



ACCESSIBLE INFORMATION STRATEGY

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NHS Shetland's Accessible Information Strategy

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<p>Hindi</p> <p>□□ □□□□□□□□ □□ □□□□□□ □□□□ □□□□ □□□□□□□□ □□□ □□□□□□□□ □□□□ □□ □□□□ □□□□□ 01595 743064 □□ NHS □□□□□□□□ □□ □□ □□□□ □□□□</p>	<p>Ukrainian</p> <p>Для отримання інформації на іншій мові або в іншому форматі звертайтеся за тел.: 01595 743064, NHS Шетланд.</p>
<p>Italian</p> <p>Per ottenere queste informazioni in altre lingue o formati, contattare NHS Shetland al numero 01595 743064</p>	<p>Urdu</p> <p>اس معلومات کو دیگر زبان یا شکل میں حاصل کرنے کے لئے براہ کرم 01595 743064 پر NHS شیٹلینڈ کو فون کریں</p>
<p>Japanese</p> <p>この情報を別の言語や形式で入手を希望される場合は、NHS シェトランドまで電話でご連絡ください。電話番号は01595 743064です。</p>	<p>Vietnamese</p> <p>Muốn có thông tin này bằng ngôn ngữ hoặc dạng thức khác, xin điện thoại NHS Shetland số 01595 743064</p>

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Executive Summary

The Disability Discrimination Act (DDA) 2005 amended previous legislation with the aim to deliver real change for disabled people, help drive forward a culture change across the public sector and accelerate the pace of change on disability equality.

Under this legislation, the Board has a responsibility to provide reasonable adjustments in information provision.

The purpose of this Access to Information Strategy is to help the Board to meet the information needs of all individuals as effectively as possible.

More effective access to information will be achieved by:

- ensuring that minimum access standards are met by all Board publications (including electronic communications);
- developing standards for the provision and use of communication aids, such as induction loops and textphones;
- ensuring that signage on all Board premises is inclusive and conforms to minimum access standards and good practice guidelines;
- ensuring that letters, publications, public notices and other written communications from the Board are translated into community languages and into alternative formats to meet the needs of people with disabilities, and
- producing guidelines to support staff in putting the Access to Information Policy into action, including the use of induction loops, translation and interpretation services, and plain English.

It takes into account the six key recommendations made by the Scottish Accessible Information Forum (SAIF) to assist organisations that the information and services they provide to disabled people are accessible, namely:

- Have a local accessible information policy
- Identify someone responsible
- Implement staff training
- Introduce a set of standards
- Involve service-users
- Don't just 'add on' accessibility.

The implementation of this Accessible Information Strategy will ensure that thinking about accessibility becomes an integral part of the way NHS Shetland develops and reviews information and services.

SHETLAND NHS BOARD

Accessible Information Strategy

1 Context

The Disability Discrimination Act (DDA) 2005 amended previous legislation with the aim to deliver real change for disabled people, help drive forward a culture change across the public sector and accelerate the pace of change on disability equality. In its [Disability Equality Scheme](#)¹, Shetland NHS Board (the Board) commits to ensure equality of opportunity and value the diversity of all the people in our communities.

In accordance with the 'Disability Equality Duty' (2006), the key areas of strategic responsibility in provision of accessible information and advice are as follows:

- undertaking demographic profiling to establish the number of disabled people in the locality and the nature of their impairments;
- using this information to assess the need for information and advice and the ways in which such information and advice can be made accessible to disabled people;
- ensuring that there is a suitable range of local services that are sufficiently well co-ordinated to meet these needs;
- contributing to and encouraging others to contribute to the funding of such services;
- regularly reviewing services in order to meet changing and emerging needs, and
- collating this information in a way which could inform social policy development on a Scotland-wide basis.

The Board worked closely with its statutory and voluntary partners to develop a Shetland-wide [Disability Strategy](#)² and action plan which encompasses the above areas of strategic responsibility.

¹ <http://www.shb.scot.nhs.uk/initiatives/equality/documents/DraftDisabilityScheme.pdf>

² <http://www.shb.scot.nhs.uk/initiatives/equality/documents/DraftDisabilityScheme.pdf>

2 Underpinning Values and Aim

The Board believes that all members of society should have fair and equal access to our services and opportunities to participate in the formulation of our plans in how we deliver our Services.

Through its actions, it has and will continue to proactively demonstrate its commitment to ensuring equality and valuing diversity. A measure of the Board's corporate intent is that since 2005 one of its eight corporate objectives has been:

“To ensure that we treat all patients, members of the public, NHS staff and staff of partner organisations equally and fairly regardless of their disability, race, age, gender, sexual orientation, religion/belief, location or income.”

The aim of this strategy is to ensure that the Board's information is:

- equally accessible to all;
- any new publications should be produced, or be able to be produced, in a range of formats for those who need and request this, and that
- when requested, publications should be of equivalent quality and available within a reasonable timescale.

3 Introduction

Determining and deciding how the Board communicates with individuals taking account of their varying needs, is vitally important to ensuring equity of access to the Board's services. It is also helpful if the Board's approach to providing information is consistent both in quality and appearance; therefore publications are easily recognisable as having come from the Board.

Accessibility of information should always be borne in mind, not only for patients but also for the wider community. It must also be considered in relation to other Board policies and procedures where good communication arrangements with patients and the public are essential in order to ensure that systems are transparent and easy to use and people understand the choices available to them, for example the Complaints Procedure.

It is important to remember that 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.

In developing this strategy, the Board has drawn on guidance from the Scottish Accessible Information Forum (SAIF), which was set up as a result of the Enabling Information report (Scottish Office 1995), subsequently adopted by the Scottish Executive. The SAIF advisory body is made up of 21 people drawn from disability-led organisations and information providers and supports the rights of disabled people and carers to have access to timely and accurate information to meet their needs.

The SAIF in their publication, *Barrier Free Information (2004)*, consider that:

“Disabled people need access to accurate information that allows them to solve everyday problems. They may also need support to access that information, and advice on how to put it to good use. They need the same kind of information as everyone else and, in addition, may also need information related to their impairment and the impact it has on their lives.”

4 Staff Training

The Board’s strategic and operational approach to delivering comprehensive training and education for all staff is outlined in more detail in its Organisational Development Strategy and Implementation Plan and Staff Personal Planning and Review Procedures. The core objectives of the agenda are summarised in the section below:

Opportunities for all

- All staff will have equitable opportunity to develop their skills and knowledge appropriate to their role within the organisation.
- Training is provided through local programmes and external providers in a variety of formats. Courses run and requested that underpin this strategy include Communication Skills, Crystal Report Writing, Customer Care, Deaf Awareness, Diversity, Learning Difficulties and Race and Equity.

Measuring and supporting development of staff performance

- All staff, i.e., those employed under Agenda for Change Terms and Conditions of Employment, Medical and Dental staff, General Practitioners, those employed on the Consultant Contract and the Executive Cohort, have individual responsibility for Equality and Diversity specifically included in their job descriptions.
- KSF job outlines are being developed for posts under Agenda for Change that define the appropriate levels of knowledge and skills required to carry out these roles effectively.
- All staff will have their understanding of individual responsibilities in relation to Equality and Diversity measured through the Annual Development review or Appraisal process relevant to their grade or terms and conditions of employment.
- Identified training needs will be incorporated into individual Personal Development Plans or Objectives

Patient and Public Involvement (PFPI)

- Patient involvement
- Communication and consultation
- Engaging with communities
- Providing information (corporately and as part of the provision of services)
- Patient feedback
- Working with health partners (e.g. the local authority)

This dimension is about recognising that services must be seamless and patient centred. The patient experience includes contact with a wide range of services (not just the clinical episode) and this element focuses on the mechanisms in place to ensure that all steps in the patient journey are timely, appropriate and easy to access.

These activities are supported by:

- Patient Focus Public Involvement Strategy
- Volunteering services (e.g. volunteering policy)
- Community Health Partnership (CHP) action plan (e.g. including the Carer's Strategy)
- Equality and Diversity Strategy and Annual Report
- Patient Surveys (e.g. through GP Practices)

- Public Partnership Forums
- Comments and Suggestions scheme

5 Responsibilities of Staff

Chairman and Non Executive Directors

- As lay-members and members of the community actively support the Board's Equality and Diversity Agenda

Chief Executive

- Overall responsibility for compliance with Equality legislation and the performance of individuals and teams who provide the service
- Accountable to the Board and the Scottish Government Health Directorate

Director of Human Resources

- Director with responsibility for delivery of the Board's Diversity Agenda

Executive Directors, Directors and Senior Managers

- Responsible for driving forward the development and embedding of the Board's Equality Policies across their areas of responsibility.

Corporate Services Manager

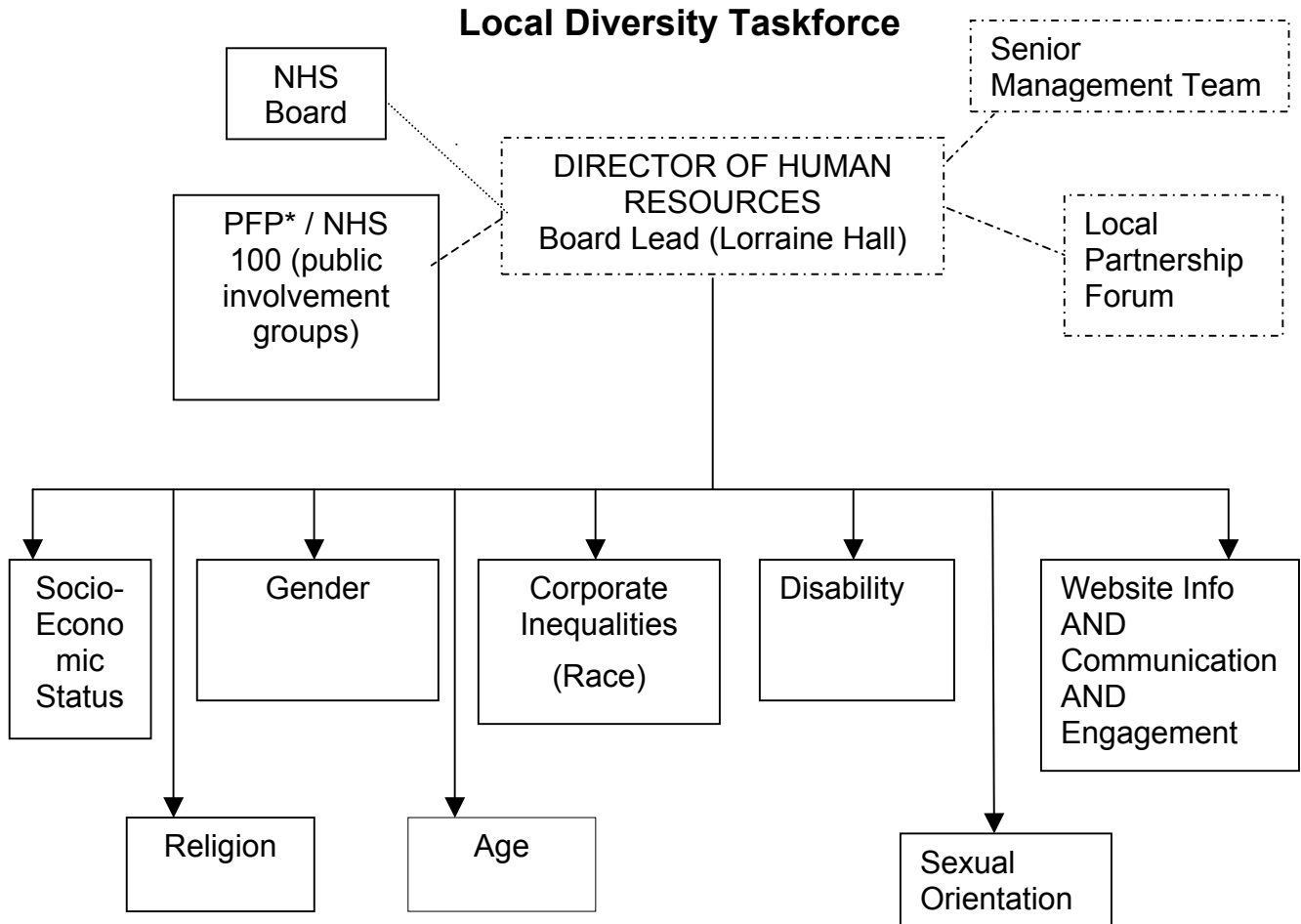
- Designated responsibility for co-ordinating the implementation of Board Policy and Guidelines on Accessible Information and ensuring that these are adhered to in the production of all public information documents;

Head of Estates

- Responsible for the appraisal and audit of signage throughout the Board's Estate to ensure that it is accessible to both disabled and non-disabled people.

Committee Structure

The Diversity and Equality work of the Board is structured in the following manner.



All staff

Staff have a general responsibility to:

- always consider the needs of individual patients and relatives, and
- be aware of Board Policy and Guidance on Accessible Information and adhere to it when producing public information documents.

6 Implementation

The strategy will be implemented via the following mechanisms.

- The Staff Governance Committee is the lead body responsible for ensuring that Equalities legislation is monitored and implemented across the Board.
- The Local Diversity Taskforce is responsible for monitoring the implementation of this strategy and reporting on progress being made.
- The Public Focus Patient Involvement (PFPI) Steering Group takes a lead role in developing robust structures and processes to embed the principles of PFPI across the Board and will provide feedback to the Board on all Patient Information Leaflets in line with criteria set out in the Accessible Information Policy.
- The Corporate Services Manager, as Designated Lead responsible for co-ordinating the implementation of Board Policy and Guidelines on Accessible Information, will, in conjunction with other nominated individuals:
 1. Ensure that standard templates which meet the Accesible Information Guidelines are produced for all Board documents (including electronic communications) and made available for use throughout the organisation;
 2. Ensure that a information leaflet on Accessible Information Guidelines is produced and made available throughout the organsation as part of the implementation of this policy;
 3. Ensure that all requests made to the Board for information in alternative formats or community languages are actioned and information is made available within a reasonable timescale.
 4. Record and monitor details of all requests for information in other formats or languages and provide statistical data annually to the Local Diversity Taskforce for review.

The Head of Estates will:

1. Conduct an audit of signage throughout the Board's Estate.
 2. Compile a work plan to replace any signage identified as missing, or which does not conform with accessibility standards and good practice guidelines.
- Clinicians, Managers and Heads of Department will be responsible for delivering and evidencing the components of the equalities agenda in a manner appropriate for their area.

7 Monitoring

The Local Diversity Taskforce will be responsible for monitoring the implementation of this strategy, and reporting on progress being made via the Annual Equalities Monitoring Report, involving disabled people and appropriate representative groups in the process. By reviewing statistics provided annually by the Corporate Services Manager, on the number and type of requests made for information in alternative formats or community languages, the Local Diversity Taskforce will evaluate the effectiveness of this strategy and policy; gain information on the demand for our publications in other formats and languages and contribute to work on the wider Equality and Diversity agenda by gathering valuable information on the needs of our local population.

8 Review

This strategy will be reviewed every three years unless a change in legislation or guidance dictates otherwise. The Local Diversity Taskforce will lead this review and actively involve disabled people, appropriate representative groups and other information providers in the process.

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http://www.mencap.org.uk/download/make_it_clear/MakeitClear_EasyReadGuide.pdf

“The Text Email Newsletter (TEN) Standard” Published by Headstar in partnership with the Royal National Institute of the Blind (RNIB) <http://www.headstar.com/ten/>

“RNIB Clear Print Guidelines” Royal National Institute of Blind People

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“Making Word Documents Accessible” The Scottish Accessible Information Forum (SAIF) Published by the Scottish Consumer Council 100 Queen Street, Glasgow

DDA Briefing Sheet 7 – Inclusive Signage, Gloucestershire County Council Children & Young People’s Directorate, July 2006

Abbreviations

DDA	Disability Discrimination Act
NHS	National Health Service
SAIF	Scottish Accessible Information Forum
KSF	Knowledge and Skills Framework
CHP	Community Health Partnership
GP	General Practitioner
PFPI	Patient Focus Public Involvement
PFP	Public Participation Forum
DSI	Director of Service Improvement
DCS	Director of Clinical Services
DHR	Director of Human Resources
DPH	Director of Public Health
ADN	Assistant Director of Nursing
DN	Director of Nursing
HPM	Health Promotion Manager
ED	Employee Director
SIC	Shetland Islands Council
HTML	Hyper Text Markup Language