

Pilot of accessible information standard @ Cambridge University Hospitals (CUH) NHS Foundation Trust

Report

Scope

CUH is an acute hospital with approximately 1200 beds and 8000 staff. In taking part in the pilot of the draft accessible information standard we focused on:

- the new electronic patient record system using Epic which was implemented at CUH 24 October 2014, in particular current processes for flagging of patient needs and support required and changes that may be required to develop Epic.
- Success of the introduction of the new ward picture menus Trustwide in January 2015.

Actions taken to effectively implement or trial the standard in existing systems

Epic:

- As our new electronic patient record system (Epic) was introduced recently, the Trust has the perfect platform to build on to increase the awareness of patient's needs and support required. Epic currently flags patients on the front page with a drop down box of options regarding disability including blind, deaf, learning disability, speech and communication. Underneath this drop down option list, there is a box where free text can be added. This can be used to expand on the communication support(s) that a patient may require. Those who regularly work with patients with communication difficulties are aware of this, for example our learning disabilities specialist nurse and staff working with patients with aphasia who we have spoken to. However, given that there is no prompt for what to write in this section, we hazard a guess that most staff may not use it to the best of its ability.
- Issues identified: potentially refine the options available for the drop down list of disabilities / add a prompt for staff to advise of information to add to text box for further support / Increase staff awareness.
- No changes have currently been made to the electronic system. Unfortunately, other work pressures and lack of resources have limited the work that we have been able to do for the pilot.
- No changes have been made to existing policies and procedures as a result of this pilot. With the introduction of Epic, many staff tip sheets were written for using the system and, where the system changed processes, Trust documents have been appropriately revised.

- In order to gain further insight into current processes, we have spoken to the learning disabilities specialist nurse, Debbie Stanton, speech and language therapist working with stroke patients with communication difficulties, in particular aphasia, and one of the Epic project managers. We attempted to engage with our eye unit (in particular visual impairment and the cataract clinic) and the audiology department. The audiology department are keen to be involved in improving the recording information on Epic.

Further improvements to explore:

- Epic also produces patient letters. This presents a further area to explore: is there the facility to provide these letters in other formats, for example email in pdf, send in large print, use of colour if these support requirements have been recorded in the patient's electronic record?
- 'My chart' is a patient portal that the Epic team are now working to develop. This will provide patients the ability to check their test results and access relevant information to their condition / procedure etc. We will liaise with the lead for 'My chart' to explore:
 - the opportunity of building in the use of colour / large print and providing information in audio / makaton.
 - the possibility for patients to select their preferences for how they wish to receive communication from the hospital and what support for appointments they may require.

Ward picture menu

- CUH have had a ward menu with a two week menu cycle in place for a number of years. The menu had a complicated coding system for various specialist diets. Debbie Stanton worked for six years to improve this and move towards a picture menu. The new picture menus were implemented Trustwide in January 2015. The focus of these is to enable patients to make their own menu choice at the start of each day with the aid of helpful images and fewer words. The coding system remains at the back of the menu should patients require it.
- The pictures used in the menu were approved by the visual impairment team to agree the dark background colours used. A large font has also been used throughout to aid those with sight difficulties.
- Estates and Facilities agreed to fund the ongoing increased costs of the menu if funding for the photography and setup was provided. This was generously funded by Addenbrooke's Charitable Trust (ACT). The photography and setup cost was £26,000, the ongoing cost is approximately double the cost of the old menu.
- Feedback was gained in the form of focus groups in the process of developing the ward menus. Focus groups / workshops were held for the Aphasia user group and Learning disability user group to gather information about what they found easy to use. Different examples of

picture menus were reviewed in these groups and positive and negative feedback was gathered to provide a first mock-up of the menu. This was piloted with patients on the acute stroke and rehabilitation wards with feedback gathered and used to inform the design. Several options for the background of the photographs were available (grey, white or wood). Patients attending the visual impairment clinic were asked which background made the food easier to see. Finally a focus group for the patient governors was organised to discuss the final ideas for developing the format including and placement of the allergy coding.

- The menus were proofread by the patient information team before publication and presented to the Trust's Reader Panel for information and comments.
- Feedback from the Reader Panel, staff and patients has been very positive. Staff taking orders have reported that patients with communication difficulties are more empowered to make their own decisions, which are now understood by staff. This has reduced stress among staff and patients.

The menus have been in place since the end of January 2015 and staff, patient and visitor feedback is currently being gathered and processed. Out of 212 comments currently being analysed 211 people felt the menus were a good idea and would have a positive impact on patient experience. Many report direct patient benefits a sample of which are in the table below. Further data is currently being collected from people working more directly with patients.

Person providing feedback	Comment
Staff (LD nurse Karen Thompson)	I visited a gentleman on one of the medical wards yesterday (he has mild learning disability, complex mental health and some visual impairment) and he showed me the picture menu and went through what he had ordered. He said the pictures were really helpful and it felt like he had some real control and meaningful choice offered by the new format
Staff	We live in such a multicultural society in Cambridge that this will help all people including those who don't speak and understand English
Staff	I've already seen a patient with dementia using one, it really helped, I work on the orthopaedic wards and some of the people are very deaf and really need the pictures too
Staff	Helps patients, especially those who have difficulty talking and elderly patients

Patient on ward with aphasia	smile, nod, thumbs up pointing to menu
Housekeeping Staff on stroke ward	The new menus make my job so much easier. I am less frustrated and so are the patients because they understand me and I understand what they want – They're great
Visitor	My son has learning difficulties and was an inpatient. Had to use the old menu which was very hard for him. The new menu would be much easier because of the pictures
Staff/relative	Pictures are really clear, easy to use. Yes – husband has a brain tumour and would find them really helpful. He wouldn't be able to use a menu in a restaurant. He wouldn't understand the key on the back
Staff/relative	Looks great – yes dementia, my mother in law is struggling to get the calories in
Staff/relative	Dad has MND, useful for patients who can't talk
Staff/relative	Grandfather in hospital, he can now make choices and he has diabetes and poor vision so he can see what he is ordering
Volunteer	Spent time in hospital as a patient - new menus make it easier to see what you are ordering. Old ones were sometimes difficult to understand

Further improvements to explore:

- Further changes to make are to improve and redevelop the Trust's special diet menu also to a picture menu.
- We would like to develop an app that patients can download to their personal devices. The app would provide an accessible format including text to speech option.

Impact and cost of implementing and following the standard

- Positive impact to improve support for patients in a secondary care setting
- Negative impact - only on staff time initially
- Staff time and resources - such as braille printers, iPads for video translation services, software for printing in other formats such as makaton (not sure of price). Staff time may be reduced if the standard is mandatory and guidance is clear.
- If we provide the option of providing written information / letters / face to face support in other formats do we have the budget to support this? Previous experience with providing written information in other languages

would suggest not. This will therefore require further discussion with senior managers and with the equality and diversity steering group committee.

- Staff engagement and training - who will provide this and how? Will training be mandatory and refreshed regularly?
- Support from senior staff required to make changes to Epic.
- As Epic is a new system, the project team are currently fixing more urgent patient safety issues and working on the optimisation phase.

Feedback on implementing the standard using existing documents in current form

- We are lucky that we are a step ahead with Epic, therefore implementing the standard and recording patient disability and communication support is achievable.
- However, we are not clear who is adding the flag /alert on the front page within Epic. In carrying out a small spotcheck of patient's records with known disabilities, the level of support information differs greatly. Standardisation would therefore be beneficial.
- How do we communicate with GP surgeries and social services to share information instead of duplicating?
- What we have not been clear on in the process is what the standards actually are. We are clear of the goals as advised in the guidance documentation provided but are there a list of standards that we can monitor and be assessed against?
- We aim to develop a steering group with representation from key members of staff with experience of working with patients from the different disability groups to discuss current practices and future improvements.

Benefits of implementing the standard

Although we do not have any data to support these points, we believe that the standard will:

- increase efficiency of appointments - correct support available
- reduce missed appointments
- improve patient experience
- reduce patient frustrations with not being understood
- reduce patient frustration in receiving information in the correct format
- the two above points may have a positive impact on reducing concerns alerted to either clinic and ward staff and PALS and will also reduce staff frustrations.

If the standard is made mandatory and fed into CQC standards, this will greatly reduce the local difficulties of making changes to existing systems and ensuring that staff are 'on board'.

Additional comments

It has been a difficult and frustrating process trying to introduce accessible information and environments. There can be an attitude that accessible information such as picture menus should be limited to specific wards such as elderly medicine and stroke. It is difficult to persuade some senior management staff of the prevalence of communication disability and the need for widely available support. If the standard was brought in as mandatory the people who find the principles difficult to understand would have clear guidance on what the NHS should provide.