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| --- | --- |
| **Document name:** | Accessible information policy:Making information more accessible for people who use SWYPFT services |
| **Document type:** | Policy  |
| **What does this policy replace?** | Review of version dated July 2016  |
| **Staff group to whom it applies:** | All staff within the Trust |
| **Distribution:** | The whole of the Trust |
| **How to access:** | Intranet and website |
| **Issue date:** | June 2022 |
| **Next review:** | June 2025 |
| **Approved by:** | Executive management team |
| **Developed by:** | Marketing and communications teamInvolvement and equality teamIntegrated change team |
| **Director leads:** | Director of quality, nursing, and professions |
| **Contact for advice:** | Marketing and communications teamInvolvement and equality team |

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1. **Introduction**

This policy sets out the Trust’s standards for the information we provide to people who use Trust services, their carers, and other representatives. The aim of the policy is to ensure all people who need to use the Trust’s services have equal access to information. This includes people with specific communication and information support needs as defined under the NHS England Accessible Information Standard (AIS).

**What this policy does not cover:**

* This policy does not cover information about service users: staff should refer to information governance and confidentiality policies for guidance on using, accessing, or sharing information about service users.
* This policy does not cover information for service users and carers who require interpreting, translating or transcription. This is covered in a separate policy - the **interpretation, translation, and transcription policy**. Go to: [987.docx (sharepoint.com)](https://swyt.sharepoint.com/%3Aw%3A/r/sites/Policy-Documents/_layouts/15/Doc.aspx?sourcedoc=%7B56BB30CC-4015-494C-92D2-749C8DFDE326%7D&file=987.docx&action=default&mobileredirect=true)
1. **Purpose and scope of the policy**

The purpose of providing appropriate, up to date, accurate and high-quality information to people who use Trust services is:

* To improve understanding about the services available.
* To support people to make informed choices about their care and treatment.
* To support the process of gaining informed consent (written information can *support* but not replace a spoken dialogue with a person using services about their individual care).
* To ensure all people who need to use Trust services have equal access to information, including those with communication and information support needs as defined under the NHS England Accessible Information Standard.

The purpose of this policy is to:

* Provide a documented process for the identification and development of information for people who use Trust services
* Support a consistent approach to the development of that information
* Raise the standard of information available
* Support equal access to information, including amending information into required formats and media, specific to people’s communication and information support needs
* Support compliance with the NHS England Accessible Information Standard.
1. **Definitions**

**3.1 NHS England Accessible Information Standard**The NHS England Accessible Information Standard (AIS) was introduced to ensure that people who have a disability, impairment or sensory loss receive information in a way that they can access and understand, and any communication support that they need is identified and provided. All NHS and social care organisations are required to comply with the AIS.

The standard sets out how organisations should ensure that service users, their carers and appropriate family members can access and understand information. This includes making sure that people get information in different formats if they need it, for example braille, large print, easy read, colour contrast and receive information by different methods e.g., written, images, audio, or email.

The standard also tells organisations how they should ensure that people get any support with communication that they need i.e., support from a British Sign Language (BSL) interpreter, deaf-blind manual interpreter or an advocate. This standard does not cover requirements around interpretation and translation into community languages.

**3.2 Producing accessible content and documents**

As a public sector body and an employer, the Trust has a legal obligation to make reasonable adjustments under the Equality Act 2010 to ensure equitable access.

When we use the word ‘accessible’ in this context we are using it to describe whether a document, website, electronic survey (like smart survey or Survey Monkey) can be used by people of all abilities and disabilities.

The Public Sector Bodies (Websites and Mobile Applications) (No. 2) Accessibility Regulations 2018 came into force on 23 September 2018. This says that public sector organisations must make their website or mobile app more accessible by making it ‘perceivable, operable, understandable and robust’.

The Equality and Human Rights Commission (EHRC) enforces the requirement to make public sector websites and mobile apps accessible (making them perceivable, operable, understandable, and robust). The Minister for the Cabinet Office is responsible for the monitoring and reporting on compliance.

Organisations that do not meet the accessibility requirement or fail to provide a satisfactory response to a request to produce information in an accessible format, will be failing to make reasonable adjustments. This means they will be in breach of the Equality Act 2010.

Documents published on public sector websites must meet accessibility standards. As public sector organisations we have a duty to ensure that anyone who may require our service can access the information they require. Websites are now required to ensure any new content or features published meet accessibility standards. Any information not meeting those standards will have to be updated and edited.

Going forward anyone who edits or uploads content on the Trust website or App has a responsibility to make content and features accessible. This means:

* + Ensuring any new PDFs or other documents created are accessible (including alt text for screen readers)
	+ Writing ‘good link text’
	+ Structuring content in a way which ensures access
	+ Publishing accessible images and videos - with subtitles
	+ Making sure new features work on assistive technologies

This means that from 2018 we as an organisation had to ensure that all files and text content we share on our website, such as surveys, PDFs, PowerPoint presentations and Excel documents comply with these regulations. There are several things that we need to do when generating a PDF from Microsoft Word to make it accessible – this guide outlines the main steps that need to be taken so please follow it closely when producing your documents.

**3.3 Easy read**Written information in an ‘easy read’ format in which straightforward words and phrases are used supported by pictures, diagrams, symbols and / or photographs to aid understanding and to illustrate the text. The Trust have an embedded approach to support the development of easy read publications.

1. **Duties**

All staff should be aware that information is an aid to good communication and supports the delivery of high-quality care and services. The duties for the Trust in relation to this policy are set out below:

* **The Trust Board** hold overall responsibility for ensuring an up-to-date policy is in place, which is fit for purpose and based on best practice. The Board is required to ensure that the Trust treats all people equally and inclusively.
* **The director of quality, nursing and professions** will act as the overall sponsor for this policy and will oversee that compliance with this policy and ensure the required standards are monitored and reported, and best practice achieved and shared.
* **The chief people officer** will oversee a review of information availability within services and the development and delivery of action plans to improve the range and standard of the information provided to people who use Trust services. This will support compliance with [NHS resolution standards](https://resolution.nhs.uk/).
* **The director of strategy and change** will ensure that the Trust maintains its legal obligations in relations to equality and inclusion alongside other directors who will need to ensure that this policy is disseminated, embedded, and implemented in their own directorate.
* **Service and clinical directors** are responsible for ensuring there is local compliance with the policy and that staff members have the necessary knowledge and have accessed the relevant training.
* **Matrons and service managers** will:
	+ Ensure the policy is implemented throughout local services
	+ Ensure all staff are made aware of and have read the policy
	+ Identify any additional training and support needs required to enable their teams to provide person-centred, compassionate, safe, and effective care
	+ Be responsible for ensuring information is available to support service users make choices about their care and treatment and that information is used in support of dialogue to obtain informed consent
* **The communication, involvement, equality, and inclusion lead** will monitor compliance and progress against nationally mandated standards, identify core training, and offer advice and guidance. Trust wide actions related to ensuring we meet the requirements of the policy will also form part of the Trust wide equality, inclusion, and involvement annual action plans.
* **The marketing and communications team will:**
* Ensure this policy is available on the Trust’s intranet and website via the document store.
* Provide guidance notes on the process to be followed in producing information for service users and carers, accessible via the intranet or directly from the team.
* Support services, if required, to ensure information is suitable and presented in the best way for the intended audience and in line with the Accessible Information Standard.
* Support and assist services in ensuring information is made available in formats suitable for the intended audience (for example factsheets, leaflets, web-based).
* Act as ‘guardians’ of the Trust’s branding and ensure its correct application on information for people who use Trust services.
* Make information developed by services available on the Trust’s website, when applicable.
* **Responsibilities of the equality, inclusion and involvement committee** will be to agree the policy and monitor the implementation of any required trust wide actions or developments as part of the annual action plans for equality and inclusion.
* **Responsibilities of the executive management team (EMT)** will be to comment on and approve this policy and be responsible for ensuring it has been developed according to the Trust’s protocol.
* **General managers** will**:**
* Be responsible for ensuring that all front-line staff working directly with service users and carers enquire about any communication or information support needs, record this need, and ensure that the identified need is met.
* Be responsible for identifying the core set of information needed for their service area. This should be done in collaboration with people who use Trust services and their families and carers.
* Agree preferred format for accessing information, for example verbal, audio, printed/web based, and how information will be distributed.
* Identify if the required information is available through established external sources for example national or local voluntary sector organisations.
* Contribute to the delivery of any business delivery unit action plans in respect of service user information.
* Ensure information remains up to date and accurate and is presented to standards in accordance with this policy.
* Ensure material displayed in their area of responsibility complies with this policy and is timely and relevant.
* **All staff** will follow the good practice and guidelines set out within this policy.
1. **Principles**

The principles for producing information for people who use our services are:

* To identify the target audience first using tools such as Equality Impact Assessments, Local public health data and profiling so information and communication requirements are considered at the front end of service delivery.
* Ask the individual at a point of contact what their preferred communication and information requirements are. Considering literacy levels, people with disabilities, people with learning difficulties and people with sensory loss or impairments.
* Ensure information is in a language, style, and format that makes it accessible to the intended audience. This includes the use of pictures, images, and symbols, where appropriate.
* A glossary should be included where clinical terms are used.
* Utilise the processes in place to allow for materials to be made available in different formats (such as electronic, large print, easy read, audio tape, CD, text, or email).
* Ensure the marketing and communications team have oversight of and approve design and formatting of materials in line with Trust branding.
* Ensure information is easily accessible and available; services should identify how any information will be made available to the intended audience before the information is produced.

**5.1 Examples of information types that are covered by this policy:**

* Leaflets on specific conditions (produced externally or internally)
* Leaflets on assessments/treatments/procedures (produced externally or internally)
* Leaflets on services (produced externally or internally)
* Leaflets on rights (produced externally or internally)
* Trust website and social media
* Videos
* Self-help information (produced externally or internally)
* Signage
* Clinic letters
* Care plans
* Any information needed by a service user that directly impacts on the care that they receive
* Notice board displays in clinical, waiting, and public areas
* Written and pictorial signs
* Posters
* Factsheets

**5.2 Minimum requirements**

The minimum requirements for information for people who use our services are:

* The principles outlined above should be followed in sourcing or developing all information. These principles are in line with the requirements of the NHS England Accessible Information Standard.
* Business delivery units (BDUs) should as a minimum ensure information is available about their services and on all common conditions, the treatments available and any self-help advice and support.
* BDUs should audit the information currently available, consult with people who use services to determine information requirements and preferred formats, and respond to unmet needs.
* BDUs should support all staff to enquire about, record and respond to any communication and information support need identified by an individual service user or their carer.
* BDUs should assess whether information might already be available in the preferred format from NHS approved external sources. For example, Royal Colleges, charities, and the voluntary sector produce information leaflets about specific conditions. Information can also be taken from nhs.uk.

Information produced by the Trust should:

* Comply with Trust branding
* Give an accurate reflection of services and help people understand what to expect when they are in contact with different elements of the service
* Help people make choices by giving facts about benefits, risks and side effects of any therapies, medication or treatments and any alternatives available
* Be produced in the appropriate format/medium for the intended audience
* Be tailored to any communication or information support need identified by the service user or carer and advise service users or carers that the information is available in other formats on request
* Contain accurate contact details (addresses and telephone numbers) for services and a directional map, including public transport routes, if appropriate
* Signpost people to other sources of information if relevant – making sure that any information to which we signpost service users and carers meets their information or communication need
1. **Equality impact assessment**

This policy aim is to ensure equality of access to information and communication for all our population, ensuring that the Trust can meet the requirements of the Equality Act and our Public Sector Equality Duty. The equality impact assessment’s impacts and considerations can be found in appendix A.

1. **Dissemination and implementation arrangements (including training)**

This document will be accessible to staff via the document store on the Trust’s intranet and website. Staff will be alerted to the approved policy via the weekly staff bulletin ‘The Headlines’.

This policy is supported by guidance notes produced by the marketing and communications team and the involvement and equality team in relation to producing information for people who use services and the Trust style guide and branding. The marketing and communications team and the involvement and equality team will also support teams/services to produce information – providing text editing, plain English checks, branding, and best presentation options.

Implementation of the policy will be the responsibility of staff at all levels and supported by all managers and directors. Managers are required to monitor compliance with this policy and to ensure a systematic approach to identifying and responding to information requirements, through consultation with people who use Trust services.

BDUs are required by this policy to review the information currently available to support understanding of their services and to develop action plans to address any areas where improved/additional information will enhance service delivery. Delivery of action plans will be monitored through BDU governance processes.

Directors are responsible for ensuring that staff within their area of responsibility are aware of new or amended policies and procedures related to their work and the change is communicated in The Headlines. If local teams download and keep a paper version of documents, the responsible manager must identify someone within the team who is responsible for updating the paper version.

1. **Process for monitoring compliance and effectiveness**

The process for monitoring compliance will be managed via the comms and marketing team. The team have a checklist in place to review requests for publications which asks the service to identify in the EIA the intended audience to ensure accessible versions are developed.

Website publications are also monitored by the comms and marketing team to ensure AIS standards are maintained and are in line with legal obligations. The Trust also use EIAs as a tool to identify populations and are asked to identify specific impacts as part of this approach. Information and communication are addressed in these impacts to ensure the Trust are continuing to assess information requirements.

SystmOne now captures preferred information and communication methods for each individual contact. These preferences are supported by the Trust language and interpretation service and the comms and marketing team. The AIS also form part of:

* Review of Trust practice against national audit standards every 2 years
* CQC inspections
* Service improvement initiatives
* Learning from patient feedback through FFT, customer service, advocacy and agencies such as Healthwatch

1. **Review and revision arrangements (including archiving)**
* The policy requires approval by EMT and will be subject to review every three years.
* This policy will be accessible via the Trust’s intranet in read only format.

This policy will be retained in accordance with requirements for retention of non- clinical records. Revisions/updates to this policy will be stored as above by the integrated governance manager with previous iterations archived. Information provided by services originating from external sources will be archived by BDUs.

1. **References**
* Data Protection Act 1998 (specifically Principle 7)
* Information is summarised from the Accessible Information Standard: Publications Gateway reference 05336 v1.01 May 2016 which is available on the NHS England website.
1. **Associated documents**

This policy has been developed in line with:

* The guidance and compliance of the NHS England Accessible Information Standard
* Trust branding guidelines which define the style and format for presentation of Trust material.

This policy also links to the Trust interpretation, translation, and transcription policy (2017), aimed at supporting service users with different language needs.

1. **Appendices**
	1. Equality impact assessment (appendix A)
	2. Checklist for the review and approval of procedural document (appendix B)
	3. Version control sheet (appendix C)

**Appendix A - Equality impact assessment (EIA) tool**

*To be completed and attached to any policy document when submitted to the executive management team for consideration and approval.*

**Equality Impact Assessment template**

**to be completed for all policies, procedures and strategies**

**Date of EIA: 05/07/22 Review Date:**

**Completed By: Dawn Pearson**

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|  | **QUESTIONS** | **ANSWERS AND ACTIONS** |
| **1** | **What is being assessed?**Prompt: what is the function of this document (new or revised) | Accessible Information PolicyMaking Information more accessible for people who use SWYPFT services |
| **2** | **Description of the document**Prompt: What is the aim of this document | The aim of the policy is to ensure all people who need to use the Trust’s services have equal access to information and communication. This includes people with specific communication and information support needs as defined under the NHS England Accessible Information Standard. By ensuring that everyone receives the same information and communication in a timely and consistent manner in a format that supports their individual needs then equality of access will ensure there is no differential impact on any group or individual, promoting good relations between all groups.The purpose of the policy is to ensure that the Trust ensure equitable access to information and requested support for communication to ensure person centred care and equitable and inclusive access to services. The greatest impact for non-compliance of this policy would be on populations currently underserved and those with specific communication and/or information support needs relating to ethnicity, physical and sensory disability, learning disability, ASD, and Autism.This policy will ensure that all people who need to use the Trust’s services have equitable access to information and communication. The policy should have a positive impact on all protected groups with a particular focus on the support for people with a disability, those who do not have English as a first language and those who do not understand English or require support to access written information or understand verbal communication. |
| **3** | **Lead contact person for the Equality Impact Assessment** | Communications, Involvement, Equality, and Inclusion Lead |
| **4** | **Who else is involved in undertaking this Equality Impact Assessment** | * People who use services, carers, families, communities
* Staff and staff side
* Staff networks
* EMT

EII sub-committee members – including clinical, corporate and BDU leads |
| **5** | **Sources of information used to identify barriers etc**Prompts: service delivery equality data – refer to equality dashboards ([BI Reporting - Home (sharepoint.com)](https://swyt.sharepoint.com/sites/BIReporting) satisfaction surveys, complaints, local demographics, national or local research & statistics, anecdotal. Contact InvolvingPeople@swyt.nhs.uk for insight**What does your research tell you about the impact your proposal will have on the following equality groups?** | In late 2021, a coalition of charities surveyed NHS and social care professionals in England, as well as disabled people who have accessible information and communication needs, about the NHS Accessible Information Standard (AIS). More than 900 people gave responses. The findings from this information have been used to populate the EIA and document. In addition, in 2022 local Healthwatch organisations captured feedback for people who require accessible information and communication to capture thoughts and views on local provision. The findings from this information have been used to populate the EIA and document. In addition, the broader requirements of the NHS England Accessible Information Standard have also fed into this policy.Population statistics for our localities in respect of race equality, disability, gender, age and sexual orientation, religion and belief, marriage, and civil partnership from 2011 census data – still awaiting data for 2021. We also have access to JNA and public health profiles for our localities. The communities we serve:In all communities the 2011 census tells us there is on average across all areas there is a 1% difference in the population reported as male and female, with female reporting higher. Across all ages Calderdale has the highest 0-15 population at 19.6% and Barnsley has a higher working age population 30-44 at 26% and older population 60+ at 23.8%. Christianity and Islam respectively are both the highest reported religion and belief.We know that White British people make up 87% of our region’s local authority population, more than the England average of 81%. The other main minority groups include Black or Black British people comprised 1%, less than the England average of 3%, while Asian or Asian British people comprised 8%, the same as the England average (2011 census). The local authorities with the largest proportions of Asian people are Kirklees (16%) and Calderdale (8%). This profile is likely to change significantly over the next 20 years with BME groups accounting for almost 80% of the UK’s population growth (Policy Exchange, 2014). We know that those who report having a disability that impacts them a lot is higher than the census 2011 national average of just over 4% in our local areas range from 8% to over 13% in the communities the Trust cover.  EIAs, ensure we give due regard to all protected groups by understanding who is using services and action place to mitigate against any impacts. JNA and local census data provides the Trust with broader considerations using population data.  |
| **5a** | **Disability Groups:**Prompt: Learning Disabilities orDifficulties, Physical, Visual, Hearing disabilities and people with long term conditions such Diabetes, Cancer, Stroke, Heart Disease etc. Accessible information standard | **Disability groups -** Across all communities the Trust must ensure to remain compliant that **services remain fully accessible due to a higher than national average** proportion of people whose day-to-day activities are limited ‘a lot’ by their disability. We know that information and communication for people with a sensory impairment and learning disability are amongst those most impacted by accessible information. **Service level EIAs will provide assurance that we fully understand the nature of the disability** so we can adjust and adapt our information and communication according to need, remaining person centred throughout.

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| --- | --- |
|  | **Day to day activities limited by disability** |
|  | Not at all | A little | A lot |
| England % av. | 47.2 | 13.2 | 4.2 |
| **Kirklees** |  |  |  |
| % Average | 45.5 | 12.5 | 13.7 |
| **Barnsley** |  |  |  |
| % Average | 76.1 | 11.3 | 12.6 |
| **Calderdale** |  |  |  |
| % Average | 56.5 | 12.2 | 13.8 |
| **Wakefield** |  |  |  |
| % Average | 77.93 | 9.33 | 8.31 |

*Taken from Census 2011*  |
|  | **QUESTIONS** | **ANSWERS AND ACTIONS** |
| **5b** | **Gender:**Prompt: Female & Male issues should be considered | **Gender -** services must continue to ensure that images, language and information in our **environments and workplaces remain gender sensitive** and appropriate.

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| --- | --- | --- |
|  | **Male** | **Female** |
| England % av. | 49.2 | 50.8 |
| **Kirklees** |  |  |
| % Average | 49.4 | 50.6 |
| **Barnsley** |  |  |
| % Average | 49.1 | 50.9 |
| **Calderdale** |  |  |
| % Average | 48.9 | 51.1 |
| **Wakefield** |  |  |
| % Average | 49 | 51 |

*Taken from Census 2011 data* |
| **5c** | **Age:**Prompt: Older people & Young People issues should be considered | **Age -** The Trust provides services to children and young people through to older age adults. Evidence relating to the average reading age should be a consideration for all written material and images should be reflective. The table states the population age of the communities the Trust serve and there is increasing evidence that **Barnsley represent a higher-than-average older population** and **Calderdale a higher-than-average age range of 0-15 age range**. The Trust will ensure that information and communication is appropriate to the readers age and ability and supports access for people of all ages recognising sensory impairment can be age related.

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|  | **0-15** | **16-29** | **30-44** | **45-64** | **65+** |
| England % av. | 18.9 | 18.6 | 20.3 | 22.4 | 16.9 |
| **Kirklees** |  |  |  |  |  |
| % Average | 15.8 | 18.5 | 20.3 | 22.2 | 15.8 |
| **Barnsley** (2011 data) |  | **16-24** | **25-44** | **45-59** | **60+** |
| % Average | 18.5 | 10.8 | 26 | 20.9 | 23.8 |
| **Calderdale** |  |  |  |  |  |
| % Average | 19.6 | 16.4 | 20.1 | 24.2 | 16.6 |
| **Wakefield** |  |  |  |  |  |
| % Average | 18.4 | 17.2 | 19.6 | 24.2 | 17.6 |

*Taken from Census 2011 data* |
| **5d** | **Sexual Orientation:**Prompt: Heterosexual, Bisexual, Gay, Lesbian groups are included in this Category | **Sexual Orientation -** so the Trust can ensure that services adequately support access to information and timely communication that is appropriate, reflective, and representative including images and content, developing material which is specific to meet the needs of LGBTQ+ groups where needs are specific such as family and sexual health services for example.

|  |  |
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|  | **Living in a civil partnership** |
| England % av. | 0.01 |
| **Kirklees** |  |
| % Average | 0.01 |
| **Barnsley** (2011 data) |  |
| % Average | 0.2 |
| **Calderdale** |  |
| % Average (2011 data) | 0.3 |
| **Wakefield** |  |
| % Average | 0.01 |

*Taken from 2011 Census data* |
| **5e** | **Religion & Belief:**Prompt: Main faith groups and people with no belief or philosophical belief issues should be considered | **Religion and belief –** Information and communication which acknowledges and represents a range of faith and spiritual/religious belief is an important component of **person-centred care**. The Trust have a **spirit in mind** service who play a central role in engaging faith and spiritual leaders, producing literature to support the communities we serve and involving a range of faith leaders in the work of the Trust. The information below tells us that **Calderdale and Kirklees require a focus on Muslim faith, with Christian faith** **representing a large proportion of people who use our services in all areas**. Other faiths will be reflected in geographical areas and in line with **service EIAs and person-centred care and planning**. Observing the faith calendar and ensuring communication and information considers timely contact, respectful of religious observations is important. Sharing information through faith and spiritual leaders to reach communities in formats and environments that are supportive should be a consideration for access.

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|  | **Christian** | **Buddhist** | **Hindu** | **Jewish** | **Sikh** | **Muslim** | **Other** | **No religion** |
| England % av. | 71.8 | 0.3 | 1 | 0.5 | 0.7 | 10.1 | 0.2 | 15.1 |
| **Kirklees** |  |  |  |  |  |  |  |  |
| % Average | 67.2 | 0.2 | 0.3 | 0.1 | 0.7 | 10.1 | 0.2 | 14 |
| **Barnsley**   |  |  |  |  |  |  |  |  |
| % Average | 59.4 | 0.5 | 1.5 | 0.5 | 0.8 | 5 | 0.4 | 24.7 |
| **Calderdale** |  |  |  |  |  |  |  |  |
| % Average | 60.6 | 0.3 | 0.3 | 0.1 | 0.2 | 7.8 | 0.4 | 30.2 |
| **Wakefield** |  |  |  |  |  |  |  |  |
| % Average | 66.4 | 0.16 | 0.25 | 0.04 | 0.12 | 2.0 | 0.3 | 24.4 |

*Taken from 2011 Census data* |
| **5f** | **Marriage and Civil Partnership**Prompt: Single, Married, Co-habiting, Widowed, Civil Partnership status are included in this category | **Marriage & Civil partnerships -** Marriage and civil partnerships will be recorded and as part of **person-centred care and planning** the consideration of marital status and access to the relevant and appropriate level of information and communication will be considered in line with appropriate consent and IG protocols and policies.

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| --- | --- | --- | --- | --- | --- | --- |
|  | **Married** | **Single** | **In a [registered] civil partnership** | **Divorced** | **Widowed** | **Separated** |
| England % av. | 46.6 | 34.6 | 0.2 | 9.0 | 6.9 | 2.7 |
| **Kirklees** |  |  |  |  |  |  |
| % Average | 48.4 | 32.4 | 0.2 | 9.3 | 6.8 | 2.8 |
| **Barnsley**  |  |  |  |  |  |  |
| % Average | 46.6 | 34.6 | 0.2 | 9 | 6.9 | 2.7 |
| **Calderdale** |  |  |  |  |  |  |
| % Average | 46.7 | 32.1 | 0.3 | 10.5 | 7.3 | 3.0 |
| **Wakefield** |  |  |  |  |  |  |
| % Average | 48.2 | 30.9 | 0.18 | 10.5 | 7.5 | 2.6 |

*Source unknown*  |
| **5g** | **Pregnancy and Maternity**Prompt: Currently pregnant or have been pregnant in the last 12 months should be considered | **Maternity and pregnancy –** services specifically aimed at maternity and pregnancy will be **co-designed** with people who represent this group, including those with lived experience and ensure that information is available in a range of formats with translation available on request.  |
| **5h** | **Gender Re-assignment**Prompt: Transgender issues should be considered | **Transgender –** The Trust **trans equality policy** should be referred to and used in conjunction with this policy to ensure appropriate consideration of transgender people who use services. The policy and agenda for transgender people will ensure this remains a key focus for access.  |
| **5I** | **Carers**Prompt: Caring responsibilities paid or unpaid, hours this is done should be considered | It is likely that every one of us will have caring responsibilities at some time in our lives with the challenges faced by carers taking many forms. Many carers juggle their caring responsibilities with work, study, and other family commitments. Some, younger carers, are not known to be carers and this means that the sort of roles and responsibilities that carers must provide varies widely.Within the local footprint of South West Yorkshire Partnership NHS Foundation Trust, there is an estimated **160,000 unpaid carers.****Carers require access to timely accessible information to support them in their caring role. This includes ensuring that carers are identified.** The Trust will continue to identify and record carers as part of equality monitoring and continue to promote the carers passport and information that can signpost carers to relevant support. As carers are made up of all protected groups the same consideration to age, gender, religion and belief, disability, race, sexual orientation, marital status, and transgender should ensure that information and communication is provided in the preferred format.In the Kirklees Learning Disability Carers: Research Project (2022), 61% of participants did not agree that they have been supported with understanding the diagnosis for the person they cared for, managing symptoms and behaviours and providing personal care. This suggests that carers feel that they are not receiving basic information on the condition about the person that they care and how to manage it effectively. Accessible information for Carers could help to bring this number down.  |
| **5j** | **Race**Prompt: Indigenous population and BME Groups such as Black African and Caribbean, Mixed Heritage, South Asian, Chinese, Irish, new Migrant, Asylum & Refugee, Gypsy & Travelling communities.) | **Race equality -** The Trust need to ensure that services meet the needs of our diverse population. Specific targeted work to ensure the **diverse population of Kirklees** are served well and the **emerging growth of a diverse population in Wakefield** needs to be considered in all service development and delivery ensuring access to relevant information, with images that are representative and in formats that are inclusive and accessible. In addition, an emergent population of Eastern European, migrant population and those seeking refuge and asylum requires careful monitoring specifically in services dedicated to serving this population.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | White | Asian | Black | Mixed | Chinese & Other |
| England % av. | 85.5 | 5.1 | 3.4 | 2.2 | 1.7 |
| **Kirklees** |  |  |  |  |  |
| % Average | 79.1 | 15.7 | 1.9 | 2.3 | 0.7 |
| **Barnsley** |  |  |  |  |  |
| % Average | 97.9 | 0.7 | 0.5 | 0.7 | 0.2 |
| **Calderdale** |  |  |  |  |  |
| % Average | 89.6 | 7 | 0.9 | 1.3 | 0.6 |
| **Wakefield** |  |  |  |  |  |
| % Average | 95.4 | 2.6 | 0.77 | 0.9 | 0.29 |

*Taken from 2011 Census data*  |

**Action Plan**

EIAs are now reviewed using a grading approach which is in line with our Equality Delivery System (EDS). This rates the quality of the EIA. This means that the team can review the EIA and make recommendations only. The rating and suggested standards are set out below:

* + **Under-developed** – red – **No data**. **No strands** of equality
	+ **Developing** – amber – **Some census data plus workforce**. **Two strands** of equality addressed
	+ **Achieving** – green – **Some census data plus workforce. Five strands** of equality addressed
	+ **Excelling** – purple –**All the data and all the strands** addressed

Potential themes for actions: Geographical location, built environment, timing, costs of the service, make up of your workforce, stereotypes and assumptions, equality monitoring, community relations/cohesion, same sex wards and care, specific issues/barriers.

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| --- | --- | --- | --- | --- | --- |
| **Who will benefit from this action? (tick all that apply)** | **Action 1: This is what we are going to do** | **Lead/s**  | **By when** | **Update -outcome** | **RAG** |
| **Age** |  x | The accessible information standard and delivery of action plans form part of the Equality, Involvement, Communication and Membership Strategy annual action plans which are signed off by the Equality, Inclusion, and Involvement Committee, with quarterly progress updates at each meeting. |  Equality & Involvement Team | 2023 |   |   |
| **Disability** |  x |
| **Gender reassignment**  |   |
| **Marriage and civil partnership** |   |
| **Race** |  x |
| **Religion or belief** |   |
| **Sex** |   |
| **Sexual Orientation** |   |
| **Pregnancy maternity**  |   |
| **Carers** |   |

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| --- | --- | --- | --- | --- | --- |
| **Who will benefit from this action? (tick all that apply)** | **Action 2: This is what we are going to do** | **Lead/s**  | **By when** | **Update -outcome** | **RAG** |
| **Age** |  x | The Trust is required to ensure that reasonable adjustments are made to provide equitable access to everyone who uses a Trust service. The Trust will ensure that as part of care planning and data collection that communication and information requirements and preferences are recorded and adhered to support any form of contact.By recording preferences and requirements the Trust can ensure that everyone receives timely information and communication in a format they can access, eliminating discrimination.  |   |  Ongoing |   |   |
| **Disability** |  x |
| **Gender reassignment**  |   |
| **Marriage and civil partnership** |   |
| **Race** |  x |
| **Religion or belief** |   |
| **Sex** |   |
| **Sexual Orientation** |   |
| **Pregnancy maternity**  |   |
| **Carers** |   |

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| --- | --- | --- | --- | --- | --- |
| **Who will benefit from this action? (tick all that apply)** | **Action 3: This is what we are going to do** | **Lead/s**  | **By when** | **Update -outcome** | **RAG** |
| **Age** |   |   |   |   |   |   |
| **Disability** |   |
| **Gender reassignment**  |   |
| **Marriage and civil partnership** |   |
| **Race** |   |
| **Religion or belief** |   |
| **Sex** |   |
| **Sexual Orientation** |   |
| **Pregnancy maternity**  |   |
| **Carers** |   |

**Involvement & Insight: New or Previous (please include any evidence of activity undertaken in the box below)**

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| The Trust developed a joint strategy to support the delivery of equality and communication in December 2020. As part of this engagement the Trust captured the views of **720 people** from across our places and communities. The Trust also used insight from several existing sources including the Integrated Care Systems and Healthwatch findings, staff survey and members survey. A full report of findings is available to support this work. Conversations also took place during the Summer with Governing Body members, staff networks, partners and equality, communication, engagement professionals across the Trust footprint. The feedback from these conversations captured views on our approach to involvement, communication and information and our consideration for protected groups. People told us the areas we needed to deliver on to ensure that communication and information could meet the needs of the of our local population and told us that we should:• Communicate in plain jargon free language appropriate to the target audience• Use images and pictures with accompanying clear, short and to the point text• To use our assets and networks to involve and include people in developing literature and publications • Ensure people who do not have English as a first language feel equally treated• Have support and access to conversations to ensure they can contribute• Make sure the use of internet, social media and computers are part of but not the main source of information • Use large print and different languages in posters and produce information in audio• Employ bilingual speaking staff • Posters and leaflets need to also be in Urdu and other community languages• Use community images to reflect the audience in printed material• Use symbols and images more than the written wordThe Trust are already working with local communities to ensure information is co-designed and our approach has been to adopt an approach of easy and easier read. In addition, the Trust have a translation and interpretation service which is in place to ensure that individuals receive timely access to services. |

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| 1. **Methods of Monitoring progress on Actions**

The trust will use the local JNA data, service level EIAs and service monitoring data to identify and plan for information and communication requirements of the local population. As a Trust with a specialism in supporting people with a learning disability, ASD, and autism – information in the right format, layout, colour and available in easy and easier read that is co-produced is a standard approach. All information should include a section in large font, relevant translation that information is available in different languages and formats. Trust wide use of service level EIA will ensure impacts are addressed and mitigated against. Timely use of translation and interpretation services and patient satisfaction through the monitoring of customer services feedback and FFT may support insight into access. The Trust also intend to set up a readers panel to support the development of information so that it is easy to understand and appropriate and accessible to the target audience. Overview and performance of our approach to delivery of the policy will be through BDU internal and CQC audits.EDS2, audit and inspections help to assure the Trust that the PSED is being met directly and indirectly through relevant policies and guidance.  |

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| 1. **Publishing the Equality Impact Assessment**

This EIA will be published and on the Trust’s website and Intranet.  |

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| 1. **Signing off Equality Impact Assessment:**

Service Manager  |

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***Once approved, you must forward a copy of this***

***Assessment/Action Plan by email to:***

**InvolvingPeople@swyt.nhs.uk**

**Please note that the EIA is a public document and will be published on the web.**

**Failing to complete an EIA could expose the Trust to future legal challenge.**

**Appendix B - Checklist for the review and approval of procedural document**

*To be completed and attached to any policy document when submitted to EMT for consideration and approval.*

|  | **Title of document being reviewed:** | **Yes/No/Unsure** | **Comments** |
| --- | --- | --- | --- |
| **1.** | **Title** |  |  |
|  | Is the title clear and unambiguous? | YES |  |
|  | Is it clear whether the document is a guideline, policy, protocol or standard? | YES |  |
|  | Is it clear in the introduction whether this document replaces or supersedes a previous document? | YES |  |
| **2.** | **Rationale** |  |  |
|  | Are reasons for development of the document stated? | YES |  |
| **3.** | **Development Process** |  |  |
|  | Is the method described in brief? | YES |  |
|  | Are people involved in the development identified? | YES | We used the findings from strategy involvement – 750 voices in total to develop content.  |
|  | Do you feel a reasonable attempt has been made to ensure relevant expertise has been used? | YES | Shared with OMG, specialists named as leads for the policy and EII Sub-committee members – covering networks, staff side, BDU and directorate leads. |
|  | Is there evidence of consultation with stakeholders and users? | YES |  |
| **4.** | **Content** |  |  |
|  | Is the objective of the document clear? | YES |  |
|  | Is the target population clear and unambiguous? | YES |  |
|  | Are the intended outcomes described?  | YES |  |
|  | Are the statements clear and unambiguous? | YES |  |
| **5.** | **Evidence Base** |  |  |
|  | Is the type of evidence to support the document identified explicitly? | YES |  |
|  | Are key references cited? | YES |  |
|  | Are the references cited in full? | YES |  |
|  | Are supporting documents referenced? | YES |  |
| **6.** | **Approval** |  |  |
|  | Does the document identify which committee/group will approve it?  | YES |  |
|  | If appropriate have the joint Human Resources/staff side committee (or equivalent) approved the document? | N/A |  |
| **7.** | **Dissemination and Implementation** |  |  |
|  | Is there an outline/plan to identify how this will be done? | YES |  |
|  | Does the plan include the necessary training/support to ensure compliance? | YES | Support now through comms team – on request for publications, documents checklist is completed to ensure AIS compliance.  |
| **8.** | **Document Control** |  |  |
|  | Does the document identify where it will be held? | YES | On the intranet  |
|  | Have archiving arrangements for superseded documents been addressed? | YES |  |
| **9.** | **Process to Monitor Compliance and Effectiveness** |  |  |
|  | Are there measurable standards or KPIs to support the monitoring of compliance with and effectiveness of the document? | YES |  |
|  | Is there a plan to review or audit compliance with the document? | YES |  |
| **10.** | **Review Date** |  |  |
|  | Is the review date identified? | YES |  |
|  | Is the frequency of review identified? If so, is it acceptable? | YES |  |
| **11.** | **Overall Responsibility for the Document** |  |  |
|  | Is it clear who will be responsible implementation and review of the document? | YES |  |

**Appendix C - version control sheet**

*This sheet should provide a history of previous versions of the policy and changes made.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Version** | **Date** | **Author** | **Status** | **Comment / changes** |
| 1 | July 2016 | Head of Partnerships Team | Final | Final Version approved by EMT  |
| 2 | Dec 2018  | Integrated Change Team | Draft | Sent for comments |
| 3 (draft 1) | Mar 2019 | Integrated Change Team | Draft | Changes made following submission to Policies group |
| 4 (draft 1) | April 2022 | Marketing and communications team | Draft | Reviewed for renewal |
| 4 (draft 2) | May 2022 | OMG EII Sub-Committee | Draft  | Comments on content  |
| 4 (final draft) | June 2022 | EII CommitteeIdentified VCS networks EMT  | Draft  | Comments on content |
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