



Royal Cornwall Hospitals
NHS Trust

Accessible Information Standards Policy

V1.0

November 2025

Summary

The Accessible Information Standard directs and defines a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of patients, service users, carers and parents, where those needs relate to a disability, impairment or sensory loss.

It is of particular relevance to individuals who are blind, d/Deaf, deafblind and / or who have a learning disability, although it will support anyone with information or communication needs relating to a disability, impairment or sensory loss, for example people who have aphasia or a mental health condition which affects their ability to communicate.

The Standard applies to service providers across the NHS and adult social care system, and it specifically aims to improve the quality and safety of care received by individuals with information and communication needs, and their ability to be involved in autonomous decision-making about their health, care and wellbeing.

Commissioners of NHS care and publicly funded adult social care must also have regard to this Standard, in as much as they must ensure that contracts, frameworks and performance-management arrangements with provider bodies enable and promote the Standard's requirements.

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Data Protection Act 2018 (UK General Data Protection Regulation – GDPR) Legislation.

The Trust has a duty under the Data Protection Act 2018 and UK General Data Protection Regulations 2016/679 to ensure that there is a valid legal basis to process personal and sensitive data. The legal basis for processing must be identified and documented before the processing begins. In many cases we may need consent; this must be explicit, informed, and documented. We cannot rely on opt out, it must be opt in.

Data Protection Act 2018 and UK General Data Protection Regulations 2016/679 is applicable to all staff; this includes those working as contractors and providers of services.

For more information about your obligations under the Data Protection Act 2018 and UK General Data Protection Regulations 2016/679 please see the Information Use Framework Policy or contact the Information Governance Team.

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1. Introduction

- 1.1. From 1 August 2016 onwards, all organisations that provide NHS care and/or publicly funded adult social care are legally required to follow the Accessible Information Standard. The requirements (DAPB1605) were updated on 30 June 2025.
- 1.2. The Accessible Information Standard (DCB1605) directs and defines a consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of patients, service users, carers and parents, where those needs relate to a disability, impairment or sensory loss.
- 1.3. The standard is of particular relevance to individuals who are blind, d/Deaf, deafblind and / or who have a learning disability, although it should support anyone with information or communication needs relating to a disability, impairment or sensory loss, for example people who have aphasia, autism or mental health condition which affects their ability to communicate.
- 1.4. The standard aims to ensure these people get:
 - Accessible information: information they can access and understand
 - Communication support: the support they need to have effective and accurate dialogue with health and care professionals. This means that no one who needs support is put “[at a substantial disadvantage in comparison with persons who are not disabled](#)” (Equality Act 2010) when accessing NHS or adult social services
 - NHS and adult social care services must enable disabled people with communication and Information needs to:
 - Make decisions about their health and wellbeing, about their care and treatment and about giving or withholding consent.
 - Self-manage their conditions.
 - Access services.
 - Make a complaint in a way that is accessible for them

2. Purpose of this Policy

- 2.1. The purpose of this policy is to outline RCHT’s commitment to ensure patients, service users, carers and parents with a disability, impairment or sensory loss are provided with information and communicated with in a way which they find best suited to their needs
- 2.2. Sets out what, as an organisation and individually, teams need to do to comply with the Accessible Information Standard.

3. Scope

3.1. The AIS applies to patients who have a disability. AIS also applies to any disability-related information and communication needs that a patient's carer or for patient's aged under 18 years, their parent/guardian may have. This could include those who (but are not restricted to):

- Are d/Deaf 1.
- Are blind
- Are deafblind.
- Have a learning disability.
- Have autism.
- Have dementia.
- Have hearing and/or visual loss.
- Have communication difficulties following a stroke or brain injury.

3.2. Activities required to meet the standard encompasses activities such as:

- Meeting people's needs for information in alternative formats to printed text (including Braille or large print) and other print alternatives such as email and audio formats.
- Meeting people's needs for longer appointments.
- Using specific contact methods.
- Support from a communication professional (for example, a deafblind interpreter or British Sign Language interpreter).
- Supporting the use of communication methods or communication aids and tools (for example, lipreading or a hearing aid).
- Meeting people's needs for support from an advocate to help them communicate effectively.
- Meeting people's needs for communication from a service in specific formats.

3.3. These essential six steps should be completed to implement the standard for people who require communication support. This applies to people with a disability, impairment, or sensory loss as well as their carers and family members, who are involved in their care and have a disability, impairment, or sensory loss.

1. Identifying needs: a consistent approach to identifying people's information and communication needs.

2. Recording needs: consistently and routinely recording people's information and communication needs in their records as well as in clinical management and administration systems. This means:
 - Recording people's needs in electronic systems.
 - Using specific definitions to record needs when systems are not compatible with any of the 3 clinical terminologies or where paper-based systems or records are being used.
 - Recording people's needs so staff can ensure those needs are met.
 3. Flagging needs: using electronic flags or alerts, or paper-based equivalents, to indicate that an individual has a recorded information and / or communication need, and to prompt staff to act. The flags may include other actions (such as triggering information in an accessible format to be automatically generated) to ensure needs are met (see DAPB4019: Reasonable Adjustment Digital Flag).
 4. Sharing needs: including recorded data about people's information and communication support needs as part of existing data-sharing processes, and as a routine part of treatment, ongoing care, referral, discharge and handover processes (for more information see DAPB4019: Reasonable Adjustment Digital Flag).
 5. Meeting needs: ensuring people receive information that is accessible to them and receive the support they need.
 6. Reviewing needs: consistent and regular reviews of people's information and communication needs in patient or service user records and on clinical management or administration systems.
- 3.4. The following are not covered by the AIS, and are therefore out of scope of this policy:
- Staff with a disability, except where they are acting in a personal or nonemployment capacity.
 - A communication preference which does not relate to a disability.
 - An individual who has difficulty with reading or understanding information for reasons other than a disability.
 - Where disability-related support is required that is not related to information or communication.
 - Provision of translating and interpreting support to non-English speakers, unless it relates specifically to a disability, impairment or sensory loss (e.g. British Sign Language).
 - Communication/information that is not related to a patient's NHS care, treatment or service.

4. Definitions/Glossary

A full list of glossary terms can be found in [Appendix 3](#).

5. Ownership and Responsibilities

- 5.1. The Chief Executive will have full responsibility for the implementation and achieving of the fully Accessible Information Standards (AIS).
- 5.2. The Director of Nursing, Midwifery and Allied Care Professional will be the Executive lead with delegated responsibility of the policy to ensure the Trust has a robust process to ensure it considers and delivers identified needs of patients, service users, carers and parents with a disability, impairment or sensory loss and that AIS is kept an active agenda.
- 5.3. As delegated lead the Director of Nursing, Midwifery and Allied Care Professional will approve the policy and receive reports on ongoing compliance through the Patient Experience Group.

5.4. Role of the Managers

Line managers are responsible for:

- Sharing and promoting the AIS Policy to relevant teams/staff within the Care Groups.
- Identifying and supporting opportunities to embed the principles of the AIS into Care Group operational practice.
- Ensure AIS training compliance within their team.

5.5. Role of the Patient Experience Team

- The Patient Engagement Team are responsible for working with patient representatives to ensure the Trust has correctly aligned its delivery against the needs of those we contact.
- The Patient Experience Manager is responsible for monitoring incidents and complaints in relation to AIS and highlighting this in their Quarterly reports for Patient Experience Group.
- Any issues identified with the implementation of AIS will be raised at PEG from the Accessibility Information – Operational Group report and through to Quality Assurance Committee in the quarterly PET report.

5.6. Role of Individual Staff

All staff members are responsible for following the five basic steps which make up the Accessible Information Standard:

- **Ask:** identify / find out if an individual has any communication / information needs relating to a disability or sensory loss and if so, what they are.

- **Record:** record those needs in a clear, unambiguous and standardised way in electronic and / or paper-based record / administrative systems / documents.
- **Alert / flag / highlight:** ensure that recorded needs are 'highly visible' whenever the individual's record is accessed, communicated amongst team members and alerts are used as prompt for action.
- **Share:** include information about individuals' information / communication needs as part of existing data sharing processes (and following existing information governance frameworks).
- **Act:** take steps to ensure that individuals receive information which they can access and understand and receive communication support if they need it.

5.7. Role of the General Office

Patients can contact the General Office to request information in formats such as:

- Large print.
- Braille.
- Audio.
- Another language.
- Another accessible format.
- Email and other electronic formats.

Support Before Appointments: Patients are encouraged to inform the General Office of their communication needs as early as possible, ideally before their appointment, or have someone do so on their behalf.

6. Standards and Practice

This policy reminds and informs staff members of the need for a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of patients, service users, carers and parents, where those needs relate to disability, impairment or sensory loss.

6.1. Clear face-to-face communication

- Make sure you have the person's attention before trying to communicate with them. If they do not hear you, try waving or tapping them lightly on the shoulder.
- Identify yourself clearly. Say who you are and what you do – it may be more relevant to explain your reason for seeing the person rather than your job title.

- Check that you are in the best position to communicate, usually this will be facing the person, but consider whether seated or standing is more appropriate.
- Communication at eye level is usually easiest so if you are speaking to a wheelchair user consider sitting down if possible.
- Find a suitable place to talk, with good lighting and away from noise and distractions.
- Speak clearly and a little slower than you would do usually, but do not shout.
- Keep your face and lips visible – do not cover your mouth with a hand, your hair or clothing. If a member of staff is concerned about religious expression they should discuss this with their manager.
- Use gestures and facial expressions to support what you are saying.
- If necessary, repeat phrases, re-phrase the sentence or use simpler words or phrases.
- Use plain, direct language and avoid using figures of speech such as ‘it’s raining cats and dogs or euphemisms such as ‘expecting the patter of tiny feet’.
- Check if the person has understood what you are saying. Look for visual clues as well as asking if they have understood.
- Encourage people to ask questions or request further information. Ask if they would like anything in writing as a reminder or reference.
- Try different ways of getting your point across. For example, writing things down, drawing or using symbols or objects to support your point.

6.2. Meeting Communication and Access Needs

- Provide longer appointments where needed.
- Use of preferred contact methods (e.g., email, phone, video).
- Support from a communication professional (for example, a deafblind interpreter or British Sign Language interpreter).
- Supporting the use of communication methods or communication aids and tools (for example, lipreading or a hearing aid).
- Meeting people’s needs for support from an advocate to help them communicate effectively.
- Provision of information in accessible formats (large print, Braille, audio, email).

6.3. When sharing printed communication

- Use a minimum font size of 12 minimum, preferably 14 (which is readable by a significantly greater number of people).
- Use a clear, uncluttered and sans serif font such as Arial.
- Align text to the left margin and avoid 'justifying' text.
- Use alternative formats to printed text (including Braille or large print), and other print alternatives such as email and audio formats.
- Ensure plenty of 'white space' on documents, especially between sections. Avoid 'squashing' text onto a page and, if possible, include a double-space between paragraphs.
- Print on matt and not gloss paper.
- Use page numbers.
- If printing double-sided ensure that the paper is of sufficient thickness to avoid text showing through from the other side.
- Correctly format Word documents and PDFs using styles and accessibility functions / checks. Ensure a correct and consistent heading structure, and that the cursor can move throughout all text.
- Use descriptions (alt. text') to explain diagrams or photographs.
- Consider making all 'standard' printed letters / documents 'easier to read' – using plain English, highlighting important information, and supporting text with diagrams, images or photographs.
- Keep track of the electronic originals of documents you print out so you can reprint in larger font or convert to an alternative format when required.

6.4. Standardised Alerting Icons for Display

6.4.1. RCHT is introducing a SAID poster initiative to support quick recognition of patient's communication and access needs at the bedside. The purpose is to display standardised icons (e.g., sight loss, hearing loss, hidden disability) that correspond to recorded accessibility needs. Display of this information should be optional, consented, and derived from the patient's digital record.

6.4.2. Implementation requirements

To support safe and effective implementation of the SAID poster initiative, active collaboration is required with members of the Cornwall Accessible Communications Group, Patient Experience team, ward staff, and clinicians. The following practical resources and actions will be required:

- Each inpatient bedside will have an encapsulated poster displaying the standardised alerting icons.
- Each ward will highlight relevant icons for each patient, and adhesive materials to affix posters where appropriate.
- Staff will require time to understand the purpose and meaning of the SAID poster.

6.4.3. The details of the poster can be seen at appendix 4. It includes the following symbols.

- Forget-me-not, for people with dementia and cognitive impairment.
- Butterfly, for people nearing the end of their life.
- Gold infinity sign, for people with autism.
- Armed Forces covenant, for people who are or have been a member of the armed forces, reservists, veterans, or cadet force adult volunteers.
- Eye, for people with sight loss.
- Hearing aid, for people who are deaf or who have hearing loss.
- Translator, for people who require information in a language other than English.
- Sunflower, for people with a hidden disability.

6.5. Existing Accessible Information Services at RCHT

RCHT currently provides a range of services and adjustments to meet the requirements of the Accessible Information Standard (DAPB1605). These services ensure that patients, service users, carers, and parents with a disability, impairment, or sensory loss can receive information they can understand and communication support they need.

6.5.1. Available services

RCHT provides patient information, appointment letters, and correspondence in alternative formats upon request. This includes:

- Large print (minimum 14-point text).
- Braille.
- Audio recordings.
- Easy Read materials.
- Email and other electronic formats.

Requests for alternative formats can be made through the Patient Experience Team, ward or departmental staff, or via the online Accessible Information Standard request form on the RCHT website.

6.5.2. Communication support and interpreting

- British Sign Language (BSL) interpreters, deafblind manual interpreters, and lip-speakers can be booked to support patient appointments and inpatient stays.
- Hearing loops are available in most reception and outpatient areas.
- Face-to-face, telephone, and video interpreting services are provided through the Trust's contracted interpreting service for both spoken languages and communication support needs.

6.5.3. Recording and updating needs

Patients and service users may inform the Trust of their communication or information needs at any time by completing the Accessible Information form available on the RCHT website or through reception staff. Information is added to the patient record to ensure that it is available for future appointments.

6.5.4. Learning Disability and Autism Support

The Trust's Learning Disability and Autism Team supports patients with communication and access needs related to cognitive impairment, autism, or learning disability. This includes:

- Preparation for hospital visits and procedures.
- Tailored communication aids (e.g. Hospital Passport, Easy Read materials).
- Staff guidance on reasonable adjustments.
- How patients can request support.
- Patients or carers can:
 - Inform staff directly at the point of care.
 - Telephone the Patient Experience Team.
 - Complete the Accessible Information Standard request form on the RCHT website.
 - Ask at reception desks for assistance.

7. Dissemination and Implementation

This policy will be made available to all staff via the Trusts documents library and will also be sent to all staff via an email with details of all new policies approved monthly.

8. Monitoring compliance and effectiveness

Information Category	Detail of process and methodology for monitoring compliance
Element to be monitored	The implementation of the full AIS standards and any incidents or complaints will be monitored; this will be achieved in writing in the quarterly PET report.
Lead	Outpatient Transformation manager and the Patient Experience Manager
Tool	Complaints recorded in Datix Analysis of data on Datix and updated through a quarterly report to PEG.
Frequency	This will be a quarterly process.
Reporting arrangements	The report will be sent to the Patient Experience Group for information and onwards approval at QAC
Acting on recommendations and Lead(s)	Patient Experience Team will lead on acting on recommendations with the support of the service leads best placed to implement change.
Change in practice and lessons to be shared	Required changes to practice will be identified and actioned within one month (where practical). A lead member of the team will be identified to take each change forward where appropriate. Lessons will be shared with all the relevant stakeholders and reported back to PEG as an update.

9. Updating and Review

This policy documents will be reviewed by all stakeholders no less than every three years. Where appropriate, the author may set a shorter review date.

10. Equality and Diversity

10.1. This document complies with the Royal Cornwall Hospitals NHS Trust service Equality and Diversity statement which can be found in the [Equality Diversity And Inclusion Policy](#) or the [Equality and Diversity website](#).

10.2. Equality Impact Assessment

The Initial Equality Impact Assessment Screening Form is at Appendix 2.

Appendix 1. Governance Information

Information Category	Detailed Information
Document Title:	Accessible Information Standards Policy V1.0
This document replaces (exact title of previous version):	New document
Date Issued/Approved:	27 October 2025
Date Valid From:	November 2025
Date Valid To:	November 2028
Author/Owner:	Purva Shrivastava, Patient Experience Manager
Contact details:	purva.shrivastava1@nhs.net
Brief summary of contents:	This policy sets out the Trusts commitment and staff responsibility to delivering against the requirements of the Accessible Information Standards.
Suggested Keywords:	Accessible, information, standards.
Target Audience:	RCHT: Yes CFT: No CIOS ICB: No
Executive Director responsible for Policy:	Dual Chief Nursing Officer / Deputy CEO RCHT:
Approval route for consultation and ratification:	Patient Experience Group. Inclusion. Quality Assurance Committee .
Manager confirming approval processes:	Bernadette George, Director of Nursing, Midwifery and Allied Health Professionals
Name of Governance Lead confirming consultation and ratification:	Purva Shrivastava, Patient Experience Manager
Links to key external standards:	None required.

Information Category	Detailed Information
Related Documents:	<p>References</p> <p>This policy incorporates and adapts content from NHS England's Accessible Information Standard (DCB1605 / DAPB1605) and related guidance available on the NHS England website.</p> <p>https://www.england.nhs.uk/publication/accessible-information-standard/</p>
Training Need Identified:	No
Publication Location (refer to Policy on Policies – Approvals and Ratification):	Internet and Intranet
Document Library Folder/Sub Folder:	Clinical / Patient Experience

Version Control Table

Date	Version Number	Summary of Changes	Changes Made by
30.09.2025	V1.0	Initial version	Purva Shrivastava, Patient Experience Manager

All or part of this document can be released under the Freedom of Information Act 2000.

All Policies, Strategies and Operating Procedures, including Business Plans, are to be kept for the lifetime of the organisation plus 6 years.

This document is only valid on the day of printing.

Controlled Document.

This document has been created following the Royal Cornwall Hospitals NHS Trust [The Policy on Policies \(Development and Management of Knowledge Procedural and Web Documents Policy\)](#). It should not be altered in any way without the express permission of the author or their Line Manager.

Appendix 2. Equality Impact Assessment

Section 1: Equality Impact Assessment (EIA) Form

The EIA process allows the Trust to identify where a policy or service may have a negative impact on an individual or particular group of people.

For guidance please refer to the Equality Impact Assessment Policy (available from the document library) or contact the Equality, Diversity, and Inclusion Team
rcht.inclusion@nhs.net

Information Category	Detailed Information
Name of the strategy/policy/proposal/service function to be assessed:	Accessible Information Standards Policy V1.0
Department and Service Area:	Patient Experience
Is this a new or existing document?	New
Name of individual completing EIA (Should be completed by an individual with a good understanding of the Service/Policy):	Purva Shrivastava, Patient Experience Manager
Contact details:	Purva.shrivastava1@nhs.net

Information Category	Detailed Information
1. Policy Aim - Who is the Policy aimed at? (The Policy is the Strategy, Policy, Proposal or Service Change to be assessed)	The Trusts and staff commitments and requirements to AIS standards.
2. Policy Objectives	Inform what, as an organisation and individually, teams need to do to comply with the Accessible Information Standard.
3. Policy Intended Outcomes	To ensure patients, service users, carers and parents with a disability, impairment or sensory loss are provided information and communicated with in a way which they find best suited to their needs.
4. How will you measure each outcome?	Complaints, Compliments and Incidents.
5. Who is intended to benefit from the policy?	Patients, service users, carers and parents/Guardians.

Information Category	Detailed Information
6a. Who did you consult with? (Please select Yes or No for each category)	<ul style="list-style-type: none"> • Workforce: Yes • Patients/visitors: Yes • Local groups/system partners: Yes • External organisations: No • Other: No
6b. Please list the individuals/groups who have been consulted about this policy.	Accessible Information Standards - Operational Group. Patient Leaders. Patient Experience Group. Equality, Diversity and Inclusion Team.
6c. What was the outcome of the consultation?	Agreed
6d. Have you used any of the following to assist your assessment?	National or local statistics, audits, activity reports, process maps, complaints, staff, or patient surveys: No.

7. The Impact

Following consultation with key groups, has a negative impact been identified for any protected characteristic? Please note that a rationale is required for each one.

Where a negative impact is identified without rationale, the key groups will need to be consulted again.

Protected Characteristic	(Yes or No)	Rationale
Age	No	
Sex (male or female)	No	
Gender reassignment (Transgender, non-binary, gender fluid etc.)	No	
Race	No	
Disability (e.g. physical or cognitive impairment, mental health, long term conditions etc.)	No	
Religion or belief	No	

Protected Characteristic	(Yes or No)	Rationale
Marriage and civil partnership	No	
Pregnancy and maternity	No	
Sexual orientation (e.g. gay, straight, bisexual, lesbian etc.)	No	

A robust rationale must be in place for all protected characteristics. If a negative impact has been identified, please complete section 2. If no negative impact has been identified and if this is not a major service change, you can end the assessment here.

I am confident that section 2 of this EIA does not need completing as there are no highlighted risks of negative impact occurring because of this policy.

Name of person confirming result of initial impact assessment: Purva Shrivastava, Patient Experience Manager.

If a negative impact has been identified above OR this is a major service change, you will need to complete section 2 of the EIA form available here:
[Section 2. Full Equality Analysis](#)

Appendix 3. Glossary of terms

Accessible Information Standard / AIS / Standard: Refers to this document, which sets out how to identify, record, flag, share, meet and review the information and communication support needs of people with a disability, impairment or sensory loss, and their families and carers.

Advocate: a person who supports someone who may otherwise find it difficult to communicate or to express their point of view. Advocates can support people to make choices, ask questions and to say what they think.

Accessible information: information which is able to be read or received and understood by the individual or group for which it is intended.

Accessible Information Standard lead: An individual who is responsible for ensuring the Accessible Information Standard is implemented in their organisation.

Alternative format: information provided in an alternative to standard printed or handwritten English, for example large print, braille or email.

Aphasia: a condition that affects the brain and leads to problems using language correctly. People with aphasia find it difficult to choose the correct words and can make mistakes in the words they use. Aphasia affects speaking, writing and reading.

Audio: information recorded from speech or synthetic (computer-generated) speech onto cassette tape, CD (compact disc) or as an electronic file such as an MP3.

Braille: a tactile reading format used by people who are blind, deafblind or who have some visual loss. Readers use their fingers to 'read' or identify raised dots representing letters and numbers. Although originally intended (and still used) for the purpose of information being documented on paper, braille can now be used as a digital aid to conversation, with some smartphones offering braille displays. Refreshable braille displays for computers also enable braille users to read emails and documents.

British Sign Language (BSL): BSL is a visual-gestural language that is the first or preferred language of many d/Deaf people and some deafblind people; it has its own grammar and principles, which differ from English.

BSL interpreter: a person skilled in interpreting between BSL and English. A type of communication support which may be needed by a person who is d/Deaf or deafblind. BSL interpreter - hands-on signing: a BSL interpreter who is able to sign with the hands of the person they are interpreting for placed over their hands, so that they can feel the signs being used. A type of communication support which may be needed by a person who is deafblind. BSL interpreter - visual frame signing: a BSL interpreter who is able to use BSL within the visual field of the person with restricted vision. A type of communication support which may be needed by a person who is deafblind.

BSL interpreter - Sign-Supported English (SSE): a BSL interpreter who is able to communicate using BSL signs but in the order that they would be used in spoken English. A type of communication support which may be needed by a person who is d/Deaf or deafblind.

BSL translator: a person able to translate written or printed English into British Sign Language (BSL), to support face-to-face consideration of a document, or for recording for use in a BSL video for example for publication on a website.

BSL video: a recording of a BSL interpreter signing information which may otherwise only be available in written or spoken English. A BSL video may be made available on DVD or via a website.

BSL video remote interpreting (VRI) - also known as video interpreting, remote interpreting or virtual interpreting: an online service in which a BSL interpreter interprets via video software. It works using a computer and webcam, a smartphone or tablet. Provided through contract or on demand by a range of organisations, it enables a direct connection to an interpreter so that the d/Deaf person can sign to them what they want to say. The interpreter then speaks this to the hearing person (via video link) and signs back their (spoken) reply.

Communication passport: sometimes called a communication book or 'hospital passport'. A document containing important information (usually) about a person with learning disabilities, to support staff in meeting those needs. It will include a person's likes and dislikes, and outlines ways in which they communicate. Many hospital trusts provide communication passports to people with learning disabilities. Communication support: support which is needed to enable effective, accurate dialogue between a professional and a service user to take place.

Communication tool or aid: a tool, device or document used to support effective communication. They may be generic or specific / bespoke to an individual. They often use symbols and / or pictures. They range from a simple paper chart to complex computer-aided or electronic devices.

d/Deaf: a person who identifies as being deaf with a lowercase d is indicating that they have a significant hearing impairment. Many deaf people have lost their hearing later in life and as such may be able to speak and / or read English to the same extent as a hearing person. A person who identifies as being Deaf with an uppercase D is indicating that they are culturally Deaf and belong to the Deaf community. Most Deaf people are sign language users who have been deaf all of their lives. For most Deaf people, English is a second language and as such they may have a limited ability to read, write or speak English.

Deafblind: the Policy guidance Care and Support for Deafblind Children and Adults (Department of Health, 2014) states that, "The generally accepted definition of Deafblindness is that persons are regarded as Deafblind "if their combined sight and hearing impairment causes difficulties with communication, access to information and mobility. This includes people with a progressive sight and hearing loss" (Think Dual Sensory, Department of Health, 1995)."

Deafblind communicator-guide: a professional who acts as the eyes and ears of the deafblind person including ensuring that communication is clear. A deafblind person may have a communicator-guide provided by a charity, through a personal budget or by their local authority.

Deafblind intervenor: a professional who provides one-to-one support to a child or adult who has been born with sight and hearing impairments (congenital deafblindness). The intervenor helps the individual to experience and join in the world around them. A deafblind person may have an intervenor provided by a charity, through a personal budget or by their local authority.

Deafblind manual interpreter - deafblind manual alphabet: a person skilled in interpreting between the deafblind manual alphabet / block alphabet and English. The deafblind manual alphabet is a tactile form of communication in which words are spelled out onto a deafblind person's hand. Each letter is denoted by a particular sign or place on the hand.

Deafblind manual interpreter - block: a person skilled in interpreting between the deafblind block alphabet and English. The block alphabet is a tactile form of communication in which words are spelled out on to the palm of the deafblind person's hand.

Disability: the Equality Act 2010 describes disability as follows, "A person (P) has a disability if — (a) P has a physical or mental impairment, and (b) the impairment has a substantial and long-term adverse effect on P's ability to carry out normal day-to-day activities." This term also has an existing Data Dictionary definition.

Disabled people: Article 1 of the United Nations Convention on the Rights of Persons with Disabilities has the following description, "Persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others."

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.

Hearing loop system: a hearing loop or 'audio frequency induction loop system', allows a hearing aid wearer to hear more clearly. It transmits sound in the form of a magnetic field that can be picked up directly by hearing aids switched to the loop (or T) setting. The magnetic field is provided by a cable that encloses, or is located close to, the intended listening position such as a reception desk. The loop system allows the sound of interest, for example a conversation with a receptionist, to be transmitted directly to the person using the hearing aid clearly and free of other background noise. Impairment: The disability charity Scope defines impairment as, "long-term limitation of a person's physical, mental or sensory function."

Impairment: A physical or mental condition that has substantial and long-term negative effects on a person's ability to carry out normal day-to-day activities, as referenced in the Equality Act 2010.

Interpreter: a person able to transfer meaning from one spoken or signed language into another signed or spoken language.

Large print: printed information enlarged or otherwise reformatted to be provided in a larger font size. A form of accessible information or alternative format which may be needed by a person who is blind or has some visual loss. Different font sizes are needed by different people. Note it is the font or word size which needs to be larger and not the paper size.

Learning disability: this term has an existing Data Dictionary definition and is also defined by the Department of Health in Valuing People (2001). People with learning disabilities have life-long development needs and have difficulty with certain cognitive skills, although this varies greatly among different individuals. Societal barriers continue to hinder the full and effective participation of people with learning disabilities on an equal basis with others.

Lipreading: a way of understanding or supporting understanding of speech by visually interpreting the lip and facial movements of the speaker. Lipreading is used by some people who are d/Deaf or have some hearing loss and by some deafblind people. A person can be supported to lipread by the speaker clearly addressing the person and facing them whilst speaking, avoiding touching or covering their mouth, and ensuring conversations are held in well-lit areas.

Lipspeaker: a person who repeats the words said without using their voice, so others can read their lips easily. A professional lipspeaker may be used to support someone who is d/Deaf to communicate.

Low vision: An impairment of visual function that impacts quality of life, either permanently or temporarily, that is not fully correctable through surgery, pharmaceuticals, spectacles or contact lenses.

Makaton: a communication system using signs, symbols and speech. There are three levels of Makaton, used according to the individual's circumstances and abilities – functional, keyword and symbol reading. Makaton may be used by people with deafblindness or a learning disability.

Moon: a tactile reading format made up of raised characters, based on the printed alphabet. Moon is similar to braille in that it is based on touch. Instead of raised dots, letters are represented by 14 raised characters at various angles.

Non-verbal communication: communicating without using speech and instead using gestures, pointing or eye-pointing.

Notetaker: in the context of accessible information, a notetaker produces a set of notes for people who are able to read English but need communication support, for example because they are d/Deaf. Manual notetakers take handwritten notes and electronic notetakers type a summary of what is being said onto a laptop computer, which can then be read on screen. Notetakers are commonly used in combination with other communication support, for example people who are watching a sign language interpreter are unable to take notes at the same time. Sign language: a visual-gestural language and way of communicating.

Severely Sight Impaired or Sight Impaired: People certified by an ophthalmologist using the Certificate of Vision Impairment (CVI) guidance, with vision impairment that is not fully correctable and significantly impacts quality of life

Speech-to-text-reporter (STTR): a STTR types a verbatim (word for word) account of what is being said and the information appears on screen in real time for users to read. A transcript may be available and typed text can also be presented in alternative formats. This is a type of communication support which may be needed by a person who is d/Deaf and able to read English. A STTR may also be known as a Stenographer® or Palantypist®.

SNOMED CT: Systematised Nomenclature of Medicine Clinical Terms – a classification of medical terms and phrases providing codes, terms, synonyms and definitions, managed internationally by SNOMED International and in the UK by the UK Terminology Centre

Tadoma: Tadoma involves a person placing their thumb on a speaker's lips and spreading their remaining fingers along the speaker's face and neck. Communication is transmitted through jaw movement, vibration and facial expressions of the speaker. A type of communication which may be used by a deafblind person.

Text Relay: Text Relay enables people with hearing loss or speech impairment to access the telephone network. A relay assistant acts as an intermediary to convert speech to text and vice versa. British Telecom (BT)'s 'Next Generation Text' (NGT) service extends access to the Text Relay service from a wider range of devices including via smartphone, laptop, tablet or computer, as well as through the traditional textphone.

Translator: a person able to translate the written word into a different signed, spoken or written language. For example a sign language translator is able to translate written documents into sign language.

Voice Output Communication Aid (VOCA): also known as a speech-generating device (SGD). An electronic device used to supplement or replace speech or writing for individuals with severe speech impairments, enabling them to verbally communicate.

Appendix 4. Standardised alerting icons for display poster

Draft poster, for engagement with relevant groups, is below.

