

29 March 2022

Information Rights & Compliance Team
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Our Ref: FOI/04146

Thank you for your request concerning administration/booking systems.

Your request has been considered and processed in accordance with the requirements of the Freedom of Information (FOI) Act 2000.

1 At the point of registration/referral, in line with the Accessible Information Standard, does your trust currently:

A - ask all patients whether they have any information or communication support needs, and find out how to meet those needs?

Yes we do. Communication and / or information is identified at registration of referral / upon first contact with the service or as soon as is practicable thereafter i.e., when identified a referral is passed to a particular service. This initial question is asked over the telephone, as part of a registration or referral form or through an alternative process i.e. via the community team or online format. In addition, communication and / or information needs are regularly identified proactively and opportunistically at referral registration, clinical triage contact or the next time an existing service user contacts / is seen / contacted by the service. Following identification of the existence of a communication or information need, the specific nature of the support and / or format required is also identified. Team would note any request or identified need on the referral is via tele contact and that should then be picked up and entered as an alert on our Electronic Patient Record (EPR) Systems. When identified further discussion is had on the appropriate platform to recognise the Service Users identified need.

B – routinely highlight or ‘flag’ in the person’s file or notes that they have information or communication needs which must be met?

Yes we do. When a communication or information support need is identified it is entered onto EPR as an alert as per process. Service users, carers and parents are asked to self-define their information and / or communication support needs, and it is these needs which are recorded. It is to ensure that a service user receives information in a format that they can understand and any support which they need to communicate.

C – routinely share this information with other providers of NHS and adult social care, when patients have given consent/permission to do so?

Services would not routinely share this specific information about a service user; unless the service were referring on to a particular service, or they were actively involved in the patients care. However this may need to be checked with other referred services within the Trust.



Regarding consent: All professionals within Trust ensure that they follow relevant existing policies, including those set out in the Data Protection Act 2018 and Mental Capacity Act 2005 around the handling and processing of data.

2 Barriers to compliance:

A - If you have answered 'no' to 1A, what is the main reason why this is not currently done?

Not applicable.

B - If you have answered 'no' to 1B, what is the main reason why this is not currently done?

Not applicable.

C - If you have answered 'no' to 1C, what is the main reason why this is not currently done?

Please refer to our explanation outlined under question 1C.

3 If you have answered yes to 1B, what is the process by which patients' needs are recorded and subsequently acted on? (eg via pop-up alerts within patient administration system, use of colour-coded stickers within paper records)

We have two EPR systems

- Paris has an alert system on the front page
- PCMIS has a pop up alert.

4 In the last three full financial years (2020/21, 2019/20 and 2018/19), have you undertaken any audits to assess your compliance against the Accessible Information Standard or the provision of accessible information generally? If yes, please share any resulting reports/findings.

Our Trust has a membership with AccessAble who survey/reports on all our sites and have Accessible information listed on their website and ours. Website is <https://www.accessable.co.uk>. Our buildings are surveyed when an internal structure change is made.

5 In the last three full financial years (2020/21, 2019/20 and 2018/19), how many complaints has your trust received which primarily related to patients not receiving information in accessible formats? If it is not possible to provide these figures in full without incurring the Act's Section 12 time/cost limit, please provide any figures you are able to within the limit (eg figures for one year, any snapshot reports/audits)

From 1st April 2018 to 31st March 2021 there have been 5 complaints where the words "accessible" or "disability" were mentioned.

2 x theme of communication
1 x theme of staff attitude
2 x theme of clinical practice

6 Please provide figures for your trust's spending on interpreting and translation into non-English languages (if possible, excluding British Sign Language (BSL) interpreting and translation of materials into easy read) for the last three full financial years (2020/21, 2019/20 and 2018/19) together, if possible, with the number of requests for interpreting/translation that this represents.

2018/19	£23k
2019/20	£11k
2020/21	£94k

We are unable to provide you with the requested number of requests. In order for us to provide you with this breakdown would involve us going through 251 invoices. Therefore we have applied exemption S12 - Cost of compliance exceeds the appropriate limit.

It is estimated that it would take 10 minutes to locate and scrutinise each invoice i.e. 41.83 hours @ £25 = £1,045.83.

Should you require further clarification or like to discuss payment, please do not hesitate to contact me.

Please find enclosed an information sheet regarding copyright protection and the Trust's complaints procedure in the event that you are not satisfied with the response.

Yours sincerely

Sue Smith

**Sue Smith
Information Rights Officer**

Enc: Copyright Protection and Complaints Procedure Information Leaflet.

If you would like to complete a short survey in relation to your Freedom of Information request please scan the QR code below or click [here](#).

