The 15 Step Challenge including the AIS at PCH was held on 3rd October 2016:

Prepared by Healthwatch Peterborough (HWP)

The 15 step challenge was led by PSHFT team including an informative presentation by Chief Nurse, Jo Bennis. This included details around the Accessible Information Standard (AIS) which was requested by HWP.

The questions were a derived and developed from the AIS toolkit and the 15 Step Challenge toolkit by HWP enabling us to follow the format of the 15 Step Challenge but introduce issues relating to the AIS.

As part of the Accessible Information Standard, organisations that provide NHS or adult social care must do five things;

They must:

1. Ask people if they have any information or communication needs, and find out how to meet their needs
2. Record those needs in a set way
3. Highlight a person's file, so it is clear that they have information or communication needs, and clearly explain how those needs should be met
4. Share information about a person's needs with other NHS and adult social care providers, when they have consent or permission to do so
5. Make sure that people get information in an accessible way and communication support if they need it.

The 15 Step Challenge questions covered the following headings;

- Welcoming
- Safe
- Caring and Involving
- Well organised and calm

We looked to ask questions from the following people;

- Representatives of the service providers; We spoke to Lesley C and Natalie C
- Other members of staff; We spoke to a lead nurse on each of the Units visited
- People using the service; We were not able to speak to any service users (see note below)

Note: On each unit an appropriate person was identified – ie a partially sighted person and a person with hearing loss. However medically they were not well enough to speak to us. Therefore, we were unable to speak directly with service users.

Team members:

- Lesley Crosby –Deputy Chief Nurse
- Natalie Craner, Equality and Disability Advisor
- Peter Smith – Volunteer from HW Lincs
- Heather Lord – Signposting and Information Officer From HW Peterborough

Areas observed:

- Cardiac Ward
- Ward A15 – short stay surgery ward

Cohort: Information was collected form only two wards and not from service users. **recommendation:** when reviewing effectiveness of AIS there would be a need to visit wards more likely to have patients with impairments related to this standards ie eye clinic/ear clinic.

Overview

Awareness: Staff identified VI, HI without difficulty, dementia was included as was mental health and people who spoke English as a second language however LD and D/B were not as well identified and needed prompting. However, staff did have a good understanding of what needed to be done to assist all of these people.

Training: Staff confirmed induction training included reference to these topics and annual training also includes refreshers on these areas, however it was not attained if the knowledge of supporting these patients was gained through experience or training. Again, some prompting was necessary to obtain clear understanding of knowledge.
Recommendation: to establish clarity on training material and exactly what it covers

Recording of information: This was included on the PAS system, E-track, Pipa Boards (magnetic Boards on the patients beds – symbols used to identify different impairments/disabilities) and in 'hand-overs' and the admissions process. We were told that for people with LD the 'passport' was used and could be found on lockers/in notes. In regard to the E-track system and the Pipa Boards, our understanding was that the Pipa Board system pre-dated the more comprehensive E-track. Both systems now work in parallel which may offer a 'belt and braces' approach but it was noted that the Pipa Board information sometimes lagged behind the E-track (ie observation from W15).
Comment: This slight time difference in logging/different tracking may lead to some confusion, the use of passports was seen as an excellent tool.

Comments were made about the reliability of the information collected/used from these systems. One comment was 'our information is only as good as that provided by GPs'. As with most data-entry systems there will be a reliance on the data entered and the timeliness of this. The understanding of all symbols was not robust, and there may be further work on this needed. The Chief Nurse informed us that all staff should be familiar with this. Ward A15, the short stay surgery ward, only had Mobility/HI symbols available to use.
Recommendation: A chart in each area to show all symbols and meanings, and availability of spare symbols to use.

With regard to the 5 AIS referred to above the following comments are included for consideration;

1. Ask people if they have any information or communication needs, and find out how to meet their needs- **Advised this is being undertaken and there was evidence to support this- but consistency/reliability /understanding of information may need reviewing.**

2. Record those needs in a set way –**use of two systems may cause confusion/gaps and ensuring use of tools i.e. symbols needs to be more robust**

3. Highlight a person's file, so it is clear that they have information or communication needs, and clearly explain how those needs should be met –Advised thi**s information was kept on page 3 of the Pas/E-track system – however, this may not be considered a 'visible' position and felt consideration should be given to putting this on page1. Some inconsistencies on use of symbols /understanding were evident on the some wards.**

4. Share information about a person's needs with other NHS and adult social care providers, when they have consent or permission to do so- **there was evidence that some sharing of information happens ie between GPs and Hospital, but again consistency/reliability may an issue.**

5. Make sure that people get information in an accessible way and communication support if they need it.- **This aspect would need to be verified by speaking to patients/carers – possibly action for an Enter and View.**