

# The Accessible Information Standard: Making it happen

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Warren Oldreive, Mary Waight

**Providing  
information is the  
basis of every other  
health intervention.**

***‘Information prescriptions’***

# Information

Spoken e.g. 1:1

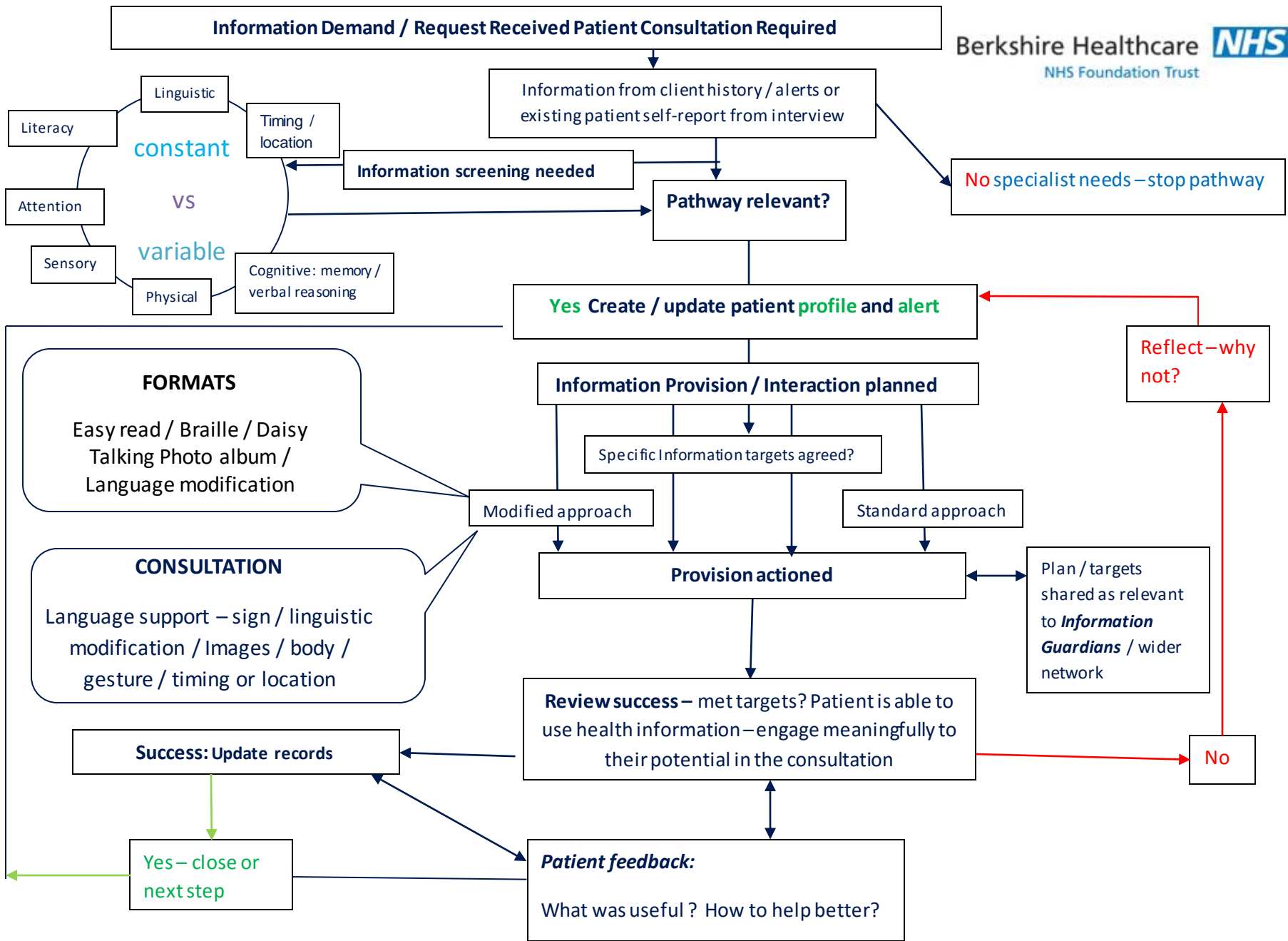
Written e.g.  
leaflets, reports  
letters,

Video /  
virtual

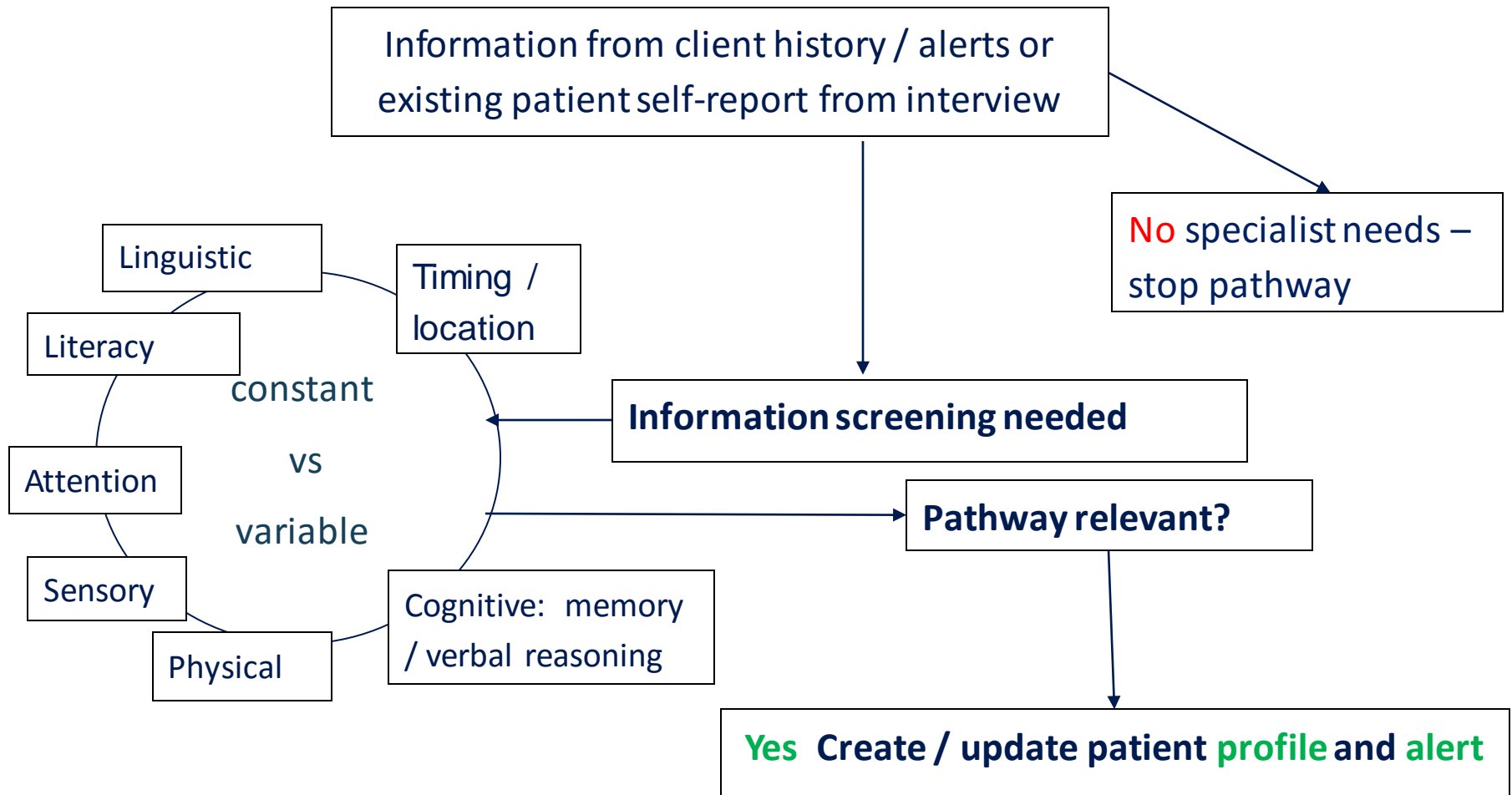
audio

# Lessons from the Pilot

- There are wide variety of individual needs regarding information:-
  - Language
  - Literacy
  - Ability to understand and to use information
  - Access – meet sensory/physical needs
- Providing information in a systematic and logical fashion which meets the individual's needs and can be built upon for further needs/interventions

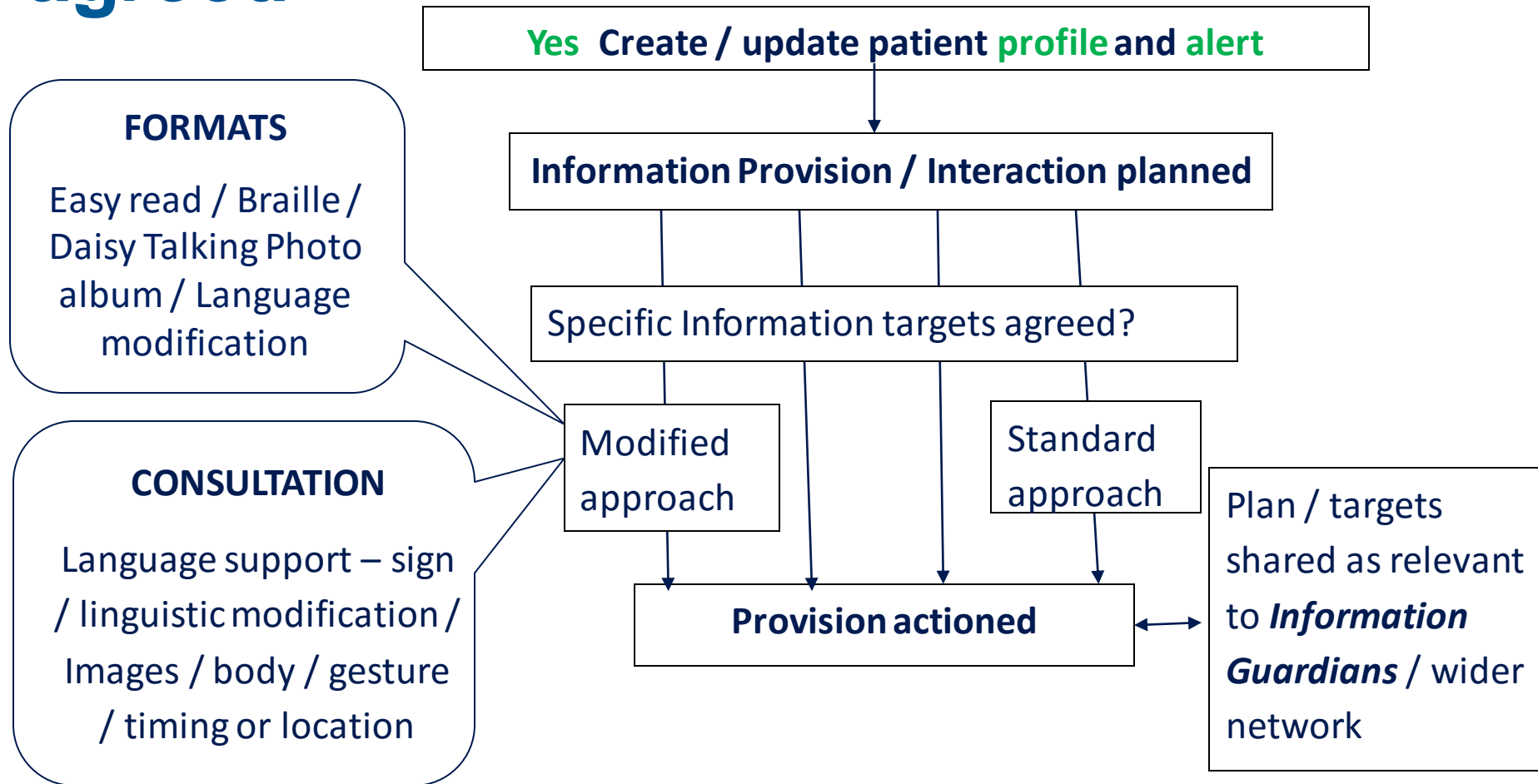


# Identifying needs – how?



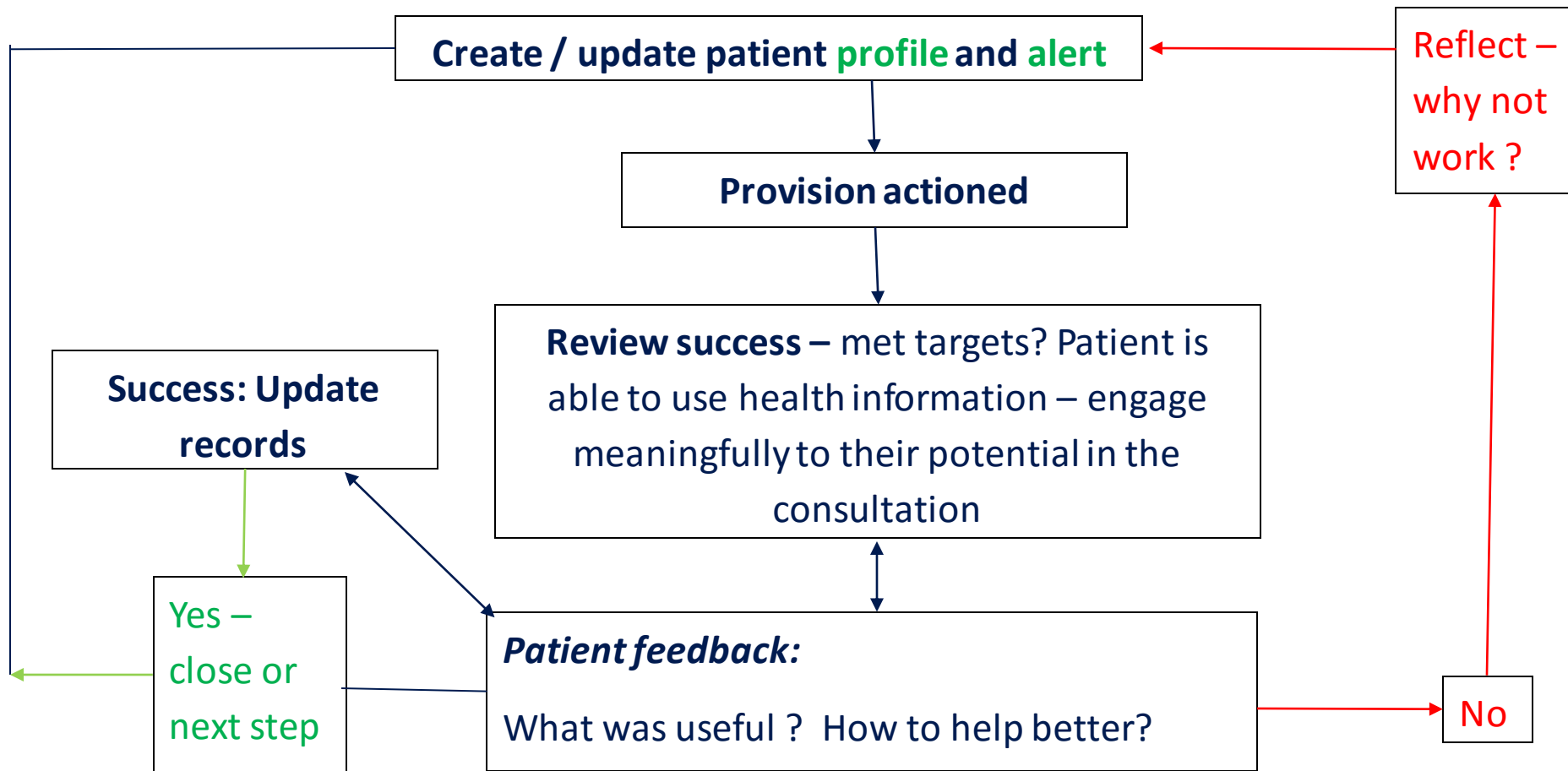
- Range of information sources/shared data
- Decisions about what is needed
- What information is important

# Intervention – Planned and agreed



- Consider: linguistic, iconic codes, verbal reasoning, support available
- Be flexible – work with strengths not needs
- Consider wider support network to help person as part of plan

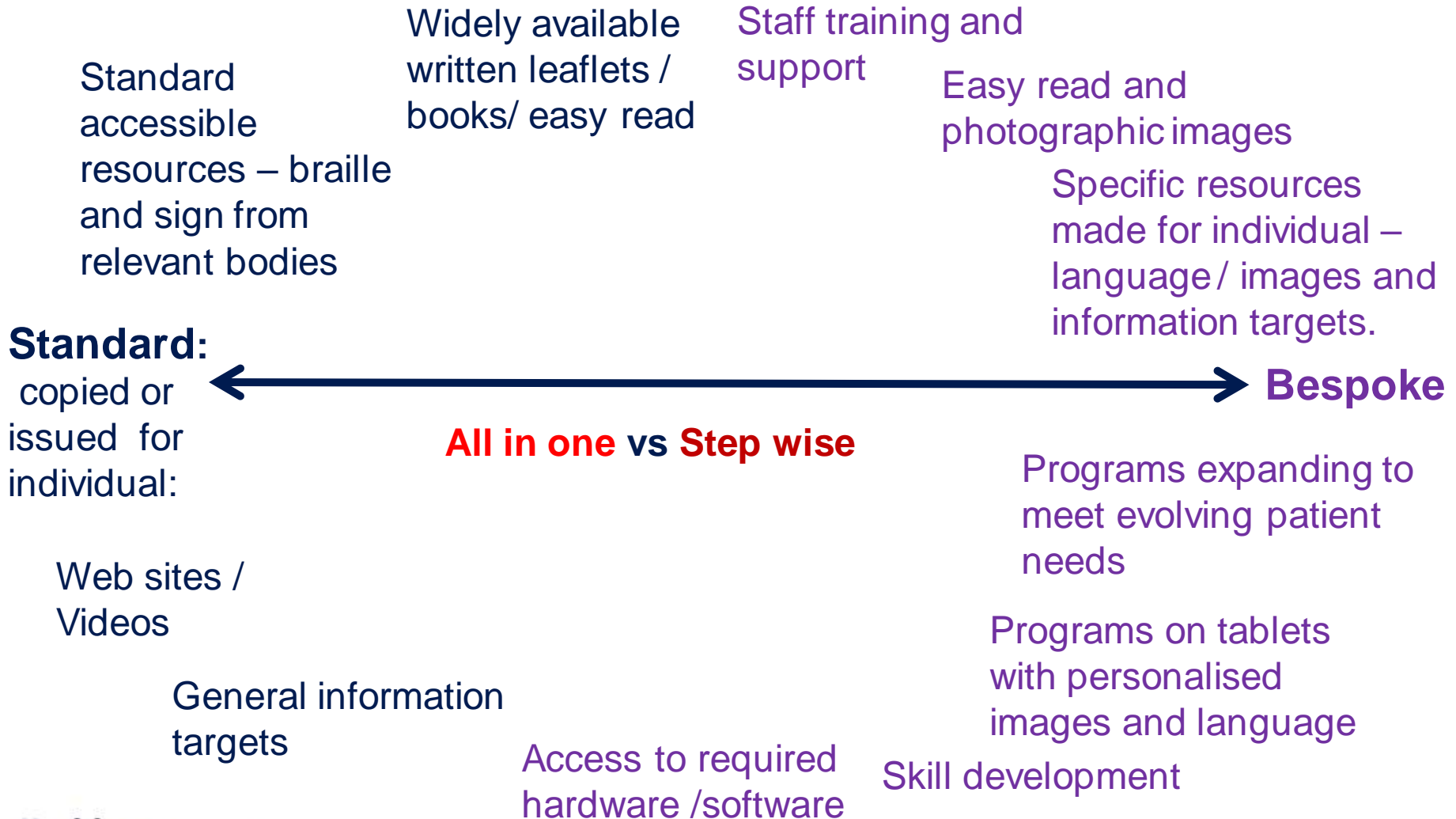
# Review – did it work?



- What can we learn for next time?
- If not successful – why not.....
- Client feedback can help us with future management



# Continuum of Support



# Benefits to patients/clients

- Have access to the information they need in a format they understand from the services who support them
- Able to make decisions and choices about their own health
- Informed consent to treatment or therapeutic interventions
- Able to work in partnership with health care professionals
- Flexible person centred approach

# The Challenge

- Making clinicians/patients see the benefits:
  - Not just ‘extra work’
  - Ongoing process of culture shift – joint work
  
- How to meet the challenge
  - Develop evidence base of successes
  - share good practice nationally
  - Influence future developments and national and International level – e.g. IT developments

# Implementing the Accessible Information Standard

The story so far.....

# Berkshire Healthcare NHS Foundation Trust

- Community, mental health and learning disability trust
- Covering Berkshire – rural and urban areas, areas of deprivation
- Range of clinical services
  - Community hospitals: in patients e.g. for rehab and Clinics e.g. podiatry, audiology
  - Mental health hospital – in patients
  - Schools
  - Community teams e.g. mental health, district nursing, learning disability
- 2,000 clinical staff plus administration
- 7 software resources with varying contracts that do not liaise with each other directly

# Information Standard Implementation Team (ISIT)

- Has director backup within BHFT
- Responsible officer - head of MaComms
- Project lead – 2 days week until July 2016
- Team comprises :
  - Head of IT solutions / IT team member
  - MaComms officer
  - Clinical representatives of Audiology, LD, Dental, Mental Health, Community Nursing
  - Associated members – Risk officer, Equality and diversity manager

# Objectives

- To enable individual's relevant needs to be:
  - identified,
  - documented,
  - shared,
  - highlighted
- To share relevant resources and knowledge across the Trust
- To keep account of risks to Trust and related issues
- To produce
  - workable solutions
  - flexible response to meeting needs

# Objectives 2

- To amend relevant policy
- To raise awareness
  - Within the Trust
  - With patients
- To investigate and implement ways of increasing staff engagement and promote learning with minimal formal ‘training’ for all



# First steps

- Who and how many people - looking at how many people within the key patient cohorts:
  - Hearing Impairments
  - Visual Impairments
  - Learning Disabilities
  - People with relevant neurological disabilities e.g. CVA, Head injury, Dementia (early stages)

# Elements of implementation

1. Identify, Share, Alert
2. Sharing materials, Awareness ‘Training’
3. Tiers of Implementation
4. Executive Level - Strategy

# Identify, Share, Alert

## Element 1

# First step - IT solutions

## Recording identified needs, sharing and alerts

- Main focus on Rio – used by majority of trust
  - Report from renamed – ‘Communication and disability form’ and key data inputted will be added to Demographics screen for attention
  - Alert will be added to existing alert bar (this cannot be modified)
- Bespoke solutions for non-Rio users - human link to help make connections between differing software
- Hope to have system up and running by end of March 2016 for deadline

# Other considerations

- Agreement on the wording to use when asking patients about needs.
- Agreement specifically what options Trust are/will offer to patients
- How to include needs of significant others but not the patient (i.e. parent needs on child records)

**NB need to consider both:**

**face-to-face support in consultation**

**Correspondence from Trust – letters, leaflets**

## Face-to-face

- BSL
- Dual sensory impairment strategies
- Speech-to-text
- Finger spelling
- Note taker
- Sign Supported English
- Talking Mats
- Communication sheets
- Body Maps
- Makaton
- Symbolic systems
- **Explore virtual systems**

## Correspondence

- Large font
- Coloured paper/text
- Word documents
- Easy Read with images
- Easy read no images
- CD / Memory sticks
- Deaf friendly materials
- Braille
- Social Stories
- Books without words
- Talking Photograph Albums

## Patient individual needs

- Literacy needs
- Memory needs
- Linguistic comprehension
- Applying information

## Environmental

- Need buzzers (clinics)
- Quiet place
- Clutter e.g. noise, visual

## Other needs

- Double slots
- First appointment in day

# Sharing materials, Awareness 'Training'

## Element 2



# Communications plan

## Internal with the Trust

### Including:

- **Talking at staff / regional health events**
- **Videos from staff and patients telling stories and sharing experiences**
- **Messages / updates shared on Teamnet and Rio and seen by all staff**
- **Audit – voluntary – encouraging teams to look at what they do now and what could be done better.**

# Communications plan

## External – Berkshire

- Meet with ‘Healthwatch’ – keep them up to speed ask their advice on key matters
- Speak at external events and meetings of key groups
- Aim for roadshows in localities
- Publicity campaign
  - Posters in various locations
  - ? Other options e.g. screens at GP surgeries

NB Will need to have strap lines to make the Information Standard clear.

# ‘Training’ strategy

## ***E-learning resources*** – all staff

to include

- using the IT recording system to meet the standard
- Basic disability awareness
- How to find more information – library
- How to upload you own information to library – need pathways and governance check

***‘Champions only’*** – more in depth face-to-face training on key strategies and approaches

***Champions network*** – small group meets to discuss ideas and feedback success and concerns

# ‘Branding’ Information Standard

Ongoing efforts to develop logo and sound bites that sum up the work / its meaning in order to help build awareness by staff and patients

*‘your health information- your way’*

- Based on Teamnet – open to all staff
- ‘Library’ pages to include:
  - Content for each option offered for IS
  - Brief explanation and sage advice for each element – ie formats
  - Contact details as required for booking etc
  - Useful websites for more information
  - Access to pre-prepared materials / templates and sheets for photocopying/ printing as needed
  - Materials organised by type (ie ‘Talking Mats’ and by topic)
  - Content stored within wider IT systems (drop box)
- Able to be updated and reviewed
- Governance of materials shared within organisation – in trust policy

# Tiers of Implementation

## Element 3

# Tiers of implementation

**Tier 5** – Bespoke plans and materials made for the patient – wider agreed plan in which information provision is an integral part

**Tier 4** – Clinical Team about the patient works indirectly and liaise with wider teams / training for staff members / information targets – regular indirect review planned

**Tier 3** – planning required – set up before e.g BSL signing, Speech-to-text etc)

**Tier 2** – Specialist communication needs (i.e. work with wider communication supports used by that individual – more specialist approaches e.g. Talking Mats)

**Tier 1** – modified standard practice e.g. first appointment of day, large print, Standard Easy Read, Talk back, Talking Photograph Albums non-literacy options

# Executive Level - Strategy

## Element 4



# Risks and Issues

- Highlighting risks and issues
  - SWOT analysis
  - GAP analysis
  - Need to identify likely demand - challenging
  - Define risks in first person terms – a patient does x and something bad happens
  - Try to gauge risks in terms of severity
  - Need to balance IS needs with other strategic risk
  - Need to show what needs to be done, by whom and why
  - Need to ensure work continues after July when team in current form disbands – July start not end of process

# Ongoing barriers and wrinkles

- Time and other pressures
- Lack of organisation and clarify re: responsibility and no overall governance for accessible information.
- Payment – who will pay – central budget versus local – if central may need someone to co-ordinate which is not popular
- Staff fatigue with ‘forms’ to complete on Rio
- Limitation on face-to-face training options to support uptake
- Favour quick fixes and easy solutions / wins
- Will we be in a position to support all.....??
- Overcoming underlying uncertainty about communication needs in general

# Move to virtual?

- Need to offer same support in homes as well as clinics
- Agencies wary about using virtual supports – hardware issues and internet
- Part of wider cultural change required
- Need to build business case arguing for this as part of an ongoing evolution in provision
- Need to work with patients / staff to build their confidence in use of technology in this way

# Wider language and learning

- Compliance requires staff to consider how we communicate:
  - Jargon free
  - Plain English
  - Information Prescriptions
  - Information Priorities as required
- If wrong words and language – signing or braille will not help understanding
- Part of culture change in practice.....

# Thinking outside the box

## Developing an Information Standard event:

- Awareness building
- Invite groups/ patients
- Discussion – ‘pulse check’
- Awards for good practice from teams / people

Trust wide – or locality based ?

# Lessons learned

- **Need to push to be heard – competing agendas**
- **Need to get MaComms on board**
- **In terms of needs be specific**
- **Reassure that while list looks long – it may not have that many issues for us in implementing it**
- **Staff who implement may not understand the materials – you will need to explain what, why to them**
- **Need to be creative and flexible**
- **Create seeds of cultural change**

# Lessons learned 2

- **Need to ensure all needs identified and managed – not just ones that can be ‘managed’ by translation**
- **Plan to encourage teams to reflect where they are**
- **Work with heads of various departments to ensure your plans are workable where it needs to be – with patients not on paper or expected use**
- **Need to ensure a legacy continues after July – which is the start and not the end of the process.**

# In conclusion

The question is **not** whether what I am doing is '*accessible*' – everything is accessible to someone.....(even algebra and computer code!!!)

rather

Is it **meaningful** to **this person**, at this **time** in this **place**...

Will the person **remember** and **use** it at the **meaningful time**.



*“The single biggest problem  
in communication is the  
illusion it has taken place”*

*George Bernard Shaw*

**Thank you**

**any questions??**