‘Piloting and problem-solving phase’ of the Draft accessible information standard Report

1.0 SCOPE AND SCALE OF THE PILOT

The aim of the ‘piloting and problem-solving phase’ was to identifying patients / service users who have information and / or communication needs, and the detail of what those needs are.

This included;

- **Asking:** identify / find out if an individual has any communication / information needs relating to a disability or sensory loss and if so what they are. (for example face-to-face, telephone, form)
    - when in the patient / service user journey needs are identified, and
    - what question(s) work best.

- **Recording**: record those needs in a clear, unambiguous and standardised way in electronic and / or paper based record / administrative systems / documents.

- **Acting**: take steps to ensure that individuals receive information which they can access and understand, and receive communication support if they need it.

The trial was conducted in the following areas;

- Urgent Care (Minor Injuries Unit)
- Speech & Language
- Outpatients and
- Ophthalmology

1.1 The Project Group

This is the first time that this area has been examined in any depth and the project group comprised experts from various parts of the Health and Social Services, with representatives of user groups and relevant voluntary sector organisations, in particular Sign Communications Ltd, Blackburn Blind Society and Health Watch.

As well as those serving on the project group we set out to draw on the experiences of people with disability, impairment or sensory loss in East Lancashire. Their involvement in the pilot was essential and many lessons have been learnt as a direct result of their openness during each stage of the process.

We would like to thank all of the people from inside and outside the Trust for their significant efforts and support via their time, experiences and ideas.

The project group included;

Nazir Makda, Equality & Diversity Manager – ELHT and (Pilot Project Lead)
Louise Grant**,** Sign Communications, North West
Jemma Byrom, Projects Coordinator- ELHT
Sheila Latham, Blind Society, North West
Cath Thomson – Ophthalmology Clinic ELHT
Debra Keppler – Speech Therapy Assistant ELHT
Mandy Galling -Specialist Speech & Language therapist
Lesley Eland, Receptionist minor injuries, ELHT

With Support from

Michelle Donaghey, Occupational Therapist CEDA Centre
Mark Rasburn, Health Watch (Chief Executive)
Claire Moran**,** Health Watch
Margaret Mills, Service User
Bernard Styan, Outpatients Service User Group
Lisa Grendall, Patient Environment Manager, ELHT
Carl Fairclough, Head of System Support, ELHT
Rosemary Duckworth, Directorate Manager, Outpatients & Administration, ELHT

1.2 Care Setting

East Lancashire Hospitals NHS Trust (ELHT) was established in 2003 and is a large integrated health care organisation providing acute secondary healthcare for the people of East Lancashire and Blackburn with Darwen and community healthcare services for the population of East Lancashire.

Our population includes some of the most socially deprived areas of England. We aim to deliver high quality, high value care and contribute to a health gain for our community. Located in Lancashire in the heart of the North West of England, with Bolton and Manchester to the South, Preston to the West and the Pennines to the East we have a combined population in the region of approximately 530,000.

We have a total of 1,079 beds, 25 theatres, 2 cardiac catheterisation labs, 7 endoscopy rooms and five hospital sites at the Royal Blackburn Hospital (RBH), Burnley General Hospital (BGH), Pendle Community Hospital (PCH), Clitheroe Hospital (CLI) and the Accrington Victoria Hospital (AVH).

East Lancashire has an ageing population in the sense that the numbers of people over 75 years has increased and is projected to continue to do so. This has an impact on the communication and information needs of patients. Black Minority Ethnic Group makes up over 20% of our population. It is estimated that 8.6% have a disability but this figure could be much higher as discloser rates are very low.
The Trust is a major local employer. The whole time equivalent (WTE) workforce is 7,273.

2. ACTIONS TAKEN TO EFFECTIVELY IMPLEMENT OR TRIAL THE STANDARD IN EXISTING SYSTEMS

East Lancashire Hospitals NHS Trust (ELHT) from 1st March 2015 until 31st March 2015 set up a project group to pilot the Draft accessible information standard. Information about the project and details of ways to get involved were promoted through a wide range of communication mechanisms, contacts and networks including meetings, direct email, etc.

Under the umbrella of 'accessible information and communication' a range of individuals were able to share their expertise, experiences and put forward suggestions for improvements with regards to accessible information and communication support within East Lancashire Hospitals.

2.1Staff training, awareness and support

Staff at the pilot sites received 1:1 briefing sessions about the Draft Standards and in particular their role in the piloting and problem-solving phase particularly those most closely involved (mainly reception staff and their line managers), and these were followed-up with cascading information about what the pilot entailed.

Pre-pilot testing phase staff at the pilot sites was asked to complete a questionnaire about their awareness and experiences of communication in their setting and about their ability to provide the information and or communication.

Most of the staff in the pilot sites have received equality and diversity and customer care training, five staff had received impairment-specific training such as Deaf Awareness, although several front line/reception staff have also received BSL Level 1 training. In one of the focus group conducted Deaf people said that they thought receptionists should be able to use sign language, and that very often they cannot see the receptionists' faces in order to lip-read.

During the awareness raising sessions staff were asked how long it would usually take them to respond to requests for a range of alternative formats – audio, braille, easy read, etc. In all cases, the most common response was they would contact the equality and diversity team. The reason for this is that there is no comprehensive accessible information policy or guide for staff to adhere to although there is an Interpretation and Translation Policy which has a section on hearing impairments hence staff know how to book a BSL interpreter.

Interpreting translation policy V5 (

2.2How needs are identified - Asking

A common response from staff in the pilot sites when questioned about accessible information or alternative formats is that there is never much of a demand. Majority of the requests are for community language and British Sign Language Interpreters.

Staff mentioned that currently they find out about patients, information or communication support needs by asking directly in person or by phone, assessment forms, referral letters, referral documentation, GP referrals, choose & book, via clinical staff and carers.

However there was a lack of awareness amongst some staff in terms of what alternative formats is available, or for that matter unaware of the existence of the information in the first place, then it follows that demand will not be high. Even when information in alternative formats exists, their availability is typically advertised in places that are inaccessible to the people who require them.

Sign Communication has been working in partnership with ELHT to raise awareness of communication support available for people with hearing loss. Information leaflets are displayed in waiting areas and advertised across the Trust and this has led to an increase in uptake of alternative formats being requested including BSL interpreters.

SCNW Poster - PDF.pdf

A review of current systems and mechanisms, policy and procedure with regards to supporting patients/service users with information and or communication needs was undertaken.

Due to time and other constraints the project team was unable to use different types of communication methods as the original plan was to advertise the service on the pay TV within all wards and develop a video promoting the Communication Card in waiting areas across the Trust and more widely into health centres.

2.2.1Questionnaires

The role of 'first point of contact' staff, for example receptionists is crucial in asking, patients information/communication needs? The project team proposed a few questions which staff felt comfortable asking to patients;

The staff agreed on a standard question;

- "Do you find it difficult or do you need support to see, to hear, to speak, to read or to understand what is being said?"

Staff at all the pilot sites mentioned that they did not stick to asking the same question about needs and tailored the question to each individual patient. It is interesting to note that for all pilot sites with the exception of urgent care the provision for communication support is organised well in advance so in many cases there is no requirement to ask questions.

Nonetheless there are occasions where the provision is not in place, a common example is of BSL interpreter, if a patient attends the clinic without an interpreter booked, as contingency staff have to organise an interpreter and this will delay the appointment as it takes one hour to source a BSL interpreter, although there was a lack of awareness from staff that there was a facility available to utilise the Sign-

Phone (video) service which is immediate access to a BSL interpreter, thus patient can be seen immediately.

In general, there were difficulties collecting data as staff at all the pilot sites were incredibly busy with complex schedules, increased patient activity, holidays, and year end pressures.

Despite the aforementioned difficulties it was decided members of the project group would go through the questionnaires therefore members of the project group conducted 1:1 interviews with patients in clinical waiting rooms

2.2.2 One-to-one semi-structured interviews

During the testing phase, patients were interviewed by members of the project group within waiting areas of all pilot sites. Members of the project group used the attached questionnaire as prompt, However it was up to the individual patient to self-define

Questionnaire to Record peoples comm

Although based on a small sample, a total of 22 questionnaires from the pilot sites identified patient's information/ communication needs;

- Contact by letter, telephone, face to face, email
- Text message for reminders
- Easy read
- Large print
- Longer appointment times
- Audible alert
- Needs Communication supported by written notes
- Uses non-verbal communication
- Requires family member or carer
- Uses personal communication tool

A major challenge is knowing which of the formats is required by a specific individual. Some participants felt that examples of types of communication support and / or alternative formats should be given to support people in answering effectively.

The importance of clarity as to individual's specific needs was highlighted, for example a range of font sizes may come under the term 'large print.'

Participants felt that there should be a range of different formats (catalogue) available and methods used by services to record their communication needs, noting the need to be flexible to ensure inclusivity. A catalogue of all of the alternative formats was produced, to support staff awareness and in assisting people to identify their needs and types of communication support.

Alternative formats catalogue.pdf

This meant that when recapturing the information there was more focus on the actual needs of the patients thus demonstrating all the alternative formats on offer which ultimately reduces stigma. Few staff and patients had ever had previous awareness or access to the materials that we showed them e.g. tadoma, hepatic signals, etc.

Where information was advertised as being available in other formats, although the front cover advertises its availability in five other languages (but not British Sign Language), there is no mention of availability in alternative formats. Participants suggested that the offer of alternative formats should be clearly displayed in large print on the front cover of all printed materials, and not at the back in small writing.

One person complained that alternative formats have not been sent even when they have been asked for, perhaps suggesting that they were never actually available or that processes have not been developed to ensure that they are distributed.

Individuals with a sensory impairment suggested that they should be given the opportunity to discuss how they wish to be communicated with e.g. text messaging and e-mail for the making of appointments; speaking medication label should be available. Another person was aware of a medication label available in America that incorporates a microchip and miniature speaker that can record and play back the dosage.

Many people with a visual impairment said that they do not read health information leaflets because they either did not know what they were about or never received any.

Many disabled people spoke of the problem of clinical staff only talking to the person accompanying them and not to them. People generally prefer to see the same clinician, as this means that they can build up a relationship and overcome some of the barriers.

One disabled patient thought that the size of the text on the appointment letter was too small but did not have the confidence to ask for a large print as they did not want to be causing fuss.

Majority of the participant interviewed did report feeling more confident that, time permitting, staff will try to adjust their communication styles to make health information more accessible to them. Participants have said that they have experienced health care professionals adjusting the way in which they communicate and that this has assisted them to understand and has helped them feel confident enough to ask questions.

One participant in particular had found a great improvement and, in practical terms, this has meant that he is able to attend appointments on their own. He commented that his Consultant uses language that he can understand and takes time to explain and ensure that he has understood.

Another participant said that staff took time to read through and explain a leaflet on a particular treatment which she required. The information in the leaflet was not

available in a format which she could easily read. She found this helped her to understand the treatment and its importance.

There were also some examples provided of where hospitals have been provided with information about an individual's specific communication needs when participants have had planned visits to hospital. Two participants who had experience of planned visits to hospital settings appreciated that hospital staff were aware of their specific communication needs when they arrived. As a result the health care professionals were prepared and able to communicate effectively with the participants.

The majority of participants who had experienced care in the hospital setting, as outpatients or when attending urgent care, stated that hospital staff, nurses and doctors talked with them directly. One person said that they felt they had been "treated with dignity and respect".

Participants said that being in hospital made them anxious and that taking time to explain what was going to happen helped to calm their anxiety about what to expect.

2.2.3 Focus Groups

Focus groups, Information & Signposting events (Healthwatch) and Coffee Mornings (Blind Society) were held in March 2015 during which service-users shared their opinions and feelings about how accessible information and communication is for them personally and also make comments on the Draft Accessible Standard.

This feedback informed the issues raised by patients. The events were attended by 65 participants.

A series of questions were presented to a group of visually impaired and hard of hearing people and other members of the public. The aim was to capture their experiences during both hospital appointments and hospital admission and ask for recommendations on how / if there could be improvement.

Although there was a very short timescale to complete this consultation (1 week) it was considered that the responses were fairly representative of the majority of people with this type of disability.

The findings are attached in the PDF file below.

Focus group findings.pdf

2.2.4 Healthwatch Research

Healthwatch conducted a research with people with Learning disabilities, the main themes coming out of our research is as follows;

- Use of the passport - Staff members not asking or using the LD Passport, which details key information about the person


NHS133 Passport to Health_Front_VIS01.


NHS133 Passport to Health_Inside_VIS02.

- Communication **–** not having confidence to communication with staff, or feel able to ask questions. Also an issue with not understanding what staff are telling them
- Time **–** feel rushed when speaking to staff, so not able to fully communicate what is wrong with them or feel they can ask questions if they don't understand due to time constraints.
- Seeing different staff – not able to build up a relationship with staff members, and having to re-tell their story (which then goes back to issues with communications)

Within ELHT there is a specialist Learning Disabilities Liaison Nurse who supports services and people with a learning disability while they are in hospital, to make sure they get the care they need this includes supporting patients with their information and communication needs i.e. making provision of easy read materials, advocates, etc.

The people with learning difficulties that we consulted preferred websites with lots of pictures, with every link having an accompanying symbol. However people with a visual impairment preferred the use of as few pictures as possible. One method of overcoming this paradox would be to provide a text-only version of the site as well as a graphical version.

To help prepare for their stay in hospital, patients can download the following two Easy-read booklets


What happens when you go into hospital.p


good-health-care-for-all.pdf

2.4 How needs are recorded - Recording

Our study shows that information about patient's information or communication support needs is recorded consistently as a routine.

2.4.1 Outpatients and Ophthamology

Effective communication begins before the patient attends the hospital, with the referral letters sent to the hospital from the GP's, for outpatients and Ophthamology the initial referral from the GP practice is recorded (if this information is supplied), it is also downloaded via the choose & book, the staff will record this data on both the Electronic and paper based patient notes (alert sheet). The staff will then make the

arrangements for the provision of the information/communication needs identified in the referral by the GP (choose & book) and the specialist area is invoiced for the cost as the Trust does not have a central budget hence each budget holder is responsible for the cost.

On inspection of the GP referrals (choose & Book) the information contained within those is very poor; little information is recorded about the communication/information needs of the patients.

Referrals will also come from internal services hence staff will record this information on both the electronic and paper records. Some services are proactive as they inform the receiving service of a patient who requires communication support and in some instances the service will make arrangements for the communication support.

There are no fields on the Patient Administration System (PAS) to record information about the nature of people's individual impairments i.e. "blind", "partially sighted", "deaf", "walking" and "other". However different people with the same impairment may have different information access requirements. For example visually impaired people may require Braille, large print or a telephone call. Therefore it would be much more effective to record people's preferred method of communication.

Having said that on the Patient Administration System (PAS) there is a field titled comments on the front screen; staff can record alerts or key messages here. However there is no way of raising a "flag" on the system.

Within the pilot testing phase there was a recurring theme of patients e.g. with visual impairments being escorted by family or carer to the hospital. In some cases the patients have built a relationship with for example a BSL interpreter, therefore if they need to come back to the hospital the patient will contact the same interpreter and the Trust will pay for the costs. Staff proactively schedule additional time for patients known to have communication needs.

Internally consultants record information on a coding sheet, although there is no field for special needs usually the consultants write on the top of the form so it is visible and quite prominent, hence the receiving service will know if the patient has any special needs.

Coding Sheet.pdf

Most outpatient clinics now use self-check-in kiosks. There is scope to use this facility to record patients information/communication needs. Patients will check in for their appointments using the self-check-in kiosks and the dashboard will be updated accordingly i.e. an automated alert will be received by staff. There is facility on the touch screen for visual impairment where the screen highlights information on a bright yellow background. There is facility on the In-touch screen to record information including 'Vulnerable' patient, Visually Impaired patient, face to face interpreter, etc. Attached below are in-touch icons for recording patient special needs.

Explanation of icons colours for activity ve

The In-touch with health system has great potential currently used by 42 hospitals, there is much potential in terms of identifying, recording and flagging the communication needs of patients as different function can be sourced from the company at a cost. Managers are exploring the possibility of using an app that will allow for mobile and internet checking from home, key messages can be scrolled on the screen, including patient calling, etc.

Patient Calling Reference Guide.pdf

check in screen flow.pptx

activity 6.2 user guide recpt may13.pc

2.4.2 Urgent Care

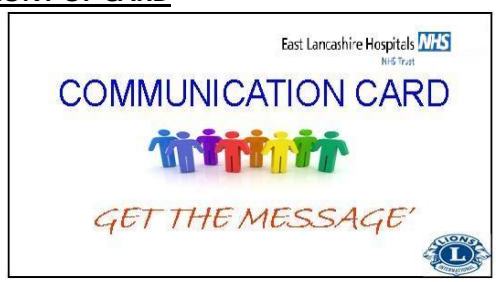
For urgent and emergency care, patients will complete a registration/ assessment form and any information/communication support will be recorded. Further a comprehensive assessment is undertaken as part of the admissions process which takes into account medical, physical, social, communication, emotional and spiritual aspects. Nursing notes, consultations, treatment plans, patient centred goals and national standards assessments also take into consideration individual communication needs as this is essential for consent.

All patients, regardless of circumstances, receive personalised care plans and incorporated within this are risk assessments which allow for appropriate care to be delivered. Assessments include gathering information on the patients information/communication needs where possible. All patients retain the right not to disclose information if they prefer not to.

Urgent care have access to BSL interpreters 24 hour a day, seven day a week, and can access sign phone to enable immediate access to an interpreter or advocate particularly in emergency or out-of-hours situations.

A special “get the message” communication card is also used to record patients information and communication needs.

FRONT OF CARD



BACK OF CARD

Example

My medical condition affects my hearing, please face me when talking So I can lip read.

The CEDAR centre at St Peters in Burnley created bespoke cards for patients, although due to lack of funding this initiative has not been widely communicated

across the Trust or within the community. A major marketing plan will be put in place to promote the use of the communication card across the Trust.

Below is the case study of how the communication card was developed;


Communication Card Case Study & Referra

2.4.3 Speech & Language

For speech & language inpatient referrals are all via EPTS. Community patients are either by letter/fax from GP or consultant (e.g ENT), district nurse, other health professional etc., or telephone referral. The telephone route is often used by nursing homes. Clients can also refer themselves. Staffs contact the patient or their family directly to arrange an appointment by various methods including phone, letter, etc.

People are referred to speech & language because they have a communication problem therefore the service is informed of the patients needs. If a letter just says "stroke" or "head injury" then staffs have the option to seek more details. When telephone referrals come in staff complete a sheet with prompts which ask about hearing, vision, understanding and speech.


Referral form speech & language.pdf

Staff have lots of experience in establishing what can help someone communicate e.g if they know that a person has had head and neck surgery they would send them a letter or text as they know they probably won't be able to speak on the phone, if they are aphasia after a stroke then any letter would be written in larger font and straightforward format. More personalised strategies will be agreed at the initial contact.

If staffs have to refer patients from speech & language to other service e.g. mental health service then the information about the communication support for the patients is communicated to the triage nurse and followed by telephone and written confirmation.

2.5 Flagging

The need for 'flagging' systems to be built into patient record and administration processes was raised by a number of participants within the project group as a way of ensuring that staff was aware of patients information/communication needs.

The Trust currently manages some alerts through the Patient Administration System (PAS). These alerts are broken down into the following:

- Special Registers – These are departmental specific and record sensitive information such as Child Protection, Security and are managed by each individual team responsible for adding and deleting patients on registers as appropriate. This information is shown on screen and is printed off on Cas Cards as **SR** - certain staff within the organisation have access to view this information and report as necessary. This is restricted information and not available to all staff.

- Patient Needs – This register is not currently used on the system, however it enables you to highlight to staff of specific patient needs that patients may have, this does include the ability to highlight patients that may require large print letters and will automate this on the system.

The Trust currently use ICD10 & OPCS4 which are standard codes for acute Trusts; OPCS-4 codifies operations, procedures and interventions performed during in-patient stays, day case surgery and some out-patient treatments. ICD-10 is the 10th revision of the International Statistical Classification of Diseases and Related Health Problems (ICD), a medical classification list by the World Health Organisation (WHO) It contains codes for diseases, signs and symptoms, abnormal findings, complaints, social circumstances, and external causes of injury or diseases.

When a new register is created on the system the trust needs to gain a clear understanding of who will be responsible for adding and deleting patients to registers, as it cannot be assumed that patients will always maintain the same status.

In terms of paper records there is an ‘alert sheet’ inside the front cover of the patient’s medical record/case notes. The Alert Sheet was introduced to reduce risks associated with recording sensitive or clinical critical information (special needs i.e. accessible information or communication, allergies, significant medical conditions etc.) is immediately noticeable on every patients. The Alert Sheet is retained in the patient case notes and managed as a central point of reference.

Alert sheet.pdf

Members of the project group suggested that this information has to be made more prominent, for example that it should be on the top of the front page of the case notes and some suggested that currently the Trust uses the Butterfly symbol for dementia patients and whether the Trust could explore using similar symbols e.g. ear and eye for hearing and visual impairments.

2.6 Sharing.

The current process is that staff receive referrals via the GP or through the Choose & Book, these staff are then responsible for making arrangements for patients with

information / communication needs, although the needs of the patients is not always shared. This creates major problems as in the case of language interpreters we've had many cancellations as there was no provision for communication.

Considerations need to be given to all the downstream systems that currently receive data from PAS. The list will include other systems i.e. Radiology, Physio, maternity, paediatrics', pathology, etc. It is important to remember that correspondence is also sent out to patients from these systems and many more. The Trust currently interfaces downstream systems from PAS. We have contacted CSC (Our PAS provider) to understand if it is possible for us to send the Patient Needs flag down to other systems. Once we understand if this is possible we will also need to understand if the downstream systems are able to receive process and display the same information in their systems.

Whilst we are waiting for the system supplier to get back to us, we are considering what alerts are appropriate and agree what systems we would like to feed the data to if possible via the Health Records Steering Group and the Administration and Systems Group. Both these groups have had discussion on the various systems mainly PAS which produces letters for clinics, emergency department and admissions.

The PAS system has been in place for over 30 years, and is based on Microsoft DOS. It is difficult to manipulate the system even basic things like entering an email address is restrictive; also there are over 100 different templates for letters hence any request for letters to be printed in large fonts will mean changing all of the templates which is complicated and time consuming.

No adjustments were made to systems during the piloting and problem-solving phase, as the IT strategy is undergoing consultation and within that one of the proposals is to review all of the Trust systems. This is currently being debated widely in terms of either updating or replacing the existing system. Although in the current financial climate it may be too expensive to replace the system unless there is national funding available.

3.0 MEETING NEEDS.

In acting upon recorded information and communication support needs, staff within the pilot sites took steps to ensure that communication support in alternative formats was provided promptly and without unreasonable delay. Examples include

- Personal correspondence such as appointment letters and patient information (such as leaflets) in alternative formats such as explaining them face to face or large print
- British Sign Language interpreters
- Text message reminders.

The Trust has a service level agreement with sign communication and we have established a dedicated on-call 24 hour sign language interpretation service that ensures that BSL interpreters are readily available for appointments and emergencies. Attached below is a log of all the bookings of BSL within March 2015.

Bookings of BSL interpreters for the p

The Trust was involved in a pioneering digital translation project for deaf patients. Under the project, Blackburn with Darwen Council which funded through the Council's public health department, nurses at Royal Blackburn Hospital's Urgent Care Centre are able to connect with a British Sign Language interpreter from Sign Communication via a Skype video call so that they can translate on behalf of deaf patients and nursing staff when discussing symptoms & treatment.

The scheme uses a laptop equipped with a webcam in the urgent care centre, set up with a Skype ac-count which links to iPads being used by the interpreters when they are on call. It will give deaf patients the same access to services as other patients and without delays. Previously, assessment of deaf patients who went to the Urgent Care Centre had to be delayed until an on-call interpreter could travel to the site and interpreters' travel expenses and time had to be factored into the costs. Attached below is a flyer promoting the sign phone service?

A4 Poster Main - Signphone.pdf

In the Eye Clinics at Royal Blackburn and Burnley General all patients who have been selected as having further needs are referred to our Eye Clinic Liaison Officer, Jenny Roscoe who works for Action for Blind People. Jenny will support them with all sorts of things for example, information & communication needs, housing, learning support for children and also regularly attends one clinic at Burnley General on a Wednesday and two clinics at Royal Blackburn on Mondays and Thursdays.

3.1 Signage

Some patients mentioned that it is equally important in ensuring that the environments in which care is delivered are accessible and safe and appropriate to the needs of people with sensory loss, looking at it holistically this includes improving signage and information on the website which is the first barrier in any interaction with the Trust. Hence we carried out an equality impact assessment on Trust signage.

EIA_Signage March 2015.pdf

3.2 Dementia Friendly Environments

East Lancashire Hospitals NHS Trust have recently been advised that the Trust has been included as an exemplar case study in a document from the Department of Health *'Improving the environment of care for people with dementia'* - a new Health Building Note (HBN) guidance document on improving the environment of care for people with dementia. Ward C5 'Your Home in Hospital' is the case study of an acute hospital ward designed using dementia-friendly principles - The new HBN will be published on the Department of Health website shortly https://www.gov.uk/government/collections/health-building-notes-core-elements

4.0 IMPACT AND COST OF IMPLEMENTING AND FOLLOWING THE STANDARD / ASPECTS OF THE STANDARD

Most of the pilot testing phase was completed within existing resources, although going forward there will be a financial impact on the Trust as a whole, it is too early to anticipate likely current or future impact as there needs to be both qualitative and quantitative data in terms of number of requests received over a period of time to provide information in alternative formats, staff capacity and time constraints, etc. Hence, action needs to be taken to identify baselines against which to measure future performance.

Within the pilot areas the project has been received as extremely positive as this impact on patient safety and quality and it resonates with our mission statement of providing “SAFE PERSONAL & EFFECTIVE” Care. Everyone involved in this project supported the overall aims & objectives of the standard.

The project group all agreed that the Accessible Standard is long overdue and most needed. Respondents felt that the structure contained within the document of identify, record, share and meet needs was easy to follow and that it was in plain English hence most people would be able to follow and implement.

In our study we found that there should be a central point with the healthcare organisation, within East Lancashire Hospitals both the CEDAR centre and the Speech and Language Service play an important role in assessing and supporting people with communication needs.

Accessible information and communication support should be built into the service level agreements with providers/suppliers taking into account routine or planned care, and emergency or unplanned care and include a caveat of penalty if the supplier fails to deliver the service on time.

For secondary care it is vital to have a dialogue with the Commissioners as the majority of patients are referred to via the GP or NHS e-referral choose and Book system and staff in the pilot sites suggested that in majority of cases there is no sharing of information on the patients information and communication needs.

We found that technology provides limitless opportunities an example is the in-touch self-check in systems used in all outpatient areas, our 24 hour a day, seven day a week access to BSL interpreters and sign phone to enable immediate access to an interpreter or advocate particularly in emergency or out-of-hours situations.

Many participants suggested that the standard should include reference to Equality Delivery System particularly Goals 2.1 and 2.2 as implementing the standards will provide organisation with evidence of meeting these indicators. Also as part of the EDS patients and third sector organisations can be involved in supporting the effective implementation of the standard or in assessing compliance.

There is also recognition that action must be taken to equip heath care staff with the skills needed to meet the communication needs of the people with sensory

impairments they come into contact with. We cannot stress the importance of staff training and the production of an accessible information policy or guide.

A marketing campaign to raise awareness of the initiative and Tools such as the Communication Card will, in future, act as a good measure of performance against the standard.

We also recommend that organisations need a coordinated cross industry effort from a range of stakeholder organisations – GP's, local authorities, community & voluntary groups, healthcare providers etc.

Patients and members of the public in the focus group advocated that the standards should not be implemented in isolation and that Trust's take a holistic approach, this means looking at things like accessibility of signage which in most cases is the first barrier in accessing health care.

This study has highlighted that the Trust is well positioned to improving equality of access to information/communication needs of patients through implementation of the Accessible Standard.

The precautionary note would be to ensure that the accessible information project cannot unintentionally decline, over time, into ticking off the documents. The key is to be clear that it is not the documents per se that we are looking for but what they contain and can demonstrate about either genuine equality of outcomes or a move towards that state.

8.0 NEXT STEPS

As this pilot project comes to a close, further dialogue and coordinated action is required across the many stakeholder groups to ensure patients benefit from the opportunities this project has identified. Clear, robust plans are in place to support implementation, which includes milestone dates for completing particular actions.

ACCESSIBLE INFORMATION IMPLEMENTATION PLAN			
NHS protocol Indicator Description:			
Implementation of accessible information standard as per national guidance and timetable.			
Frequency of reporting to NHS England			
One off. Response to NHS England by 24.04.15			
Project/Managerial Lead - Nazir Makda			
Action	**By Whom**	**Complete by**	**Progress Status**
Finalised our approach to embedding the accessible information standard across the Trust The partnership approach between the Trust and people with sensory loss will be continued through recruitment of people with sensory loss onto the Trust forums and committees.	Accessible Information Project Group	May 2015	
The Cedar Centre (St Peters Centre Burnley) being a central 'hub' – trusted source for all information and signposting on accessible information within East Lancashire Hospitals Trust The Cedar Centre to showcase events/ workshops of accessible technology	M Donaghey	Ongoing	
Produce, promote and disseminate the Get the Message-"communication Cards" to all staff. Review of corporate websites Raise profile of the	N Makda Communications Team	July 15 TBC June 15	

accessible standard through a wide range of communication mechanisms, contacts and networks including training, meetings & forums, bulletins, newsletters, direct email, websites and social media.	Communications Team N Makda Accessible Information Project Group		
Develop Service Level Agreement with providers to ensure provisions of all forms of information and communication is accessible/available	N Makda	By Oct 15	
Developed new accessible information guide outlining how the communication needs of all patients are to be met including the needs of people with sensory loss.	N Makda	Dec 15	
Review of IT strategy, exploring options for how patient and staff activity information will be captured, recorded and shared in the future.	M Johnson	TBC	
Set up a number of drop in sessions, both at Burnley and at Blackburn, to see how a new information system may look and all staff will have the opportunity to ask questions as to how such a system may affect the way they work.	Informatics Team	23 April 2015, Royal Blackburn Hospital, 1 May 2015, Burnley General Hospital,	
Analyse feedback from patient surveys, PALS, or other sources in regards to information and / or communication needs	Governance Team	Jan 2016	
Embed elements of the standard in relevant training courses and education in general e.g.	N Makda	Sep 2015	

within the mandatory equality & diversity training for all staff. Develop an e-learning accessible information programme for staff Include patients with information/communication needs in delivering Customer Care training (Drama for Impact)		Dec 2015 Mar 2016	
Carry out a rapid Equality Impact Analysis on new patient/patient registration forms so that a question about communication / information needs can be included.	N Makda	July 2014	
Devise an online accessible information survey (Survey Monkey) for all staff Create online (intranet Mahara) discussion forum - staff can ask questions & share best practice	N Makda	Oct 2015	
Improve Trust Signage. All Trust buildings to be made user friendly to those with a sensory impairment (including appropriate use of colours and signage, accessible door security systems and working induction loop systems). Involve service users with disabilities in the Patient-led assessments of the care environment (PLACE).	J Maguire L Grendall	Phased over 5 years Ongoing	

Paper to the Board with recommendations in providing resources to allow services to make information and communication accessible.	N Makda	Jan 2016	