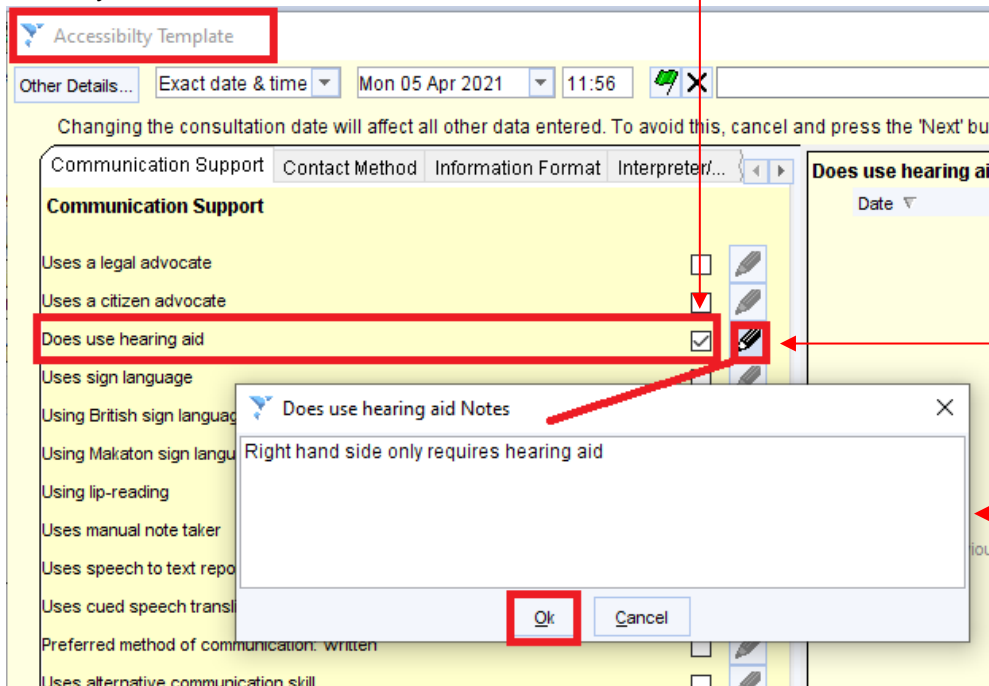
Interpreter/professional requirement tab

The screenshot shows the 'Accessibility Template' dialog box with the 'Interpreter/Professional requirement' tab selected. The 'Communication Professional' section lists various requirements with checkboxes and pencil icons for editing. The 'Interpreter/Professional requirement' tab is highlighted with a red box. The right-hand pane shows 'Interpreter needed - British Sign Language' with a table for recording values. The table has columns for 'Date', 'Checked', and an ellipsis. The text 'No previous values' is displayed in the table area. At the bottom, there are buttons for 'Information', 'Print', 'Suspend', 'Ok', 'Cancel', 'Show Incomplete Fields', and a green 'Changed' button.

Whenever anything is recorded for a communication need within the template a **Patient status alert** will automatically be generated for that client when the record is saved.

When completing the accessibility template, e.g. if there is a communication requirement – select the option required and if you have further information to provide relating to that need please click the Pencil Icon to add further notes.

- 10) Select the appropriate tab.
- 11) Click on the appropriate identified need
- 12) To add additional text or a note to an answer click the pencil, this opens a free text box to add any additional notes

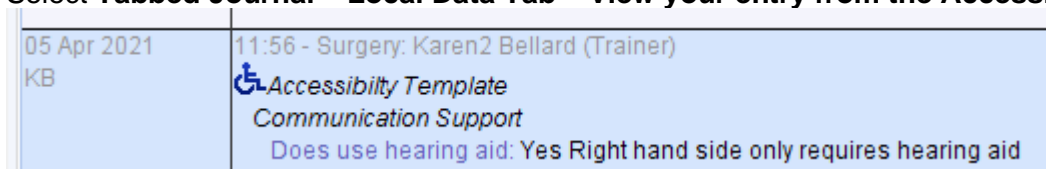


- 13) Click ok

Once a need is identified on the accessibility template it appears in the tabbed journal.

View the Entry in Tabbed Journal

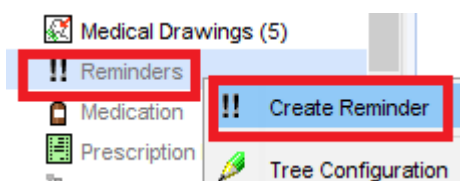
Select **Tabbed Journal – Local Data Tab – View your entry from the Accessibility Template**



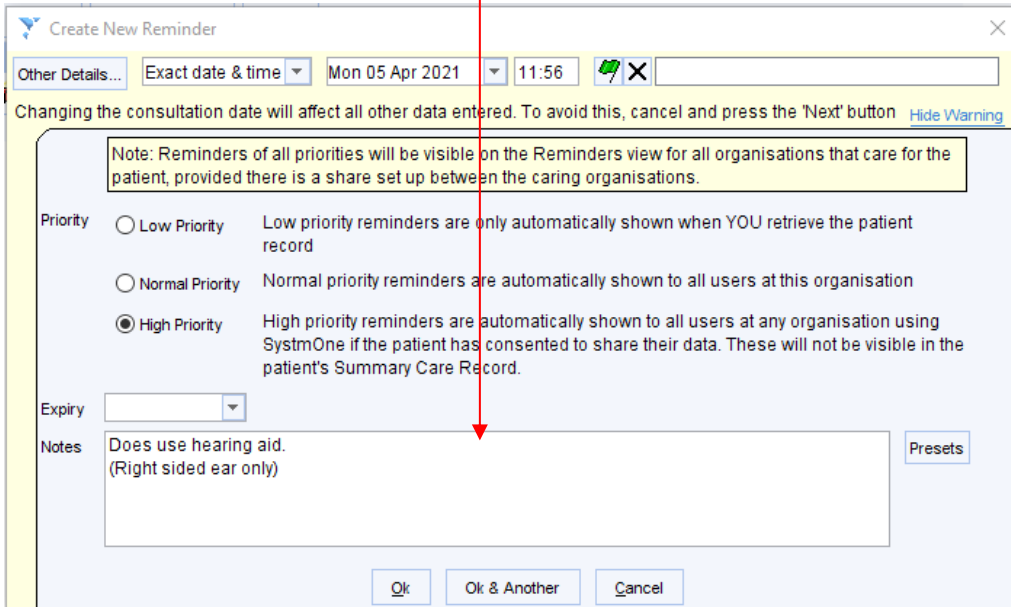
Staff must also **Create a Reminder** for that accessibility need so that the information is visible whenever an appointment or a visit is recorded for that patient.

How to create a reminder

- 1) Right click onto Reminders in the clinical tree and select **Create Reminder**



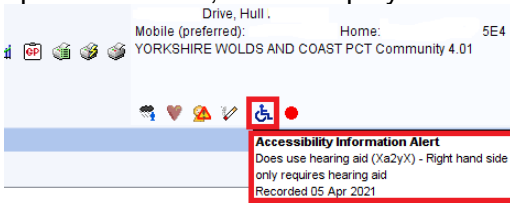
- 2) Click **HIGH PRIORITY** – Information is shared with other organisations using SystmOne, who the patient has consented to share data with. Please note this will not be visible in the Summary Care record
- 3) Click the notes box



- 4) Type the Communication requirement on top line and then any notes about that requirement below.
- 5) Click **OK** and **SAVE** the record.

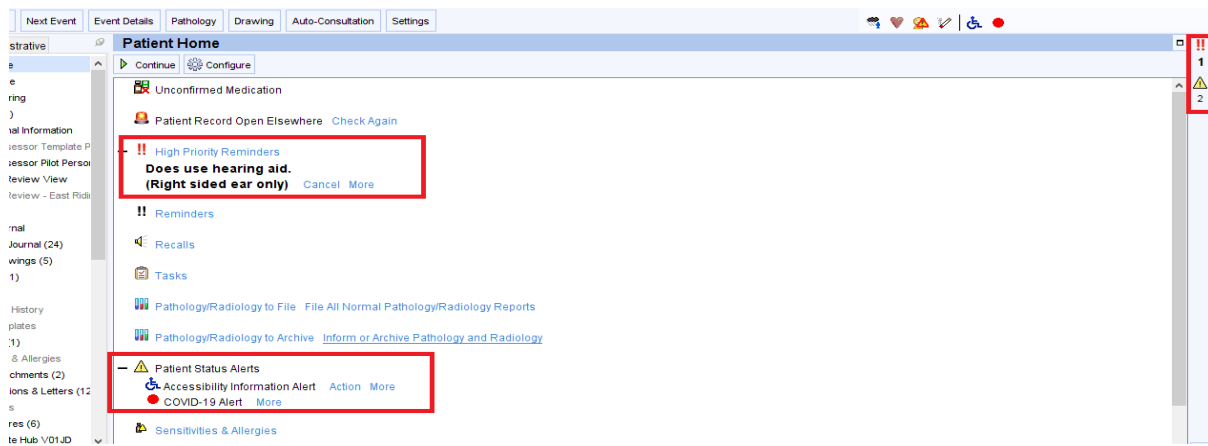
Retrieving a patient record that has a communication requirement recorded in their record

The patient record will have Patient Status Marker for the communication requirement when you open the record; this is displayed in the demographic box at the top right hand corner of the record.



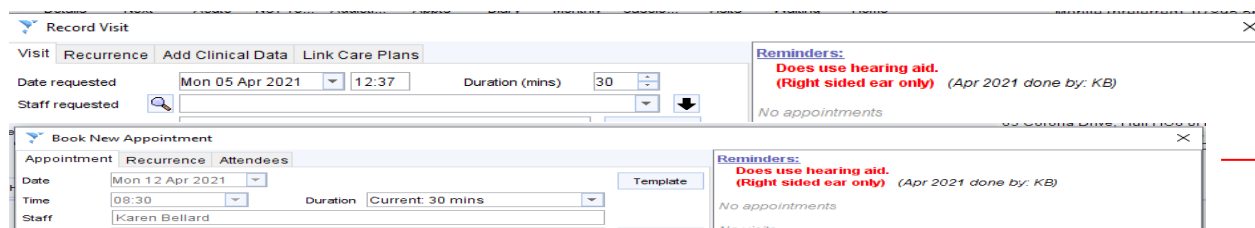
Hovering over the icon will display the communication requirement and any additional notes about the requirement which were added via the pencil icon when the communication requirement was recorded.

Viewing the patient status alert and reminder on the home screen of the patient record



The reminder and Patient Status Alert information is clearly displayed as soon as you open a patient record both by the sections viewable on the home screen

or by clicking the Reminders and Patient Status Alert icons at the top of the side bar on the right side of the screen.



APPENDIX 2: EQUALITY IMPACT ASSESSMENT (EIA)

For strategies, policies, procedures, processes, guidelines, protocols, tenders, services

1. Document or Process or Service Name: G417 – Accessible Information Standard Guidance
2. EIA Reviewer (name, job title, base and contact details): Mandy Dawley, Assistant Director of Patient & Carer Experience & Co-production, Tracey O'Mullane, Information Governance Officer
3. Is it a Policy, Strategy, Procedure, Process, Tender, Service or Other? Guidance

<p>Main Aims of the Document, Process or Service</p> <p>This guidance sets out the general steps to be taken to ensure any information and communication support needs that are related to disability, impairment or sensory loss of patients/service users and/or their parents/carers are met.</p>
<p>Please indicate in the table that follows whether the document or process has the potential to impact adversely, intentionally or unwittingly on the equality target groups contained in the pro forma</p>

<p>Equality Target Group</p> <ol style="list-style-type: none"> 1. Age 2. Disability 3. Sex 4. Marriage/Civil Partnership 5. Pregnancy/Maternity 6. Race 7. Religion/Belief 8. Sexual Orientation 9. Gender Reassignment 	<p>Is the document or process likely to have a potential or actual differential impact with regards to the equality target groups listed?</p> <p>Equality Impact Score Low = Little or No evidence or concern (Green) Medium = some evidence or concern (Amber) High = significant evidence or concern (Red)</p>	<p>How have you arrived at the equality impact score?</p> <ol style="list-style-type: none"> a) who have you consulted with b) what have they said c) what information or data have you used d) where are the gaps in your analysis e) how will your document/process or service promote equality and diversity good practice
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Equality Target Group	Definitions	Equality Impact Score	Evidence to support Equality Impact Score
Age	Including specific ages and age groups Older people Young people Children Early years	Medium	ReachDeck tool on the website will help support individuals to convert text into pictures, change font size/colour and declutter pages and will support individuals who speak English as their second language by converting text into 99 languages.
Disability	Where the impairment has a substantial and long term adverse effect on the ability of the person to carry out their day to day activities; Sensory Physical Learning Mental Health (including cancer, HIV, multiple sclerosis)	High	Care Plan will flag communication needs. The guidance aims to reduce inequalities, enhance personalisation and choice, and provide greater empowerment to service users as equal partners in their own care. This is irrespective of any protected characteristics.
Sex	Men/Male Women/Female	Low	
Race	Colour Nationality Ethnic/national origins	Medium	
Marriage/Civil Partnership			
Pregnancy/Maternity			
Religion or Belief	All religions Including lack of religion or belief and where belief includes any religious or philosophical belief	Low	ReachDeck tool on the website will support individuals with sight impairment and Learning Disabilities.

Sexual Orientation	Lesbian Gay Men Bisexual	Low	
Gender Reassignment	Where people are proposing to undergo, or have undergone a process (or part of a process) for the purpose of reassigning the person's sex by changing physiological or other attribute of sex	Low	

Summary

Please describe the main points arising from your screening that supports your decision above	
There is no evidence of potentially negative effect on groups with protected characteristics. Applying the measures set out in the Accessible Information Standard Guidance (and its associated Standard Operating Procedure) will reduce inequalities, and provide greater empowerment to service users as equals in their own care.	
EIA Reviewer: Mandy Dawley, Head of Patient & Carer Experience & Engagement, Tracey O'Mullane, Information Governance Officer	
Date completed: 31/03/2024	Signature: Mandy Dawley Tracey O'Mullane