Accessible Information Standard

University Hospital Lewisham

Enter & View

This report is available to download from our website, in plain text version, Large Print, and can be made available in audio versions if requested.

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1. Introduction

What is Healthwatch Lewisham?

We are the independent champion for people who use health and social care services. We exist to ensure that people are at the heart of care. We listen to what people like about services, and what could be improved and we share their views with those with the power to make change happen. We also help people find the information they need about services in their area.

We have the power to ensure that people's voices are heard by the government and those running services. As well as seeking the public's views ourselves, we also encourage services to involve people in decisions that affect them. Our sole purpose is to help make care better for people.

In summary – Healthwatch Lewisham is here to:

- help people find out about local care
- listen to what people think of services
- help improve the quality of services by letting those running services and the government know what people want from care.

2. Accessible Information Standard (AIS)

The aim of the AIS is to ensure that people with a disability or sensory loss are given information in a way they can understand. It is now the law for the NHS and adult social care services to comply with the AIS.

The standard specifies the responsibility of the NHS providers to identify, record, flag and share information and communication support needs of people with a disability, impairment or sensory loss. [1]

What professionals have to do

1. Ask
Find out if a person has any communication or information needs and if so what they are.

2. Record
Record those needs in a clear way. This can be done on a computer or on paper.

3. Highlight
Make sure that a person's needs stand out in their records.

4. Share
Include information about a person's communication needs when sharing other information about them.

5. Act
Make sure people get information which they can use and understand.

[2]

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[1] https://www.england.nhs.uk/ourwork/accessibleinfo/
[2] http://www.changepeople.org/getmedia/4ad774ac-23ec-4609-b1a1-13280b07a483/CHANGE-Communication-Card-v2

3. Strategic Drivers

In 2016, Healthwatch Lewisham published "*See Hear Now - Access to health and wellbeing services for people with sensory impairments and learning disabilities*". The engagement for this inquiry was carried out before the formal deadline for implementation of the NHS Accessible Information Standard (AIS) in July 2016. Key highlights included communication barriers for the visually and hearing impaired, and lack of awareness and availability of sign language interpreters.

This report builds on our initial inquiry to assess if patient experience has improved following the introduction of the standard.

4. Methodology

- The Enter and View visits to University Hospital Lewisham are part of a wider review looking into the implementation of the standard in the borough, which included Enter and View visits to other providers such as GPs, pharmacies, and opticians. In addition we engaged with people affected by the standard such as people with sight and hearing loss and people with learning disabilities. The aim of the engagement was to gather their experience of local services in relation to the standard.

- As part of this review Authorised Representatives and staff made two separate visits to the four Hospital Wards including A&E, Ear, Nose and Throat, Ophthalmology and Ambulatory Care. The wards were selected following an initial engagement with representatives of organisations supporting people with sensory and learning disabilities. Our aim was to visit wards that are frequently used by their service users. Before the visits were conducted, we wrote to the University Hospital Lewisham (LGT Trust) informing them of the date and time we planned a visit and shared the questions we were going to ask.

- The Enter and View visits consisted of observations of the environment, as well as conversations with senior and front-line teams to gauge an understanding of the process currently in place to support the standard.

- Volunteers and staff that carried out the visits were trained in visual and hearing loss awareness and the visits were supported by volunteers with learning disabilities, sight and hearing loss.

- This report captures the findings and recommendations from our visits to the four hospital departments. Where appropriate, findings and recommendations are supported by engagement carried out with people with sensory and learning disabilities and their experience of the local services. Findings from these visits can be used to support the LGT Trust and Primary Care providers to identify the challenges that patients with additional communication requirements experience in accessing services. Healthwatch hopes this will present an opportunity for the providers to share good practice between departments and make improvements.
- Recommendations have been made at the end of each section, with a comprehensive list of all the recommendations at the end of the report.

5. Aims & Objectives

Our objective is to look into the implementation of the Accessible Information Standard through the four wards at the University Hospital Lewisham, to highlight good practice and areas that need improvement and compose a list of recommendations to help improve patients' experience.

Healthwatch set out to:

- **Assess the accessibility of the environment and information for people with sensory and learning disabilities.**
- **Assess the implementation of the Accessible Information Standard.**
- **Use feedback and the experiences of people with sensory and learning disability in relation to accessibility of communication and information.**
- **Raise awareness of local providers about the standard.**

This report will be sent to Lewisham and Greenwich NHS Trust for their formal response and comment 20 days prior to publication and distribution.

Following this, the report will be shared with

- Health and Wellbeing Board
- Lewisham Clinical Commissioning Group (CCG)
- Care Quality Commission (CQC)

- Lewisham Healthier Communities Select Committee
- Lewisham Council
- Healthwatch England
- NHS England
- Healthwatch England

It will also be published on the Healthwatch Lewisham website where members of the public can view the report.

6. Accessible Information Standard – Observations

6.1. Signage and Information

- The main entrance to the University Hospital Lewisham is clearly and well signposted. There are also clear signs to the main reception and the emergency department. Inside the hospital, areas are colour coded which helps, unless patients are unable to distinguish it due to sight loss.
- A notice board on the main corridor directing people to Ear Nose and Through (ENT) and Suite 8 which comprises various clinics including Ophthalmology is confusing. ENT and Suite 8 are separate departments in different physical locations, however, some patients were confused by the sign assuming it was one place and went to suite 8 by mistake to be then redirected back to ENT.
- Most of the room numbers and signage were present and clear.
- Accident and Emergency (A&E) suite had large, clearly visible and accessible signage. The room signs had large size font text and were accompanied by supporting images and symbols. A general A&E and Urgent Care Centre waiting room, however, would benefit from replicating this practice. Many signs there, were not visible from all sitting points.
- Throughout the waiting area and A&E there were signs prompting patients to ask for help in relation to the AIS provision, however, those would benefit from a larger font and easy read images to make it accessible for people with sight loss and learning difficulties.
- ENT suite would benefit from a more consistent approach to signage including a clear distinction between permanent and temporary notices. In addition, a use of large font for leaflets and notices would be beneficial. Some notices were easily obstructed by service users queuing at the reception. The visibility of some of the notices would be improved by placing them where services users would clearly see them.

- Ambulatory Care Centre had a constant, clear and unobstructed signage. There were large and in some instances empty notice boards throughout the departments.

> **Recommendations:**
>
> 1. It would be beneficial to improve clarity of the information boards directing people to the ENT and Suite 8 from the main corridor.
> 2. A&E suite has clear and easy read signage to rooms and toilets. It would be beneficial to replicate those to the A&E waiting area and across other wards and departments.
> 3. Introducing a more consistent clear signage at the ENT department, including use of large print and easy read information that would be easily visible to all.

6.2. Accessibility

- The main entrance is very clear and accessible with a ramp allowing easy access for people with mobility issues. There is accessible parking and a drop-off area to the building, however, the regular car park is set off from the main entrance and can often be full.
- The ENT reception has a high counter which on occasions can create a barrier when communicating with hard of hearing patients and/or wheelchair users.
- Some loop system signs were obstructed or not clearly visible.

> **Recommendations:**
>
> 4. Making Loop System signs clearly visible and unobstructed would help those using hearing aid.
>
> 5. ENT suite would benefit from a lower counter to enable easier access and communication.

6.3. Patient call out system

- The current system to alert patients to their appointment is verbal. Staff call patients by name when it is their turn for an appointment. There are no visual displays or audio alerts. When staff call patients, the volume of their voice varies and is often unclear. Evidence from patient feedback suggests that this is a big barrier for patients and improvement around this area is key.

- The Ambulatory call out system is not relevant due to the nature of the department.

> **Recommendations:**
>
> 6. It would be beneficial for people with sensory loss and learning disability to introduce an alternative system that would alert patients of their turn, such as a visual and audio display, or a pager that vibrates and flashes when their name is called.
>
> 7. Providing assistance to people with sensory and learning disabilities to physically guide them to the consultation rooms from the reception would improve patient experience. Special emphasis on supporting disabled patients to appointments should be made in departments with busy waiting rooms such as A&E and Ophthalmology.

6.4. Fire safety

- Fire exits were clearly signed throughout the departments visited. The fire alarms were audible and there were no visual alarms.

> **Recommendations:**
>
> 8. Introduction of a visual fire alarm lights would ensure that deaf patients are alerted in case of an emergency or fire.

6.5. Interaction with staff

- Staff were easily identifiable, wearing uniforms and named badges with large font and their first name clearly visible. Staff were polite and smiley and the interaction with patients was conducted in a friendly manner.

7. Accessible Information Standard – Questions to providers

To assess the steps that Lewisham Hospital had taken to implement the standard Healthwatch asked a number of questions. Below is a summary of the responses.

7.1. Are you aware of the AIS?

All of the senior staff interviewed confirmed they were aware of the Accessible Information Standard, however, some frontline staff would benefit from further training in the area. Some senior staff at the departments visited would welcome more resources and training to ensure better support for people with additional communication needs. The staff confirmed that the information in relation to the standard is available to all on the internal IT system.

7.2. What things you have in place to meet the Accessible Information Standard?

- All staff has access to language line which can be used to book sign language interpreters.
- There are hearing loops in most of the departments, however, the Ambulatory Care centre does not have one.
- There is a specialist learning disability nurse available to provide support to the Trust's staff.
- Accident and Emergency department is exemplary with large print and easy read signage on doors and rooms.
- Hospital staff use alternative ways to support people with additional needs, such as pen and paper to help people who have hearing loss and use of google translation if someone doesn't speak English as their first language.
- Most of the reception staff would make a note of a person's description and forward it to the frontline staff in the appropriate department, who would then be able to identify the person by a description given by the receptionists. This is to ensure the individual's needs are met. For example, a person is alerted by a member of staff when it is their turn to see a doctor.
- The hospital staff have access to the disability passport and some departments have learning disability champions who are on duty at the hospital. There is a Trust-wide Learning disability nurse.
- The Ophthalmology department has a member of staff on call during the working week who can sign.
- If a person is blind, the staff rely on a carer or a relative for support. The staff would assist a person with visual impairment to go to the consultation room. If needed, a porter would be called to assist the person out of the building.

- Some departments recognise the additional needs for people with learning or sensory disabilities and provide dual appointments.

> **Recommendations:**
>
> 9. The Disability passports would benefit from usage of large print font. It would also be useful to introduce a uniformed passport across the South East London Trusts to ensure that Lewisham residents that use the passport are familiar with the format.
>
> 10. Provision of alternative communication methods such as large print (18 size font), text message, email, easy-read and Sign Language interpreters for people would ensure equity of access.
>
> 11. Sign Language interpreters to be booked routinely for patients that require them, with confirmation sent to patients for their reassurance.

7.3. Do you ask patients and carers if they have any information or communications needs?

- The majority of the departments routinely ask patients if they have communication needs, aside from A&E and Urgent Care who do not ask this question due to the large volume of patients.

> **Recommendations:**
>
> 12. Asking patients about their communication needs would support people with sensory loss and learning disabilities.

7.4. How do you record patients or clients who have special communication needs due to a disability?

- The information about additional communication needs and person's disabilities are put on an electronic IT system and in some instances on their paper records. This information remains on the record for future information. This information is also included in the discharge notes, booking systems and can be included in the correspondence with General Practitioners.

> **Recommendations:**
>
> 13. Creating a set way of recording patient's additional communication needs and their preferred communication method. This would help in ensuring patients receive communication that they can understand.

7.5. How do you highlight patients' files so that staff are aware of their communication needs?

- The staff typically note in the electronic and paper files when a person has additional communication needs, however there is currently no specific flagging system that would alert the staff specifically about patient's additional communication needs. Senior staff confirmed that the suitable flagging system might be possible following an upgrade to the current electronic system.
- Some departments put an asterisk to highlight that a patient has an additional need. Staff members are then then encouraged to ask what the asterisk refers to. When a staff is aware of patients' disability then they verbally alert other staff about their needs.

> **Recommendations:**
>
> 14. Introduction of a Trust wide flagging system that would inform staff of the accessible information requirements for a disabled person, would improve patient experience.

7.6. When you have consent do you share information about person's needs with other NHS and adult social care providers?

- Yes, the information about patient's additional communication needs is shared through discharge notes and letters to GPs.

7.7. Do you provide staff training on disability awareness issues?

- There are aspects of disability awareness covered in the general induction for all staff members when they start working at the hospital. There is learning disability training and dementia training offered, however, there is no specific hearing or sight loss awareness training currently provided.

- Staff, however, have opportunities to learn through experience and through supporting patients with additional communication needs during a nurse/staff handover.

Recommendations:

15. Training provision on hearing and sight loss with emphasis on how to communicate with and support patients in the hospital setting would improve patient's experience.

healthwatch
Lewisham

Authorised Enter and View representatives -

Questionnaire for Service Providers

1. Are you aware of the Accessible Information Standard? Yes/ No/ Unsure
2. What things do you have in place to meet the Accessible Information Standard?
3. Do you ask patients and carers if they have any information or communication needs? Yes/ No/ Unsure
   If Yes, how do you do this?
4. How do you record patients/clients who have special communication needs due to a disability (for example: deaf/blind/learning disability)?
5. How do you highlight a patients' file so that staff are aware of their communication needs?
6. What action do you take to meet the additional needs of these patients? Please provide examples:
7. When you have consent do you share information about a person's needs with other NHS and adult social care providers? Yes/ No/ Unsure
8. Do your provide staff training around disability awareness issues? Yes/ No/ Unsure
   If yes, how often do you offer it (refreshers)?
9. Can you provide examples of recent disability awareness training?
10. If individual staff – have you received the training? Yes/ No/ Unsure

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Authorised Enter and View representatives –

Observations sheet for services.

1. Is there sufficient and clear signage to the premises being visited? Yes/ No/ Unsure
2. Are there clear, unobstructed and easily readable signs? These maybe things such as room numbers, signs to toilets, signs to communal areas. Yes/ No/ Unsure
3. What is the system of alerting patients when it is their turn for an appointment? Is it visual/audio is it clear to read/hear?
4. Is there accessible parking close to the service? Yes/ No/ Unsure
5. Is there clear access to main entrance? Yes/ No/ Unsure
6. Is there a ramp/ lift available or working bell to call for help?
7. Is there an appropriate fire alarm system (with lights as well as audible alarm)? Yes/ No/ Unsure
8. Are fire exits clearly signed in various formats? Yes/ No/ Unsure
9. Is there a fire alarm as a separate red light flashing (as well as the bell alarm sound)?
10. What is the interaction between staff and service users like? Are they facing the service use whilst talking to them? Are they using body language to communicate as well as verbal communication? Is plain language being used by the staff?
11. Do the staff treat service users as individuals and address their needs? Are they aware of how to access assistance in order to make communication easier and clearer?
12. Are the staff easily identifiable? Do they have uniforms and name badges?
13. Is there good written communication in accessible formats? Yes/ No/ Unsure
14. Are there clear signs and pictures on bedrooms, lounges, dining rooms, toilets, bathroom, offices, kitchens, etc? Yes/ No/ Unsure
15. Are there clear signs in corridors guiding service users, visitors and staff to different parts of the building? Yes/ No/ Unsure

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Report & Recommendation Response Form

Report sent to	Chief Executive Officer/ Head of Health and Safety & Risk
Date sent	19/03/2018
Details of report	**Accessible Information Standard – Lewisham Hospital services** A research project looking into the implementation of the Accessible Information Standard through four departments of **Lewisham Hospital**. The aim of the project is to highlight good practice and areas that need improvement and compose a list of recommendations to help improve patients' experience.
	Response (If there is a nil response please provide an explanation for this within the statutory 20 days)
Date of response provided	30/04/18
General response	The Trust is committed to providing equality of access to all patients, visitors and staff. The review undertaken by Healthwatch Lewisham will help focus the Trust on developing a standardised and co-ordinated approach to ensuring the Accessible Information Standards are implemented in all wards and departments (clinical and non-clinical) on both our acute hospital sites and in our community-based settings. Embedding the importance of accessibility of information into Trust processes when designing and planning buildings, into patient information systems and into the training we provide to staff are the key means of delivery of this commitment. Following this response the Trust will develop a more detailed action plan to ensure that Trust-wide learning takes place.

		The action plan will be approved and monitored within the Trust at the Quality and Safety Committee. The action plan will be shared with Healthwatch Lewisham.
1.	**It would be beneficial to improve clarity of the information boards directing people to the ENT and Suite 8 from the main corridor.**	The ENT department has liaised with the Trust Estates department to ensure clarity of the boards and appropriate alternative signage is installed where appropriate. New signage has been installed in the corridor in front of the lifts to ensure direction to the department is clearer. Toilets in reception have had larger signage fixed to the doors to aid patient identification of these facilities.
2.	**A&E suite has clear and easy read signage to rooms and toilets. It would be beneficial to replicate those to the A&E waiting area and across other wards and departments.**	The A&E department has recently reviewed signage with the Trust Estates department and identified the need for clearer signage. This has been actioned as part of an Emergency Department refurbishment project. This will improve the visibility of the signs and therefore improved their journey.
3.	**Introducing a more consistent clear signage at the ENT department, including use of large print and easy read information that would be easily visible to all.**	See Response Point 1. The Trust has a Patient Information Policy with a clear commitment to the provision of easy to read information for all patients and visitors. The Trust provides a variety of information leaflets in an easy read format as well as certain key pages on its website e.g. how to get to the hospitals, car parking and how to feedback about how a patient was treated. The Trust will use the results of this review to provide clear communications to all departments of the need to have easy read information available. This will be supported by the training initiative detailed in Response Point 15.
4.	**Making Loop System signs clearly visible and unobstructed would**	The Trust currently has induction loops for the hard of hearing and these are available in Main Reception, the Urgent Care Centre and Emergency Department. The Ophthalmology department has an

	help those using hearing aid.	induction loop and has increased the Loop System signage at reception ensure it is clearly visible for the patients.
5.	ENT suite would benefit from a lower counter to enable easier access and communication.	The ENT department will liaise with the Trust Estates department to explore the procurement of a replacement counter. A Business Case will be required for funding.
6.	It would be beneficial for people with sensory loss and learning disability to introduce an alternative system that would alert patients of their turn, such as a visual and audio display, or a pager that vibrates and flashes when their name is called.	The Trust is committed during any refurbishment or new-build to improving the means by which patient information can be imparted. This would include visual and audio displays. It is recognised this should be identified at the design and planning stage and form part of the specification for the works. The Head of Health and Safety and Risk will liaise with the Trust Estates department to ensure the requirements of the Accessible Information Standard are adequately reflected in the design and planning process.

Specific response from A&E: The department is currently reviewing the possibility of purchasing an electronic patient information display system via the charitable funds. This system would allow patients with sensory loss and learning disability to be alerted to departmental information and processes. |
| 7. | Providing assistance to people with sensory and learning disabilities to physically guide them to the consultation rooms from the reception would improve patient experience. Special emphasis on supporting disabled patients to appointments should be made in departments with busy waiting rooms such as A&E and Ophthalmology. | The Trust is committed during any refurbishment or new-build to improving the means by which patient information can be imparted. This would include visual and audio displays. It is recognised this should be identified at the design and planning stage and form part of the specification for the works. The Head of Health and Safety and Risk will liaise with the Trust Estates department to ensure the requirements of the Accessible Information Standard are adequately reflected in the design and planning process.

A&E response: The department has recently implemented a new streaming system whereby all patients are spoken to immediately on arrival before registration. This allows the team to identify patients with specific needs at an earlier stage and support their A&E visit.

Ambulatory Care Unit response: Ambulatory currently provides personal assistance to people with sensory loss and disabilities. Usually the patient attends with a carer but if they were alone one of our HCA's would act as guide. |
| 8. | Introduction of a visual fire alarm lights would ensure that deaf patients are alerted in | Some department such as Ambulatory Care Unit have fire alarm lights fitted. The wider introduction of fire alarm lights will need to be assessed and implemented on the advice of the Trust Fire Safety Manager. To mitigate the potential risks associated with a fire, departments have staff trained as Fire Marshall's who will walk |

	case of an emergency or fire.	through all areas to assure patients are aware of the fire and guide them to the nearest fire assembly point.
9.	The Disability passports would benefit from usage of large print font. It would also be useful to introduce a uniformed passport across the South East London Trusts to ensure that Lewisham residents that use the passport are familiar with the format.	The Trust has a number of initiatives to help improve care and make a visit to hospital easier if the patient has a learning disability. The Trust has produced, in conjunction with the Lewisham Learning Disability Team, a 'Hospital Passport'. This covers essential information about you and your care needs – including name, mobility needs, personal care, medication, aids and information about routines, likes and dislikes. When completed the passport can be used by staff to build a personal care plan for patients. The passport can be filled in with the help of clinical staff or a carer if needed and is then carried by patients when they receive medical care at the hospital. The Trust also has a 'Hospital Communication Book' on our hospital wards which contains simple symbols and images which staff can point to in order to communicate a range of messages, from asking patients about their symptoms to finding out what they would like to eat or drink.
10.	Provision of alternative communication methods such as large print (18 size font), text message, email, easy-read and Sign Language interpreters for people would ensure equity of access.	The Trust has a Patient Information Policy with a clear commitment to the provision of easy to read information for all patients and visitors. The Trust provides a variety of information leaflets in an easy read format as well as certain key pages on our website e.g. how to get to the hospitals, car parking and how to feedback about how a patient was treated. The Trust has an Interpreting Policy and provides an interpreting service through a contract with LanguageLine UK, a private sector provider. British Sign Language is part of the range of communication services LanguageLine UK provide. LanguageLine UK can be contacted by telephone (if more immediate assistance is required) or by a web-based booking too for appointment taking place in the future. Supporting this the Trust has identified staff members who have this communication skill and they can be drawn upon to assist if required. Specific response from A&E: The department has currently one clinical member of staff that is British Sign Language trained and a further staff member is currently training. The department is looking into expanding this training more widely.

11. **Sign Language interpreters to be booked routinely for patients that require them, with confirmation sent to patients for their reassurance.**	The Trust has an Interpreting Policy and is committed to the provision of an interpreting service through a contract with LanguageLine UK, a private sector provider. British Sign Language is part of the range of communication services LanguageLine UK provide. LanguageLine UK can be contacted by telephone (if more immediate assistance is required) or by a web-based booking too for appointment taking place in the future. Supporting this the Trust has identified staff members who have this communication skill and they can be drawn upon to assist if required. Specific response from A&E: The department has currently one clinical member of staff that is British Sign Language trained and a further staff member is currently training. The department is looking into expanding this training more widely.
12. **Asking patients about their communication needs would support people with sensory loss and learning disabilities.**	All in-patients have a Nursing Assessment and Care Planning booklet. This is completed on arrival and transfers with the patient if they move ward or department. The booklet has a specific section related to the patients communication needs. The section specifically asks if the patient has: Issues with hearing or sight and the required method of communication e.g. English first language? Needs a translator? Mental capacity issues? Cognition - requires prompting? The adequacy of the completion of the Nursing Assessment and Care Planning booklets is subject to regular quality audit. The training initiative outlined in section 15 of this response will be designed to ensure all forms of communication with patients, including documentary, will recognise the need to establish the preferred method of communication and utilise that. Specific response from A&E response: The department has recently implemented a new streaming system whereby all patients are spoken to immediately on arrival before registration. This gives the staff a clear opportunity to discuss any support needed. The department has also increased signage requesting patients with hearing impairment to notify staff. Staff write a description of patient's clothes on the patient record to assure that they won't be missed.
13. **Creating a set way of recording patient's**	All in-patients have a Nursing Assessment and Care Planning booklet. This is completed on arrival and transfers with the patient if they

additional communication needs and their preferred communication method. This would help in ensuring patients receive communication that they can understand.	move ward or department. The booklet has a specific section related to the patients communication needs. The section specifically asks if the patient has: Issues with hearing or sight and the required method of communication e.g. English first language? Needs a translator? Mental capacity issues? Cognition - requires prompting? The adequacy of the completion of the Nursing Assessment and Care Planning booklets is subject to regular quality audit. The training initiative outlined in Response Point 15 of this response will be designed to ensure all forms of communication with patients, including documentary, will recognise the need to establish the preferred method of communication and utilise that. A&E response: The department has recently implemented a new streaming system whereby all patients are spoken to immediately on arrival before registration. This gives the staff a clear opportunity to discuss any support needed. The department has also increased signage requesting patients with hearing impairment to notify staff. Staff write a description of patient's clothes on the patient record to assure that they won't be missed.
14. **Introduction of a Trust wide flagging system that would inform staff of the accessible information requirements for a disabled person, would improve patient experience.**	The two acute hospitals within the Trust currently have electronic patient records system called iCare. iCare has a facility to identify a patient communication needs and to flag this to medical and nursing staff involved in the patients on-going care. Specifically within A&E, the department has an electronic alert provision within the patient administration system. This allows the team to flag communication or specific needs when patients attend the department.
15. **Training provision on hearing and sight loss with emphasis on how to communicate with and support patients in the hospital setting would improve patient's experience.**	The Trust currently provides mandatory training to staff members on ensuring equality of access for patients as part of its statutorily required Equality and Diversity training. This is delivered to all new staff on Corporate Induction with refresher sessions every three years. The Head of Health and Safety and Risk has contacted the Head of Workforce to:

	1. Review the content of the Equality and Diversity training with the training provider to ensure the information provided on the Accessible Information Standard is covered with sufficient depth. 2. Scope the provision of bespoke training for patient-facing staff in the practical application of the Accessible Information Standard. The training initiative will be designed to ensure all forms of communication with patients, including documentary, will recognise the need to establish the preferred method of communication and utilise that. The Head of Workforce is supportive of these actions and has asked the Head of Health and Safety and Risk to move forward with further work on both the points above.
Signed	
Name	Michael Wright
Position	Head of Health and Safety & Risk

This report was produced by:

Healthwatch Lewisham

Old Town Hall

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