

Communications Good Practice Guidelines

Accessible Formats

To ensure we provide services which are accessible to disabled people we must provide information in accessible formats.

The following is a general guide to help us provide clear and accessible information.

Our Responsibilities

We all have a responsibility to avoid creating barriers for disabled people whatever our role, either as managers or colleagues.

To create good communication we must ensure that we do not use any language, or take any actions that will discriminate, either directly or indirectly, against patients, carers, members of staff, visitors or others who are disabled.

The Law - What we must do

The Disability Discrimination Act (DDA) 1995 and its amendments gives protection to disabled people and intends to end the discrimination that disabled people meet in:

- employment
- education
- access to goods, facilities and services

The Trust reviewed and published its Disability Equality Scheme in December 2009 which has now been incorporated into the Single Equality Scheme. See the Disability Action Plan at:

<http://nbsvr16/sites/askhr/hrstaff/Equality/DisabilityActionPlan2010.doc>

United Nations Convention

The British Government signed up to the Convention on the Rights of Persons with Disabilities in June 2009. Article 21, Freedom of expression and opinion and access to information, states that we must provide information to the general public in accessible formats and technologies that are appropriate to different kinds of disabilities, in a timely manner and without additional cost.

Information

All information should be clear and easy to read. The Plain English Campaign guidelines are:

- an average sentence length of 15-20 words
- use of active verbs instead of passive ones
- use of everyday English
- use “we” instead of “the Trust” and “you” rather than “the department”
- be concise

Translations

Translations may be needed for specific audiences or individuals.

Key issues are to:

- Ask people what they need
- Consider translating materials into different formats e.g. Braille, different Fonts, video or aural tape
- Provide a sign language interpreter
- Offer different formats and who to contact for these

Printed material

The Trust recommends that “Arial” is used with a minimum size of point 12. The following guidelines for materials for people with sight impairments are recommended.

Do use:

- Text with a minimum size of 12 point (14 point would reach more people with sight problems)
- For large print documents use sizes 16 to 22 point
- Plain, legible typefaces like arial
- Black text on white background. This produces the best contrast.
- Blue paper for dyslexic people.
- Uncoated print paper weighing over 90 gsm
- High-contrast images with clean backgrounds. These are easier to view
- Align text to the left side only
- Bold to highlight text

Do Not:

- Superimpose type on images like watermarks, or pictures
- Put text around images, which produce a ragged left-hand edge
- Align text to the right or centre
- Use italics and underlining
- Use combinations that people who are colour-blind cannot distinguish, such as green and red and high-gloss paper

Translating and Interpreting Service

The aim is for all service users to have equal access to information about Trust Services, their treatment and care. More details and how to book can be found at:

<http://nbsvr16/sites/askhr/EqualityandDiversity/InterpretingServices/Pages/default.aspx>

The Trust's policy is to provide all patients, whose preferred method of communication is not English, with appropriate access to information about Trust services, their treatment and care. A range of approaches may be required which may involve the use of technology. Face to face interpreting is used in specific cases. We only employ trained interpreters so do check our approved suppliers to ensure:

- Patients whose preferred method of communication is not English are involved in their care. This reduces anxiety and improves clinical outcomes
- A reduced clinical risk by using fully trained interpreters

- Equal access to care packages and pathways
- Confidentiality is maintained
- No conflict of interest

In an emergency do use the [Emergency Multilingual Phrasebook](#)

Jargon

There is a wide range of commonly used terms and acronyms (jargon) associated with the NHS which may be confusing. Good practice is to consult with relevant people to find out what they prefer , for example, disabled or impaired mobility etc. It is also important to explain all terms used.

To meet different needs do ask about individual preferences whenever possible. This applies to individual communication and terminology used when speaking to a large audience, or writing for wide dissemination.

Consider the words you use, consult before publication. When there are conflicting preferences, the terms used in law are acceptable.

Staff Disability Group

Membership of this Group is open to all Staff who consider they are disabled. New members are welcome. The purpose is to provide a safe space to discuss and raise issues about disability matters for NBT Staff. It offers a formal forum for consultation about the Trusts' policies and practices.

This work informs our decision making and activities, for example, our Single Equality Scheme and associated action plans.

The Group assists in raising awareness about disability issues and working closely with the Equality and Diversity Manager. The Group ensures the processes for monitoring, impact assessment, evaluation and review are inclusive of disability matters. It reports to the Equality and Diversity Committee.

For more information on this please contact:

Lesley Mansell
Equality and Diversity Manager
20 April 2010

Telephone: 0117 340 6471

Fax: 0117 340 3774

E Mail: Lesley.Mansell@nb.nhs.uk

References

“Good Talking” Guide to Communication - ECU 2004

<http://www.ecu.ac.uk/goodtalking/>

“It Takes All Sorts” - Lesley Mansell and Daryl Gough 1994

lesley_mansell@yahoo.co.uk