



Accessible Information Standard Self- Assessment Framework Pilot

March 2025

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Summary

NHS England (NHSE) is preparing to launch a refreshed version of the Accessible Information Standard (AIS) in 2025, supported by a new Self-Assessment Framework (SAF). Leeds was chosen as one of two national pilot areas to test this framework, reflecting the city's commitment to AIS implementation.

The purpose of the SAF is to assess how effectively communication needs are being met when people use the service. Completing the SAF allowed organisations to review their AIS provision and compliance. It was a reflective process that many colleagues found valuable. However, feedback from pilot participants reveals significant challenges with the current framework and guidance. 29% of the 42 respondents found the framework fit for its intended purpose. In contrast, 71% found it either partly fit or not fit for purpose. This highlights the need for substantial improvements to ensure the framework is effective and user-friendly.

Key Findings

1. Value of the SAF as a reflective tool

Completing the Self-Assessment Framework (SAF) enabled organisations to critically evaluate their information storage

and communication practices. It also encouraged organisations to identify areas for improvement and explore ways to integrate advancements into their practices to better address unmet AIS needs. However, completing the framework once a year was seen as unrealistic by many respondents. SAF's value lies in its potential ability to inform actionable and measurable improvements over time rather than an annual repetition.

2. Scoring and Rating System:

The binary scoring system (1 or 0) was a major point of contention. While 33% of 42 respondents felt the scoring system was helpful, 67% found it partially or entirely unhelpful. The current system does not allow for partial compliance, making it difficult to reflect the realities of organisations' current practices. Furthermore, the overall rating, based on the total score from 13 questions, was seen as misleading, as it may not accurately capture an organisation's strengths or areas for improvement.

3. Framework Questions:

Respondents reported that while some questions were clear and answerable, many were problematic. Questions that focus on policies, evidence, staff training, feedback, and improvement plans are more effective as these align with

areas where organisations often have existing or developing practice. However, issues arose with questions that combined multiple concepts, used subjective language (e.g. effectiveness) and inconsistent terminology. Additionally, critical areas such as information needs and intersectionality are overlooked (e.g., language and other accessibility requirements).

4. Guidance Clarity:

45% of 42 respondents found the guidance clear, but many struggled with linking it to the framework questions and demonstrating compliance. The guidance was appraised for being unclear, particularly in explaining how to meet the framework's requirements. Additionally, it did not account for differences in organisational size or type, such as small care homes contrasted with large NHS trusts.

5. Accessibility and Inclusivity:

Some colleagues mentioned that the framework and guidance were not fully accessible, particularly for individuals with learning disabilities or sensory impairments. This lack of accessibility undermines the framework's goal of promoting inclusivity.

6. Integration

The framework is not integrated into core processes, such as Care Quality Commission (CQC) evaluations, making it feel like an additional task rather than a core requirement. It is also disconnected from other NHSE evaluation frameworks, such as the Reasonable Adjustment and Learning Disability Standards.

Recommendations

To address these issues, we recommend that NHS England consider the following actions:

1. **Action/Improvement Plan for Continuous Progress**

The SAF should be viewed as a foundational starting point for organisations to assess their current practices and identify key areas for focus in the year ahead. Rather than conducting an annual SAF review, organisations should develop and implement an action/improvement plan based on the initial assessment. Progress should be monitored regularly (e.g., every six months) through this plan, ensuring continuous improvement and alignment with organisational goals. (This recommendation relates to finding 1)

2. Revise the Scoring System:

Replace the binary scoring system with a graded scale (e.g., 0–3 or 0–5) or a RAG (red–amber–green) system. This would allow for partial compliance and better reflect the complexity of organisational practices. (This recommendation relates to finding 2).

3. Revise Questions for Clarity and Focus:

Separate multi-part questions into individual, focused questions. Ensure consistent terminology (e.g., standardise “communication needs” and “communication preferences”) and include questions that cover information needs and intersectionality. (This recommendation relates to finding 3).

4. Enhance Guidance and Accessibility:

Provide specific guidance notes for each question, explaining what is expected and how to complete it. Include examples of good practice or sample answers to clarify expectations. Ensure the guidance and framework are fully accessible, particularly for people with learning disabilities or sensory impairments. (This recommendation relates to finding 4)

5. Provide tailored Guidance for organisations:

Include clear instructions on evidence gathering and completion levels; For example, for large Trusts, whether the framework should be completed at the organisational, departmental, or service level. Add specific guidance for different-sized organisations. (This recommendation relates to finding 3)

6. Integrate the Framework into Core Processes:

Work with the CQC to embed the AIS framework into their evaluation processes, ensuring it becomes a core requirement. Align the framework with other key evaluation systems, such as the Reasonable Adjustment Digital Flag (RADF), to create a more coordinated approach. This integration will minimise duplication and streamline efforts toward meaningful improvements for people with additional communication needs. (This recommendation relates to finding 6).

The full list of findings and recommendations is available on page 22.

Glossary and role in the project

Accessible Information Standard (AIS): AIS ensures that people with disabilities, impairments, or sensory loss receive information in a way they understand and get support from professionals, like a BSL interpreter, when using health and care services. It has been a legal requirement for publicly funded NHS and adult social care organisations since 1 April 2016. NHS England plans to release an updated version this year.

Self-Assessment Framework (SAF): As part of the updated AIS, NHS England is introducing a self-assessment framework to help NHS and social care organisations evaluate their compliance and plan improvements.

Healthwatch Leeds: An independent organisation that ensures people's voices shape health and care services in Leeds. It serves as the project manager for the pilot.

Leeds City Council: The local Authority leading the pilot project.

Person Centre Care Expert Advisory Group: Leeds Health and Wellbeing Board delegated the board to lead on the AIS implementation in the city. It comprises decision-makers from health, social care, and third-sector organisations, including a representative from the West Yorkshire Integrated Care Board. It is chaired by the Head of the GP Confederation in Leeds. This group is the governing body for the pilot.

West Yorkshire Integrated Care Board: The account holder for the pilot.

NHS England Accessible Information Team: The Commissioner for the pilot.

Introduction

AIS Self-Assessment Framework (SAF) Pilot in Leeds

The review of the Accessible Information Standard (AIS) recommended the introduction of an enhanced assurance process, a Self-assessment Framework (SAF) to measure an organisation's performance against the standard using a structured set of metrics.

Healthwatch Leeds and Leeds City Council have been working with a range of partners across health and social care to undertake a pilot in Leeds to test AIS SAF. The pilot group aims to provide feedback on its effectiveness and relevance.

The pilot group, led by Healthwatch Leeds, has been tasked to produce the following outcomes:

- Provide clear recommendations for the enhancement of the self-assessment framework.
- Work with partners and end users to develop a webpage which outlines what AIS is and how we meet these requirements, as well as highlighting good examples of SAF.

- Identification of collective actions to strengthen partner AIS implementation and ensure consistency.
- Support a range of partners across health and social care to complete the Accessible Information Standard Self-Assessment Framework (AIS SAF).
- Collate feedback on AIS SAF and report findings via survey and focus group.

This report presents the findings and recommendations of the SAF, including its questions, scoring system, and guidance; the development of the webpage by Leeds City Council and the feedback from focus groups organised by Healthwatch Leeds will be reported separately once completed.

The proposed AIS self-assessment Framework

The self-assessment framework is designed to provide a clear and measurable evaluation of compliance. It consists of 13 primary questions, with a total of 27 sub-questions, requiring organisations to assess their adherence in key areas. These include the six core AIS components **Identify, Record, Flag, Support, Review, and Share**; along with additional factors such as how communication needs are met in Services in the

community and Out-of-hours support; staff training on AIS requirements; the effectiveness of the complaints system, and data collection on reasonable adjustment requests. Specifically, organisations must report on the number of people requesting reasonable adjustments and the percentage of those requests that are met.

The scoring model assumes full compliance as the benchmark. Organisations earn one point for each metric they complete, provided they supply the necessary details or supporting data. The final score, based on responses to the 13 primary questions, determines the organisation's overall rating:

- **0-4 points** – *Underdeveloped*. Limited or no implementation of AIS requirements.
- **5-8 points** – *Developing*. Some measures in place, but significant gaps remain.
- **9-11 points** – *Achieving*. Strong progress with most AIS requirements met.
- **12-13 points** – *Excellent*. Full compliance, demonstrating best practices in accessible information provision.

What we did

AIS SAF Pilot Timeline and Milestones (Oct 2024 – Mar 2025)

The pilot runs for six months and has successfully met all the agreed key milestones as outlined in the project proposal.

| Milestones | Time frame |
|---|-------------------|
| 1. Establish an AIS pilot group with representatives from NHS trusts, adult social care and the third sectors | Oct 2024 |
| 2. Review and launch the SAF Survey | 10 Nov 24 |
| 3. Distribute the online link and the offline SAF survey to the pilot group | 12 Nov 24 |
| 4. Complete Round 1 SAF Feedback survey | 30 Nov 24 |
| 5. Review initial feedback with the pilot group | 6 Dec 24 |
| 6. Complete Round 2 of the SAF feedback survey (Round 2 is for anyone who could not complete the survey in Round 1 or has new input to add) | 31 Dec 24 |
| 7. Discuss recommendations based on survey feedback | 14 Jan 25 |
| 8. Support organisations to complete SAFs | Ongoing |

| Milestones | Time frame |
|---|-------------------|
| 9. Develop a webpage for hosting SAFs | Feb 25 |
| 10. Conduct Focus groups with Blind people, Deaf People and People with learning disabilities | Mar 25 |
| 11. Report writing | April 25 |

October 24

A dedicated pilot working group was established, engaging key stakeholders from NHS Trusts, Leeds City Council, West Yorkshire ICB, and the Chair of the Person-Centred Advisory Group. All parties committed to attending the first pilot group meeting in November. Additionally, a comprehensive, user-friendly survey was developed to gather feedback on the SAF framework, scoring system, and guidance.

November 24

The first pilot group meeting, chaired by a volunteer director of Healthwatch Leeds, marked a significant milestone. Key deadlines and tasks were outlined in the table above to ensure an efficient approach.

The group reviewed and amended the SAF survey questions, and the offline version was successfully distributed to ensure broad participation.

December 24

The second pilot group meeting focused on reviewing the SAF feedback survey, discussing the AIS Self-Assessment Framework (SAF), and planning the next steps.

By the end of December, 45 survey responses and the first two SAF submissions were received. However, operational pressures made completing the SAF challenging for some organisations. Healthwatch Leeds and Leeds City Council continued to encourage engagement.

January 25

The third pilot group meeting focused on reviewing SAF feedback and recommendations, sharing experiences of completing the SAF, and discussing the development of the SAF webpage.

Leeds City Council developers were engaged to create a platform showcasing completed SAFs. Accessibility recommendations included incorporating visual infographics for each AIS requirement.

February 25

Key activities included data analysis and working with developers to set up the SAF webpage. Focus groups were being organised with people with learning disabilities and sensory impairments to ensure the webpage meets accessibility needs.

March/April 25

Final data analysis and report writing took place. Additionally, visits were made to various user groups, including those who are deaf, blind, or have learning disabilities, to conduct focus groups and refine the webpage based on their feedback.

AIS SAF Pilot group representatives

We have worked with representatives from commissioners and providers, third sector organisations across Leeds and West Yorkshire, to gather their feedback on the SAF and its guidance.

| Job titles | Organisations |
|---|--------------------|
| Principal Performance and Quality Assurance Officer | Leeds City Council |
| Commissioning Programme Leader | Leeds City Council |

| Job titles | Organisations |
|--|---|
| Senior Commissioning Officer | Leeds City Council |
| Chair | Healthwatch Leeds |
| Project manager | Healthwatch Leeds |
| Head of Communications | Leeds and York Partnership Foundation Trust (Mental Health Trust) |
| Patient & Carer Experience and Involvement Lead | Leeds and York Partnership Foundation Trust (Mental Health Trust) |
| Primary Care Manager | Leeds Integrated Care Board |
| Senior Equality, Diversity, and Inclusion Manager | Leeds Integrated Care Board |
| Senior Insight, Involvement and Engagement Advisor | Leeds Integrated Care Board |
| Head of Patient Experience, | Leeds Teaching Hospital Trust |
| Chief Executive | Leeds GP Confederation |
| Senior Equality, Diversity, and Inclusion Officer | West Yorkshire Integrated Care Board |
| Health Equity Lead | Leeds Community Healthcare Trust |

| Job titles | Organisations |
|---|----------------------------------|
| Patient Experience and Engagement Manager | Leeds Community Healthcare Trust |
| Patient Engagement Experience & Participation Officer | Leeds Community Healthcare Trust |
| Learning Disability Project Manager, LCH | Leeds Community Healthcare Trust |
| Engagement Coordinator | Local Health & Wellbeing |

What we found

Feedback on Self-assessment questions

We asked colleagues to evaluate the clarity and answerability of the questions in the framework. Out of the 13 main questions, comprising 27 sub-questions, we have identified the characteristics for making a question clear and answerable, as well as those making the question ambiguous and difficult to answer.

Respondents from NHS and social care organisations across Leeds and West Yorkshire.

We received 59 responses. However, the number of responses for each question varies. The percentages are calculated based on the actual number of responses for each question.

The percentage of respondents from different sectors is as follows:

- NHS organisations in both Leeds and West Yorkshire: **69%**
- Adult Social Care: **29%**
- Third Sector and people with lived experiences: **8%**
- West Yorkshire Organisations: **12%**

Feedback on the assessment questions

Finding 1, Clear and Answerable Questions:

Colleagues highlighted question 1a, 7a, 9a, 10a and 10b work because they are specific, focused, and ask about processes or systems that organisations already have in place. These questions avoid subjective terms like “effectiveness” and instead ask for concrete examples or descriptions of existing practices. For example,

Question 1a: *“How do you identify the communication needs of people using your services?”*

- Out of 39 responses, 87% of respondents found this question clear, and 85% said it was answerable.

Question 10b: *How do you use the complaints findings to improve services?*

- Out of 39 responses, 90% of respondents found this question clear, and 83% said it was answerable.

Finding 2, Unclear and Unanswerable Questions:

Questions 1b, 2c, 5, 9b and 12b were difficult to answer because they are often too broad, combine multiple concepts into one question, or use subjective language like “effectiveness” or

“routinely used.” They also sometimes ask for data or processes that organisations do not currently track or have access to.

For example,

Question 2c: “Do clinical or other systems allow recording of information that is routinely used, not just technically possible?”

- Out of 39 responses, nearly 70% of respondents found this question unclear, and 65% said it was unanswerable.

Question 5: “How effectively are individual needs (and those of carers and families) met for services provided in the community, e.g. services delivered in people’s homes, in shared service locations such as community hubs or community mental health services?”

- Out of 35 responses, 66% of respondents found this question unclear, and 58% said this question was unanswerable.

Finding 3, Inconsistent wording in questions:

There is an inconsistency in terminology across questions. For example, ‘communication needs’ is used in questions 1, 2, 3, 4, 10 and 11, but ‘communication preferences’ is used in question 7.

Finding 4, Lack of Focus on Information Needs:

The questions consistently refer to communication needs, but not information needs. However, AIS covers both.

Finding 5, Lack of Intersectionality in Addressing Communication Needs:

The framework does not adequately recognise or address the intersectionality of communication needs. For example, a person may need large print in Urdu, but this complexity is not reflected in the questions.

Feedback on the Guidance

42 people responded to this session. 55% of respondents found the Guidance for completing the framework was not clear or very clear.

Finding 6, Relevance and Clarity:

Many respondents commented that the Guidance did not link to the framework questions. SAF questions should have specific guidance notes, with more prompts similar to Question 1.

Finding 7, Lack of Tailoring for Different Organisations:

The guidance is focused on describing a process for completing the SAF for large provider organisations and lacks specific sections for different types and sizes of organisations.

Finding 8, Accessibility and Inclusivity:

In step 4, using the survey to collect feedback from users, as suggested in the guidance, is not suitable for people protected by AIS, such as those with learning disabilities and BSL users.

In step 8, according to the feedback from people with disabilities, at present, it lacks a system for patients or carers to check if their AIS needs or adjustments are recorded and what has been recorded, making it difficult to complete the suggested feedback loop.

Finding 9, Document accessibility and missing information:

Respondents noted that the current guidance and templates are not accessibly formatted. For example, on page 10, links in the section of Useful Links and Data sources, do not state description and destination, making them inaccessible for visually impaired viewers using a screen reader.

Feedback on the Scoring System

Out of the 42 respondents, 67% said the scoring system partially helps or does not help them to see how well their organisation is doing with AIS, and 33% said that it helps.

Finding 10, Binary Scoring System is Too Simplistic:

The binary scoring system (1 or 0) was widely cited for being too simplistic and inflexible, not allowing for partial compliance.

Respondents suggested a more nuanced scoring system (e.g., 0–3 or 0–5).

Finding 11, Difficulty in Scoring Complex Questions:

Many questions had multiple sub-questions, making it difficult to assign a single score. Respondents suggested scoring each sub-question separately.

Finding 12, Rating system can be misleading:

The overall rating is based on the total score from 13 questions, which may not accurately reflect an organisation's strengths.

For example, a score of 5–8 is rated as “developing,” with the description saying: “Some systems are in place, staff are being trained, and some people's needs are being recorded and met, but not everyone's.” However, this description can be wrong.

An organisation might be doing an excellent job of recording everyone's needs but still get a low overall score because it struggles with other areas. The description does not match the real situation.

Feedback on Experience in Completing the Framework

Is the current form of SAF fit for its intended purpose?

Out of 42 respondents, 71% said that SAF in its current form is not fit or is partially fit for purpose, and 29% said it is fit for its intended purpose.

We have received eight completed frameworks:

- 1 NHS trust (unable to score)
- 1 service in an NHS trust (Score: 7/13)
- 1 adult social care complaint service (Score: 13/13)
- 3 care homes (unable to score)
- 1 small third sector organisation (Score: 8/13)
- 1 West Yorkshire provider organisation (Score: 7/13)

Finding 13, Positive Aspects of Completing the Self-Assessment Framework:

Completing the Self-Assessment Framework (SAF) was reported to be a valuable reflective process for organisations. It

encouraged organisations to critically evaluate how and where they store information, as well as how they communicate it. Additionally, it prompted organisations to identify potential improvements in an action plan and explore ways to integrate these advancements with practices to better address unmet AIS needs.

Finding 14, Confusion About Appropriate Level for Completion:

There is confusion about whether the framework should be completed at the organisational, departmental, or service level. Small organisations, such as care homes, face different challenges compared to large organisations like NHS trusts.

Finding 15, Evidencing and Comparisons:

Questions that focus on policies, evidence, staff training, feedback, and improvement plans are more effective because these are areas that organisations are likely to have in development or already in place. This approach also enables comparisons of compliance levels between organisations.

Finding 16, AIS self-assessment's alignment with other frameworks:

The self-assessment process makes AIS seem separate rather than a core requirement. Respondents suggested integrating it

into CQC evaluations to better embed AIS work. They also noted overlaps with existing frameworks like the Reasonable Adjustment Digital Flag (RADF).

Finding 17, Unrealistic Frequency:

Many respondents believe that completing the framework once a year is not realistic.

Recommendations

Recommendations for the framework questions

1. **Simplify Language and Avoid Subjective Terms:** Replace subjective terms like “effective” or “consistent” with specific, measurable language. (This recommendation relates to Findings 1 and 2)
2. **Separate Multi-Part Questions:** Break down complex questions into individual, focused questions. (This recommendation relates to Findings 1 and 2)
3. **Ensure Consistency in Terminology:** Use consistent terminology throughout the framework (e.g., standardise “communication needs” and “communication preferences”). (This recommendation relates to Finding 3)
4. **Address Both Communication and Information Needs:** Ensure questions explicitly cover both communication and information needs. (This recommendation relates to Finding 4)
5. **Recognise Intersectionality in Communication Needs:** Include questions that address the intersectionality of

communication needs (e.g., language and accessibility requirements). (This recommendation relates to Finding 5)

You can find a full list of percentages of respondents who found each question clear and answerable, along with their comments and suggested improvements, in **Appendix 1**.

Recommendation for Improving the Guidance

6. Align Guidance with Framework (This recommendation relates to Finding 6)

Provide examples or context to clarify what is being asked. Each question should have accompanying guidance notes explaining what is expected and how to complete it.

7. Tailor Guidance for Different Organisations: (This recommendation relates to Finding 7)

- Clearly differentiate requirements for commissioners and providers.
- Provide specific guidance for different-sized organisations.

8. Enhance Accessibility and Inclusivity: (This recommendation relates to Findings 8,9)

- Ensure the guidance is accessible to everyone, including people with learning disabilities and sensory impairments.
- Consider enabling communication needs to be recorded on the NHS app so individuals can check what has been recorded.

Recommendations for the Scoring and Rating System

- 9. Introduce a Graded Scoring System:** Replace the binary system with a graded scale (e.g., 0 = not in place, 3 = fully in place) or a RAG (red-amber-green) system. (This recommendation relates to Findings 10)
- 10. Score Sub-Questions Separately:** Allow each sub-question to be scored individually. (This recommendation relates to Finding 11)
- 11. Provide Clear Examples:** Include examples of what constitutes each score to help organisations self-assess accurately. (This recommendation relates to Finding 7, 10, 11)
- 12. Rating system:** Score different areas separately, instead of one big score, show scores for different areas, like recording needs, staff training, or system implementation. This shows

where an organisation is doing well and where they need to improve. It will accurately describe “an organisation [as it] might be strong in one area but weaker in others.” (This recommendation relates to Finding 12)

Recommendations for AIS self-assessment Framework completion

13. Action/Improvement Plan for Continuous Progress

(This recommendation relates to findings 13,14, and 17)

Replace annual SAF reviews with a focus on actionable outcomes and measurable progress through the improvement plan.

- Use the SAF to assess current practices and identify key focus areas for the year ahead.
- Develop and implement an action/improvement plan based on the initial SAF assessment.
- Monitor progress regularly (e.g., every six months) to ensure alignment with organisational goals.

14. Evidence of implementation.

(This recommendation relates to Finding 15)

- Design questions to focus on policies, staff training, feedback, and improvement plans.
- Enable comparisons between organisations by standardising evidence requirements.

Next Steps

This report will be shared with all contributors to the findings and recommendations, the Accessible Information Standard Self-Assessment Framework pilot group, and NHS England. It will be publicly available on our website.

Thank you

We would like to thank NHS England for providing the unique opportunity to test the AIS SAF framework and its Guidance.

We also extend our gratitude to colleagues from a wide range of health and social care organisations for testing the framework and providing feedback, especially the key organisations listed below:

- Leeds City Council
- Healthwatch Leeds
- Leeds and York Partnership Foundation Trust

- Leeds Integrated Care Board
- Leeds Teaching Hospital Trust
- Leeds GP Confederation
- Leeds Community Healthcare Trust
- Local Health & Wellbeing
- Airedale General Hospital
- West Yorkshire Integrated Care Board

A special thank you to Michelle Cale and Elaine Rey from Leeds City Council for their valuable input and liaison with the NHS England AIS board.

Additionally, we appreciate the users from the following organisations for testing the webpage and offering their feedback.

1. West Yorkshire Sight Loss Council
2. Leeds Society for the Deaf and Blind People
3. People's First Keighley

Finally, we want to thank Tatum Yip and Katie Joenn from Healthwatch Leeds for producing the report.

Appendices

Appendix 1: Feedback on Accessible Information Standard self-assessment question by question.

| Assessment Question | Found the question to be clear | Able to answer the question | Summary of comments |
|--|--------------------------------|------------------------------|--|
| 1a. How do you identify the communication needs of people using your services? | 34 out of 39 responses (87%) | 23 out of 27 responses (85%) | 1a: No clear way to assess how well communication needs are identified. |
| 1b. How consistently or effectively is this working? Your stated position should be supported by individuals' | 20 out of 38 responses (52%) | 11 out of 25 responses (44%) | 1b: questions combine multiple aspects (e.g., consistency and effectiveness), making responses difficult. Confusion surrounding how to determine the efficacy. |

| Assessment Question | Found the question to be clear | Able to answer the question | Summary of comments |
|---|--------------------------------|------------------------------|---|
| feedback of their experience of being communicated with clearly and effectively by your organisation. | | | <p>Different organisations use varied processes, leading to inconsistent answers and scoring.</p> <p>Suggestions:</p> <ol style="list-style-type: none"> 1. Need to separate complex questions into distinct parts, clearly define terms, and simplify wording. 2. Provide examples of how to assess efficacy. |
| 2a. How effectively are people enabled or supported to book | 28 out of 38 responses | 13 out of 27 responses (48%) | Many comments indicate confusion in question 2, especially around question 2c . |

| Assessment Question | Found the question to be clear | Able to answer the question | Summary of comments |
|--|--------------------------------|------------------------------|--|
| appointments (with regard to reasonable adjustments?). | (74%) | | Need to break down complex questions, avoid technical jargon, and ensure each question asks only one thing. |
| 2b. Are communication needs consistently recorded and effectively flagged to ensure proactive support for relevant people? | 32 out of 37 responses (86%) | 19 out of 29 responses (66%) | <p>2b. Treat Recording and Flagging as distinct processes with individual questions rather than combining them.</p> <p>Flagging System – A flagging system may exist, but its effectiveness depends on staff awareness and response.</p> |

| Assessment Question | Found the question to be clear | Able to answer the question | Summary of comments |
|--|--------------------------------|-----------------------------|--|
| | | | Inconsistency Across Care Settings – Different sectors (social care, care homes, medical settings) have varied processes for recording and flagging needs, and answers may be very varied. |
| 2c. Do clinical or other systems allow recording of information that is routinely used, not just technically possible? | 12 out of 39 responses (31%) | 8 out of 23 responses (35%) | 2c. This question has been identified as one of the most confusing in the framework, receiving the lowest rating for clarity. |

| Assessment Question | Found the question to be clear | Able to answer the question | Summary of comments |
|---|--------------------------------|------------------------------|---|
| 3a. Can you share the communication needs of a person using services with other providers as part of a referral or an individual's healthcare journey? (Yes / no / partially) | 32 out of 38 responses (84%) | 20 out of 27 responses (74%) | 3a: <ul style="list-style-type: none"> • The question is too wordy and complex. • Suggested rephrasing for simplicity: "Can you share a person's communication needs with other providers? (Yes / No / Partially)" • Difficult to give a clear answer due to varied referral processes and consents needed from the patients. • Why does only this question have a scale of yes/no/partially? |

| Assessment Question | Found the question to be clear | Able to answer the question | Summary of comments |
|---|-------------------------------------|-------------------------------------|---|
| <p>3b. How effectively are the communication needs of people using your services being shared?</p> <p>Consider how often and effectively people's communication needs are included in referrals and how</p> | <p>27 out of 37 responses (73%)</p> | <p>16 out of 28 responses (57%)</p> | <p>3b:</p> <ul style="list-style-type: none"> • Hard to measure how effectively information is shared. • Suggested rephrasing to focus on evidence: "Is there evidence that communication needs are shared with other providers?" <p>Or</p> <p>"Do processes and systems exist for the communication needs of a patient to be shared with other providers as part of a referral or healthcare journey?"</p> |

| Assessment Question | Found the question to be clear | Able to answer the question | Summary of comments |
|--|---------------------------------------|------------------------------------|----------------------------|
| effectively they are provided to your organisation when people are referred in or transferred to other services. People should only have to share their needs once, and these needs should be met by services to give them | | | |

| Assessment Question | Found the question to be clear | Able to answer the question | Summary of comments |
|--|--------------------------------|-----------------------------|--|
| a seamless healthcare journey. | | | |
| 4. How effectively are your out-of-hours services (e.g. GP out of hours, Mental Health Crisis line and on-call | 22 out of 30 responses (73%) | 9 out of 24 responses (38%) | <ul style="list-style-type: none"> Need to define “out-of-hours” more clearly so it is not interpreted in various ways. Include specific examples of services operating 24 hours or outside |

| Assessment Question | Found the question to be clear | Able to answer the question | Summary of comments |
|--|---------------------------------------|------------------------------------|--|
| <p>teams) meeting individuals' communication needs?</p> <p>These services usually see users seeking urgent and unplanned treatment or support, so it is key that the accessible information standard experience is</p> | | | <p>standard working hours to provide context.</p> <ul style="list-style-type: none"> ○ Hospital and care homes and home care services operate 24/7, making the question less relevant to a large portion of health and social care providers. ○ Offer criteria or examples to help respondents measure the effectiveness of out-of-hours services. ○ Many out-of-hours services are managed by other organisations, |

| Assessment Question | Found the question to be clear | Able to answer the question | Summary of comments |
|---|---------------------------------------|------------------------------------|--|
| specifically considered. | | | meaning service providers may not have access to this information. |
| 5. How effectively are individual needs (and those of carers and families) met for services provided in the community, e.g. services delivered in people's homes, in shared service locations such as | 12 out of 35 responses (34%) | 10 out of 24 responses (42%) | <ul style="list-style-type: none"> ○ Clearly state the type of needs being asked about, such as communication needs. ○ Use simple and direct language. Avoid combining different groups' needs in one question. ○ Again, hard to measure how effectively individual needs are met. ○ Not all services provide services in the community, and some only provide |

| Assessment Question | Found the question to be clear | Able to answer the question | Summary of comments |
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| community hubs or community mental health services? | | | services in the community, so neither applies to them, or they have been answering all questions from the perspective of a community service. |
| 6a. How do you ensure the provision of quality sign language interpreting and other reasonable adjustments, such as Makaton, Easy Read, audio format and | 33 out of 40 responses (83%) | 15 out of 27 responses (56%) | 6a: <ul style="list-style-type: none"> ○ Need to be more specific and broken down into simpler parts. ○ Use "Do you" instead of "How do you" for easier assessment. |

| Assessment Question | Found the question to be clear | Able to answer the question | Summary of comments |
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| Braille, to support communication? | | | |
| 6b. What data can you provide on the provision of such services? | 28 out of 34 responses (82%) | 14 out of 24 responses (58%) | 6b: <ul style="list-style-type: none"> ○ Challenges in collecting data for various communication supports. ○ Need for clear definitions of required data and centralised data collection. ○ It is important to seek users' feedback for this question. |

| Assessment Question | Found the question to be clear | Able to answer the question | Summary of comments |
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| 7a. How do you review the recorded communication preferences of those using your services to ensure they remain accurate? | 33 out of 39 responses (85%) | 19 out of 25 responses (76%) | <p>7a:</p> <ul style="list-style-type: none"> Some colleagues might interpret this question as asking about contact preferences (e.g., mobile or landline) rather than addressing communication needs. The framework should consistently use the term “communication needs” instead of switching to “communication preferences.” |

| Assessment Question | Found the question to be clear | Able to answer the question | Summary of comments |
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| 7b. How will you use this data to inform service provision in the future and to understand the profile of people using your services? | 30 out of 40 responses (75%) | 15 out of 25 responses (60%) | <p>7b:</p> <ul style="list-style-type: none"> ○ There is a lack of current review processes, making it difficult to answer the question. ○ The question “How will you use this data?” is not suitable for a binary answer. ○ The term “profile of people” needs to be clearly defined. <p>For Question 7b: Clearly define what data is being referred to in the question and split</p> |

| Assessment Question | Found the question to be clear | Able to answer the question | Summary of comments |
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| | | | <p>the question into two parts to address different aspects.</p> <p>Suggested Revision: "Is there evidence that data relating to captured communication needs is used to inform plans to improve the provision of these services for people?"</p> <p>or</p> <p>Separate Questions:</p> <p>"How do you use this data to understand the profile of people using your services?"</p> <p>and</p> |

| Assessment Question | Found the question to be clear | Able to answer the question | Summary of comments |
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| | | | <ul style="list-style-type: none"> ○ “How do you use this data to inform service provision in the future?” |
| 8a. How do you ensure that staff are appropriately trained and have an awareness of both the accessible information standard and how to meet people’s needs, using your | 32 out of 42 responses (76%) | 16 out of 24 responses (67%) | 8a: <ul style="list-style-type: none"> ○ The question may not be effective as the regularity of updating staff knowledge can vary, leading to inconsistencies in the answer. ○ There should be measures to ensure all staff are immediately aware and trained on the standard. ○ The question includes multiple aspects (staff awareness of AIS, meeting needs, |

| Assessment Question | Found the question to be clear | Able to answer the question | Summary of comments |
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| organisation's systems? | | | <p>using systems), which should be separated.</p> <p>Suggested Revision: "How do you ensure that staff using your organisation's systems are appropriately trained?"</p> <p>"How do you ensure staff have an awareness of the accessible information standard and how to meet people's needs?"</p> |
| 8b. How well do you share the learning of good practice and from concerns raised? | 32 out of 40 responses (80%) | 22 out of 28 responses (79%) | <p>8b:</p> <ul style="list-style-type: none"> ○ The question is vague and could benefit from being more specific. |

| Assessment Question | Found the question to be clear | Able to answer the question | Summary of comments |
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| | | | <ul style="list-style-type: none"> The question is not suitable for binary answers and may need to be rephrased for clarity. <p>Suggested Revision: "Do you have evidence to show that you learn from good practice and concerns raised? Provide examples of how this learning has been implemented."</p> |
| 9a. How do you ensure that people, family, and carers are aware of their right (and opportunity) to have | 35 out of 40 responses (88%) | 20 out of 26 responses (77%) | <p>9a:</p> <ul style="list-style-type: none"> "Reasonable adjustment" appears for the first time in the form, so we again need to use consistent terms in the form. |

| Assessment Question | Found the question to be clear | Able to answer the question | Summary of comments |
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| reasonable adjustments put in place for them? | | | <ul style="list-style-type: none"> ○ The question includes different aspects, such as awareness of rights by patients and family/carers, and may need to be separated into distinct parts. ○ Ask the organisation to provide examples of how awareness is raised (e.g., posters, website information, patient letters). |
| 9b. How do you measure success in this area? | 28 out of 38 responses (74%) | 9 out of 25 responses (36%) | 9b: <ul style="list-style-type: none"> ○ Measuring success is difficult due to varying communication needs and the capacity of individuals to provide feedback. |

| Assessment Question | Found the question to be clear | Able to answer the question | Summary of comments |
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| | | | <p>Suggestions: Provide clear definitions and examples to make the question more specific.</p> <p>“Can the organisation demonstrate it seeks and reviews feedback to ascertain the extent to which people are aware of their rights and how to enact them?”</p> |
| 10a. How do you ensure that your complaints process is inclusive and | 36 out of 38 responses (95%) | 15 out of 24 responses (63%) | <p>10a:</p> <ul style="list-style-type: none"> Most people commented that the questions are well-worded and easy to understand. |

| Assessment Question | Found the question to be clear | Able to answer the question | Summary of comments |
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| accessible to a range of people with different information and communication needs? | | | <ul style="list-style-type: none"> ○ However, some colleagues expressed difficulty in obtaining information from the complaints team and the binary nature of the question. |
| 10b. How do you use the complaints findings to improve services? | 35 out of 39 responses (90%) | 19 out of 23 responses (83%) | 10b: <ul style="list-style-type: none"> ○ The question is broad and may not specify if it relates to Accessible Information Standards (AIS). ○ The question is clear but could be more specific to assess effectively. |

| Assessment Question | Found the question to be clear | Able to answer the question | Summary of comments |
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| | | | <ul style="list-style-type: none"> ○ Some comments indicate the question feels more applicable to the Patient Experience Team rather than specific services. <p>Suggestions for Improvement</p> <ol style="list-style-type: none"> 1. Ensure questions are specific and clearly define if they relate to AIS or other standards. 2. Consider if a descriptive response would be more useful. |

| Assessment Question | Found the question to be clear | Able to answer the question | Summary of comments |
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| | | | 3. Highlight how feedback from complaints is used to improve services, providing specific examples. |
| 11a. Please detail the total number of people using your services with information or communication needs (that are disability related) recorded | 31 out of 37 responses (84%) | 19 out of 29 responses (67%) | <p>11a:</p> <ul style="list-style-type: none"> Some organisations find this question straightforward. i.e. Performance teams can run reports from electronic patient records. Some organisations found it difficult to break down data into disability-related or non-disability-related needs. |

| Assessment Question | Found the question to be clear | Able to answer the question | Summary of comments |
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| <p>within the previous financial year.</p> <p>To give context, please detail the number of all people using your services and then the percentage of people using your services who have communication needs recorded.</p> | | | <ul style="list-style-type: none"> ○ Incomplete or inaccurate recording of communication needs. <p>Suggestions for Improvement:</p> <ul style="list-style-type: none"> ○ Improve data recording practices to capture solutions for communication needs, not just the needs themselves. |

| Assessment Question | Found the question to be clear | Able to answer the question | Summary of comments |
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| 11b. Where paper records are used rather than electronic records, you should show how you ensure effective recording and flagging of people's needs. | 30 out of 37 responses (81%) | 19 out of 25 responses (76%) | <p>11b:</p> <ul style="list-style-type: none"> ○ Consistency in reporting: Need for a consistent method across organisations. ○ Data quality concerns. <p>Suggestions for Improvement:</p> <ul style="list-style-type: none"> ○ Simplify the question to "state the number of people using your services and the percentage with communication needs recorded." ○ Address data accuracy and quality issues. |

| Assessment Question | Found the question to be clear | Able to answer the question | Summary of comments |
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| | | | <ul style="list-style-type: none"> ○ Provide clear definitions and guidelines for reporting. |
| 12a. How many requests for reasonable adjustments around communication (linked to the AIS) were made in the previous 12 months (April – March)? | 26 out of 31 responses (84%) | 12 out of 28 responses (43%) | 12a: <ul style="list-style-type: none"> ○ Although this question is clear to most people, some report difficulties in reporting specific requests for reasonable adjustments. ○ Some people said it was important to categorise reasons for unmet needs (e.g., resource limitations, system failures), so it would be good to include prompts to categorise reasons for unmet needs. |

| Assessment Question | Found the question to be clear | Able to answer the question | Summary of comments |
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| <p>12b. What percentage of these could not be met?</p> <p>Please detail any actions you have taken or intend to take in relation to addressing needs that could not be met (if any) in the last financial year. The</p> | <p>25 out of 29 responses (86%)</p> | <p>6 out of 25 responses (24%)</p> | <p>12b:</p> <ul style="list-style-type: none"> 76% of people were unable to answer this question, as many adjustments are part of everyday interactions and not formally documented. They said it was hard to track whether communication needs have been met. Complexity in reporting: Difficult to provide accurate figures due to the spontaneous nature of requests. <p>Suggestions for Improvement:</p> |

| Assessment Question | Found the question to be clear | Able to answer the question | Summary of comments |
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| response should include the reasons why these needs could not be met. | | | <ul style="list-style-type: none"> ○ Simplify the question to focus on barriers and challenges in meeting requests. ○ Consider breaking down the question into more manageable parts. ○ Provide clear guidelines for recording and reporting data. |
| 13a. How many complaints related to accessible communication have been received by your organisation within the | 29 out of 33 responses (88%) | 17 out of 23 responses (74%) | 13a Key Points: <ul style="list-style-type: none"> ○ The question is generally clear. ○ Some respondents find the last part of the question unclear. |

| Assessment Question | Found the question to be clear | Able to answer the question | Summary of comments |
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| <p>period from April to March (the last financial year for which you hold data)? This should include the total number of complaints and show what percentage of all complaints this represented.</p> | | | <ul style="list-style-type: none"> ○ It is noted that the question asks for the Trust's response, not the service response. <p>Suggestions for Improvement:</p> <ul style="list-style-type: none"> ○ Make the question more succinct. ○ Clarify the last part of the question to ensure it is easily understood. |

| Assessment Question | Found the question to be clear | Able to answer the question | Summary of comments |
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| 13b. How many of these complaints were not resolved at the first stage? | 25 out of 33 responses (76%) | 15 out of 22 responses (68%) | <p>13b</p> <p>Key Points:</p> <ul style="list-style-type: none"> ○ There is confusion about what “first stage” means and whether it is understood consistently. ○ The question should consider complaints from people with additional needs and communication issues. <p>Suggestions for Improvement:</p> <ul style="list-style-type: none"> ○ Define “first stage” clearly to ensure consistent understanding. |

| Assessment Question | Found the question to be clear | Able to answer the question | Summary of comments |
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| | | | <ul style="list-style-type: none"> ○ Consider including informal concerns as well as formal complaints. ○ Address the accessibility of the complaints process for people with additional needs. |
| 13c. What have you done or do you plan to do in response to these numbers? | 27 out of 36 responses (75%) | 13 out of 21 responses (62%) | 13c Key Points: <ul style="list-style-type: none"> ○ The question is seen as implying there are many complaints, which may not be necessary. ○ There is confusion about what numbers the question refers to. |

| Assessment Question | Found the question to be clear | Able to answer the question | Summary of comments |
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| | | | <ul style="list-style-type: none"> ○ Some respondents are unsure whether the question refers to 13a or 13b. ○ The format of the question may not be suitable for self-assessment on a binary basis. <p>Suggestions for Improvement:</p> <ul style="list-style-type: none"> ○ Clarify what numbers the question is referring to. ○ Consider rephrasing the question to avoid implying a large number of complaints. |

| Assessment Question | Found the question to be clear | Able to answer the question | Summary of comments |
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| | | | <ul style="list-style-type: none"> ○ Ensure the question format is suitable for self-assessment, possibly by asking about plans to address findings. |
| 13d. What actions have you taken to ensure that your complaints process is accessible to people, family, and carers? | 31 out of 34 responses (91%) | 16 out of 22 responses (73%) | 13d Key Points: <ul style="list-style-type: none"> ○ The question is seen as a repetition of 10a. ○ It is noted that the complaints process needs to be accessible to all. ○ Some respondents find the question clear, while others see it as not specific to AIS (Accessible Information Standard). |

| Assessment Question | Found the question to be clear | Able to answer the question | Summary of comments |
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| Include any future planned actions as well. | | | Suggestions for Improvement: <ul style="list-style-type: none"> ○ Clarify how this question differs from 10a. ○ Ensure the question specifically addresses accessibility for people with communication needs. ○ Consider merging or rephrasing to avoid redundancy with 10a. |