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- All entrances are located and signposted clearly from the street, car park and around the building.
- Paths are kept clear of obstacles such as benches, bollards and bins.
- Good lighting highlights paved areas, door entrances, door entry systems and any obstacles.
- Lighting should be checked for suitability both during the day, evening and at night.
- Lighting should be evenly distributed ensuring it does not cause glare and shadows. This is particularly important for people with a visual impairment or with perceptual difficulties.
- Handrails and resting places are provided along pathways and there is turning space for wheelchair users or for people being escorted.
- Tactile surfaces are used to highlight any steps, stairways or changes in level.
- Entry phones are installed with the following features:
  - The colour of the entry phone contrasts with the surrounding walls.
  - They are positioned 900-1200mm above floor level.
  - Buttons or handsets can be operated by people with dexterity problems.
  - Systems are suitable for people with sensory impairments or communication difficulties.

## Building Entrances Good Practice

- Entrance doors are clearly distinguishable and colour contrasted with the surrounding area.
- The colour of the handles should contrast with the door and handles should be easy to grip.
- Where appropriate automatic sliding doors are used in preference to those that swing or rotate, as they allow unobstructed access.
- Where swing doors are used they should have automatic release hold open devices.
- Doorways are wide enough to accommodate people in wheelchairs and a person accompanied by an escort or an assistance dog.
- Weather mats are textured and are flush with the floor so as not to cause a slip or trip hazard for people with mobility problems.
- Ramps are provided at entrances to those buildings which do not have a level approach.
- Lighting does not cause glare on doors or windows near to entrances.
- Awnings are installed where glare is a problem.

## Appendix 2

### Accessibility and Legal Requirements

#### Accessibility and Legal Requirements

- There are a range of legal requirements that also require all NHS Boards as public bodies to recognise and respond to people's needs in relation to equality.
- Part 3 of the Disability Discrimination Act 1995 (DDA) covers rights of access to goods, services, facilities and premises for disabled people.
- The Disability Equality Duty 2006 (DDA) builds on these legal requirements to make reasonable adjustments by requiring action to be taken at strategic level to address institutional discrimination.
- The Equality Act (Sexual Orientation) Regulations 2007 highlight the need to address barriers that prevent LGB people from accessing services.
- The Race Relations Amendment Act (2000) requires a proactive approach to addressing discrimination.
- The Single Equalities Act (2006) and the introduction of the single equality commission (Equality and Human Rights Commission) have sort to ensure that services and facilities are accessible for other equality groups.

Further information about equality and legislation can be found at the Equality and Human Rights Commission Website [www.equalityhumanrights.com](http://www.equalityhumanrights.com)

#### The Role of Policy and Legislation in Involvement

The main policies and legislation which set out the requirement for the NHS to involve service users are:

- Disability Equality Duty, 2006
- Delivering for Health, Scottish Executive Health Department, 2005
- NHS Reform (Scotland) Act, 2004
- National Standards for Community Engagement, Communities Scotland 2004
- Patient Focus and Public Involvement, SEHD, 2001
- Our National Health, SEHD, 2000

## Appendix 3

### Plain English Guide

#### How to write in plain English

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##### Contents

This guide begins with an introduction titled: So what's plain English? The guide then looks at the main ways to make writing clearer:

- Keep your sentences short
- Prefer active verbs
- Use 'you' and 'we'
- Choose words appropriate for the reader
- Don't be afraid to give instructions
- Avoid nominalisations
- Use positive language
- Use lists where appropriate

The guide then looks at the difficult subject of apologising, and then deals with some of the myths that can get in the way of clear communication.

The guide finishes with a summary and a list of words to avoid.

##### So what's plain English?

First let's say what plain English isn't and destroy some of the myths about it. It's not 'cat sat on the mat or 'Peter and Jane' writing. Almost anything – from leaflets and letters to legal documents – can be written in plain English without being patronising or over-simple.

It doesn't mean reducing the length or changing the meaning of your message. Most of the UK's biggest insurance companies produce policies that explain everything fully in plain English.

It's not about banning new words, killing off long words or promoting completely perfect grammar. Nor is it about letting grammar slip.

It is not an amateur's method of communication. Most forward-looking senior managers always write in plain English.

And finally, it is not as easy as we would like to think.

Sadly, thanks to the bureaucrats of public service industries, local councils, banks, building societies, insurance companies and government departments, we have learned to accept an official style of writing that is inefficient and often unfriendly. But in the last few years, many of these offenders have started to put things right, either rewriting their documents clearly or training their staff in the art of plain English or both.

The main advantages of plain English are:

- it is faster to write;
- it is faster to read; and
- you get your message across more often, more easily and in a friendlier way.

If you spend more than an hour a day writing, you are to an extent a professional writer. So it's vital that you get it right.

So what is plain English? It is a message, written with the reader in mind and with the right tone of voice that is clear and concise.

### Keep your sentences short

Most experts would agree that clear writing should have an average sentence length of 15 to 20 words.

This does not mean making every sentence the same length. Be punchy. Vary your writing by mixing short sentences (like the last one) with longer ones (like this one), following the basic principle of sticking to one main idea in a sentence, plus perhaps one other related point. You should soon be able to keep to the average sentence length – used by top journalists and authors – quite easily.

However, at first you may still find yourself writing the odd long sentence, especially when trying to explain a complicated point. But most long sentences can be broken up in some way.

### Prefer active verbs

Do you want your letters to sound active or passive – crisp and professional or stuffy and bureaucratic?

To explain the difference between active and passive verbs, we need to look briefly at how a sentence fits together. There are three main parts to almost every sentence:

- a **subject** (the person, group or thing doing the action);
- a **verb** (the action itself); and
- an **object** (the person, group or thing that the action is done to).

To give an example, in the sentence 'Peter watched the television':

- the **subject** is Peter (he is doing the watching);
- the **verb** is watched; and
- the **object** is the television (it is being watched).

Of course, there will usually be lots of other words as well. For example: 'Peter, the boy from number 13, watched the television every Friday night'. But the subject, verb and object are still there.

With an **active** verb, the three parts appear in a particular order: **subject** then **verb** then **object**. For example:

Peter (**subject**) watched (**verb**) the television (**object**).

'Watched' is an active verb here. The sentence says who is doing the watching before it says what is being watched.

With a passive verb, the order is reversed: **object** then **verb** then **subject**.

The television (**object**) was watched (**verb**) by Peter (**subject**).

‘Watched’ is a passive verb here. The sentence says what is being watched before it says who is doing the watching. You can see that by making the sentence passive, we have had to introduce the words ‘was’ and ‘by’, and the sentence becomes more clumsy. Remember that the subject is not always a person and the object is not always a thing! ‘The tree crushed Peter’ is active but ‘Peter was crushed by the tree’ is passive.

Here are some more examples of how to turn a passive verb into an active verb.

This matter will be considered by us shortly. (Passive)

**We will consider this matter shortly. (Active)**

The riot was stopped by the police. (Passive)

**The police stopped the riot. (Active)**

The mine had to be closed by the authority. (Passive)

**The authority had to close the mine. (Active)**

Passive verbs cause several problems:

- they can be confusing;
- they often make writing more long-winded; and
- they make writing less lively.

### **Good uses of passives**

There are times of course when you should use a passive.

To make something less hostile – ‘this bill has not been paid’ (passive) is softer than

‘you have not paid this bill’ (active).

To avoid taking the blame – ‘a mistake was made’ (passive) rather than ‘we made a mistake’ (active).

When you don’t know who or what the doer is – ‘the England team has been picked’.

If it simply sounds better.

But aim to make about 80 to 90% of your verbs active.

This difference between active and passive verbs is not easy to grasp. Some people never really get it. So if you are any way confused, read this section again.

### **Use ‘you’ and ‘we’**

Try to call the reader ‘you’, even if the reader is only one of many people you are talking about generally. If this feels wrong at first, remember that you wouldn’t use words like ‘the applicant’ and ‘the supplier’ if you were speaking to somebody sitting across a desk from you.

Here are some examples of this.

Applicants must send us...

**You must send us...**

We always tell customers before we...

**We will tell you before we...**

Advice is available from...

You can get advice from...

Similarly, always call your organisation ‘we’. And there is nothing wrong with using ‘we’ and ‘I’ in the same letter.

## Use words appropriate for the reader

When you are talking to your reader, say exactly what you mean, using the simplest words that fit. This does not necessarily mean only using simple words – just words that the reader will understand.

At the end of the course is a list of a few of the words that we suggest you avoid. But for most words you will have to decide yourself whether they are suitable.

Jargon is a type of language that is only understood by a particular group of people, such as an industry or a club. You can use jargon when writing to people who will understand the terms and phrases; it can be a useful form of shorthand. But try to avoid using specialist jargon on the general public. So in general, keep to everyday English whenever possible. And again, imagine talking to your reader across a table.

## Don't be afraid to give instructions

Sit!

Brush your teeth.

Please send it to me.

These are all commands – officially called imperatives. They are the fastest and most direct way of giving someone instructions.

However, if we asked a hardened bureaucrat to write these expressions, we would end up with something like this:

Dogs are advised that they should sit down.

Your teeth should be brushed.

I should be grateful if you would send it to me.

There always seems to be a fear of commands. The most common fault is putting 'customers should do this' or 'you should do this' instead of just 'do this'. Perhaps people worry that commands sound too harsh. But you can often solve this by putting the word 'please' in front.

Here are some examples of long-winded phrases and shorter versions that use commands.

You should just think of it as a complete statement.

### Just think of it as a complete statement.

Writers should aim to be punchy.

### Be punchy.

They should be split where suitable.

### Split them where suitable.

The last example is probably the worst because it uses a passive verb – 'should be split'. Unfortunately this is very common in instructions. For example:

The packet should be removed from the box. The contents should then be placed in the oven.

- Remove the packet from the box. Then place the contents in the oven.

## Avoid nominalisations

A nominalisation is a type of abstract noun. (Is that plain English?) In other words, it is the name of something that isn't a physical object but a process, technique or emotion. Nominalisations are formed from verbs.

For example:

### **Verb Nominalisation**

complete completion

introduce introduction

provide provision

fail failure

arrange arrangement

investigate investigation

### **So what's wrong with them?**

The problem is that often they are used instead of the verbs they come from. And because they are merely the names of things, they sound as if nothing is actually happening in the sentence. Like passive verbs, too many of them make writing very dull and heavy-going.

Here are some examples.

We had a discussion about the matter.

- **We discussed the matter.**

There will be a stoppage of trains by drivers.

- **Drivers will stop the trains.**

The implementation of the method has been done by a team.

- **A team has implemented the method.**

### **Use positive language**

Always try to emphasise the positive side of things.

For example:

If you don't send your payment, we won't be able to renew your membership of the scheme. (Negative)

**Please send your payment so that we can renew your membership of the scheme.** (Positive)

### **Use lists where appropriate**

Lists are excellent for splitting information up. There are two main types of list:

- You can have a continuous sentence with several listed points picked out at the beginning, middle or end.
- Or you can have a list of separate points with an introductory statement (like this list).

In the list above, each of the points is fairly long (in fact, they are both complete sentences) so they each start with a capital letter and end with a full stop.

For the same type of list with short points, it is better to set it out like this.

### **Kevin needed to take**

**a penknife**

**some string**

**a pad of paper**

**a pen.**

With a list that is part of a continuous sentence, put semicolons (;) after each point and start each with a lower-case letter.

**If you can prove that:**

**you were somewhere else at the time;**

**you were not related to Mary; and**

**you are over 21;**

**you should be all right.**

As you can see, the next to last point has ‘and’ after the semicolon. If you only had to prove one of the three points instead of all of them, this word would be ‘or’.

Always make sure each point follows logically and grammatically from the introduction. For example, if you took out ‘you’ from the second and third points it would still flow as a normal sentence but not as a list. The third point would then read, ‘If you can prove that are over 21’, which obviously does not make sense.

We have also used bullet points for each listed point. These are better than numbers or letters as they draw your attention to each point without giving you extra information to take in.

### Apologising

If you are replying to a tricky letter, with a complaint or a difficult problem, put yourself in the reader’s shoes. Be professional, not emotional. You may have to give a firm, unwelcome answer, but be as helpful and polite as possible. If you are going to apologise, do so early. If the problem is your fault, say so. Apologise completely but concisely,

sympathetically but sincerely. And whether it is your fault or not, try to emphasise what you can do for the other person.

### Myths

We’re not trying to be trendy here by breaking some of the grammatical rules. We’re just going to destroy some of the grammatical myths.

You can start a sentence with **and, but, because, so • or however**.

You can split infinitives. So you can say **to boldly go**.

You can end a sentence with a preposition. In fact, it is something **we should standup for**.

And **you** can use the same **word** twice in a sentence **if you** can’t find a better **word**.

Of course, this does not mean you should break these so-called rules all the time – just when they make a sentence flow better.

### Summary

**Stop and think** before you start writing. Make a note of the points you want to make in a logical order.

**Prefer short words.** Long words will not impress your customers or help your writing style.

**Use everyday English** whenever possible. Avoid jargon and legalistic words, and explain any technical terms you have to use.

**Keep your sentence length down** to an average of 15 to 20 words. Try to stick to one main idea in a sentence.

**Use active verbs as much as possible.** Say 'we will do it' rather than 'it will be done by us'.

**Be concise.**

**Imagine you are talking to your reader.** Write sincerely, personally, in a style that is suitable and with the right tone of voice.

**And always check that your writing is clear, helpful, human and polite.**

**Words to avoid**

Try to use the alternatives we suggest in brackets.

**additional (extra)**

**advise (tell)**

**applicant (you)**

**commence (start)**

**complete (fill in)**

**comply with (keep to)**

**consequently (so)**

**ensure (make sure)**

**forward (send)**

**in accordance with (under, keeping to)**

**in excess of (more than)**

**in respect of (for)**

**in the event of (if)**

**on receipt (when we/you get)**

**on request (if you ask)**

**particulars (details)**

**per annum (a year)**

**persons (people)**

**prior to (before)**

**purchase (buy)**

**regarding (about)**

**should you wish (if you wish)**

**terminate (end)**

**whilst (while)**

These are just a few suggestions. We have a much more comprehensive A-Z available on our website at:  
**[www.plainenglish.co.uk](http://www.plainenglish.co.uk)**

## Training from Plain English Campaign

We offer training courses to teach you how to design and write your documents in plain English. We run two types of course: open courses, held at various hotels throughout the country, where anyone can attend; and in-house courses, where we come to an organisation and train your staff. This means we can tailor our training to your organisation's work.

You can also follow our Plain English Diploma Course. This is a 12-month course, leading to a qualification in plain English.

We now offer two courses teaching English grammar. Our Grammar Check Course is designed to teach delegates the fundamentals of grammar, punctuation, sentence construction and spelling which are so essential for clear communication. We also occasionally hold an Advanced Grammar Course, which goes into more detail on the grammar of standard English.

You may also be interested in The Plain English Course – our pack of materials to help you train your own staff.

If you have any specific questions about training courses, please call: our training manager **Helen Mayo** on **01663 744409** or e-mail us. **info@plainenglish.co.uk**

## Appendix 4

### Tip Cards

**Fair for all – disability**  
**Positive Action – Real Change**

**Tip cards**

**Language and communication support**

**People with a learning disability**

**People with a sensory impairment**

**Guiding people and assistance dogs**

**People with a mental health problem**

**Asking Service Users**

NHS Health Scotland

## Dear Reader

Whether you are responding to an emergency or routine day-to-day work you will encounter people with disabilities who may require assistance.

We have developed these tip-cards in partnership with the Royal College of General Practitioners (Scotland). They have been adapted from the Fair for All-Disability guidance 'Achieving Fair Access' as a quick, easy-to-use information resource.

They are not meant to be a comprehensive source of information on all disabilities but they will help you when you need some quick pointers in meeting the individual needs of patients. Using a combination of whose good practice tips will be helpful for people with a range of disabilities.

**For more information visit our website at:**

**[www.fairforalldisability.org](http://www.fairforalldisability.org)**

**For more information about the Royal College of General Practitioners visit their website at: [www.rcgp-scotland.org.uk](http://www.rcgp-scotland.org.uk)**

## The words we use

Discrimination can start with language. If you use outdated terminology, people are more likely to think you do not have an understanding of disability or of their specific needs.

Do say	Don't say
Disabled people, people with disabilities	The disabled, the deaf, the blind
Physical disability	Cripple, handicapped
Mr Smith has epilepsy	Mr Smith is an epileptic
Person with a learning disability	Mentally handicapped or mentally retarded
Deaf, profoundly deaf, deaf without speech	Deaf and Dumb
Wheelchair user	Wheelchair bound
Mental health problem	Mental condition or mental disorder

If you are in any doubt, ask "how would you like to be addressed?"

## Communication support

There are a variety of reasons why someone may use communication support. It is important to ask the person for their preferred type of support (e.g.: sign language, talking mats, etc) and not assume what is best.

### Points to consider:

- Use normal volume, intonation and grammar. Do not shout.
- Maintain natural eye contact and allow time for people to express themselves without interruption.
- Rephrase your message if you are not understood. Do not give up.
- Use closed questions so they can give yes and no answers.
- Listen and look out for expressive behaviours, such as facial expressions, body language, pointing.
- Don't pretend you understand the person if you don't.
- Try and make sure that you are facing the person you are speaking to.
- Don't assume someone fully understands simply because they say yes or no.

## Meeting the needs of people who have a learning disability

The physical health needs of people with learning disabilities are often overlooked because of communication difficulties.

### Points to consider:

- Talk directly to the service user rather than to a carer, personal assistant or advocate.
- Explain what is going to happen to help reassure and calm them.
- Avoid the use of jargon. Use plain language with familiar words and short sentences.
- Check that you have understood what the person is saying to you and that they understand you.
- Make sure any further information is available in an appropriate format, such as easy-read.
- Provide time and opportunities for questions.

## Meeting the needs of people who are Deaf or hard of hearing

People who are hearing impaired vary in the extent of hearing loss they experience.

### Points to consider:

- Find out the person's preferred method of communication in advance and book any support, such as British Sign Language (BSL) interpreter or lip-speaker
- Face the person when speaking. Make sure the area has good lighting and don't obscure your face.
- Use plain language and avoid slang words, expressions or jargon. Speak clearly but do not shout.
- Use appropriate facial expressions and hand gestures as visual clues, but do not exaggerate.
- Keep a pen and paper handy to write things down. Use diagrams if available.
- Check if you have been understood and repeat or rephrase if necessary.

## Meeting the needs of people who are Deafblind

Deafblind people have combined sight and hearing loss which leads to difficulties in communicating, mobility and accessing information. The tips given on other cards for hearing and visual loss may also assist.

### Points to consider:

- Most Deafblind people will have some hearing and/or some vision. Deafblind people use guide communicators.
- Always ask in advance for their preferred method of communication and book guide communicator support if required.
- Agree with the patient that this information can be recorded in their notes for future visits
- Make sure communication support is available for the whole visit, not only for the examination. This will help the service user and all staff.
- Allow plenty of time for questions and check for understanding.

## Meeting the needs of people who have a visual impairment

People with a visual impairment will vary in the extent of sight loss they experience.

### Points to consider:

- DO not assume what the person can or cannot see.
- Speak naturally and directly. DO not shout.
- Always state your name and who you are, even if you have only been away for a short time.
- Explain what is going to happen and make sure they are kept informed of any procedures or treatments.
- Make sure any information is available in an appropriate format, such as large print or on tape.
- If medication is prescribed explain how, why and when it should be taken and any possible side effects.

## Guiding People

A person who is blind, partially sighted or Deafblind may not need, or want, your help. Always ask if they need assistance, but do not assume.

### Points to consider:

- Offer assistance but let the person explain what help is needed.
- Offer your arm and guide their hand to your elbow to allow them to grip it.
- State in which direction you are going.
- The person may walk slightly behind you to gauge obstacles.
- Advise people of obstacles such as stairs, doorways, ramps, other people etc.
- When you have reached your destination describe the lay-out of the room to the person and ask if any further assistance is needed.

## Assistance dogs

An assistance dog will have formal identification and has been specifically trained and registered as a member of Assistance Dogs UK.

### Points to consider:

- A service dog can be identified usually by their harness or their identification coat.
- Dogs should not be patted or otherwise distracted when working or when in harness.
- Be aware that 'hearing dogs' may jump up onto their companion if telephones or alarms sound.
- Arrangements should be put in place if the client is admitted to hospital.
- If you are required to take the dog whilst advising the client, hold the dog's leash and not the harness.

## Meeting the needs of people with mental health problems

Some people with a mental health problem can experience multiple discrimination. This can be due to a lack of understanding of their mental health and how it relates to their physical and spiritual health needs.

### Points to consider:

- Provide longer appointment times to give you both time to explain and understand what is needed.
- Try and be flexible with appointment times. There may be some times of the day when it is unsuitable because of medication.
- Encourage people with mental health problems to have a friend, relative or advocate with them if they would like to support.
- Some people with mental health problems may have had negative experiences of health services in the past. Listen and involve them in planning their care and treatment.

## Asking Service Users

Disabled people and their carers are the best source of information about the types of support they are likely to need.

### Points to consider:

- If it is a repeat visit, confirm that the previous arrangements will be provided and ask if anything could be improved.
- Ask the person if they would like a carer or relative to help them explain their needs to staff. It is important to get the person's consent before you involve other people.
- Welcome suggestions – encourage service users to give you feedback on their care and treatment.
- Agree with the person what relevant information should be included in any referral letters or patients records.
- Get together with your staff team and review what you have learned and how you can build that into your practice.

## Appendix 5

### Key Sections taken from NHS Highland Patient Information Policy

#### Information taken from the NESH Patient Information Policy 2007

#### Definition of patient information

The term “patient information” includes all types of information about illness, therapy, treatment or surgery, as well as general information about services and support. It does not include personal or confidential information about individuals.

#### Why do people need information about health and healthcare interventions?

In NHS Scotland's “**Draft Guide to the Production and Provision of Information about Health and Healthcare Interventions**”, 2003 (10) the following are cited as reasons for people to need information about health and healthcare interventions:

- Understand what is wrong with them;
- Understand what particular tests and treatments involve and what their outcomes might be;
- Contribute in a more informed way to discussion or decisions about their care;
- Care appropriately for themselves and their families;
- Know when to seek professional help and be able to make the most of consultations;

- Be reassured and feel able to cope;
- Explain to others (for example, families, friends or employers) what is wrong with them and what treatments they might need;
- Identify further sources of information, self-help groups, or health and social care professionals who can offer appropriate services and support;
- Be aware of the services which are available;
- Understand what their rights are;
- Ask for a second opinion;
- Know what to do if something goes wrong, or if they want to comment on the service they have received;
- Enable people to give informed consent to healthcare procedures;
- Enable carers to understand how best to support people in their care.

### **Key principles for patient information**

The following principles will apply to Patient Information.

We will ensure all our information:

- Clearly states its aims and defines who the information is targeted at
- Is accurate, clear and relevant to its target audience and reflects local circumstances

- Supports patient focused health care
- Is made available in different formats to inform people with different needs
- Is sensitive to the needs of all groups in society for example, ethnic minority groups
- Includes the principles of plain English
- Is well presented and incorporates the NHS Highland corporate identity
- Is based on current, evidence-based information, which identify treatment options, possible outcomes, risks and possible side-effects
- Involves patients and patient groups in its development and evaluation
- Is developed with the relevant members of the multidisciplinary team to ensure a diversity of knowledge, expertise and experience is utilized
- addresses questions and concerns that are important to patients
- Informs readers about further sources of information and support available
- Includes contact details so patients can ask for further information and feedback comments and suggestions
- Includes a production and review date of no more than 2 years to allow information to be updated regularly.

## **The Medical Illustrations Department,**

who are based at Raigmore Hospital, can help with producing a patient information leaflet. Medical Illustrations can help design and put together a patient information leaflet ready for printing. The text of the leaflet needs to be supplied to them, wherever possible electronically.

Medical Illustration contact details:

Extension 4240

Phone 01463 704240

## **The Health Information and Resources Service**

NHS Highland's Health Information and Resources Service can be a very useful resource to establish if a particular topic has been covered, or if information is available. The service is open Monday to Friday, 9.30am - 4pm and can be visited at the Health Information Point, Outpatients Department, Raigmore Hospital.

Contact details:

Phone 01463 704647

<http://www.informatics-scitech.co.uk/healthyhighlanders/>

## **Using other organisations' information**

If an information product is already available in the public domain, you may wish to consider using it. The following procedure should be followed:

- Ensure that this information has been developed by a reputable source and is accurate, up to date and meets guidelines

- Ensure you have permission of the producers of this information to distribute it to the appropriate target group.

See external Information evaluation tool for further guidance. (Appendix 5)

## **Funding and Printing**

Funding should be considered at the planning stage. NHS Highland recommends that in the majority of instances printed information can be produced locally via a PC inkjet or laser printer. The cost of paper, and ink cartridges needs to be considered.

Leaflets should be printed from a PC whenever possible. If leaflets are photocopied always ensure that copying is done from an original. Photocopies which consist of photocopies of photocopies should not be used. Photocopying information increases the risk of providing out of date/inaccurate information. Ensure the leaflet to be copied is an original and the latest issue. Photocopies should be carefully checked to ensure that they are all legible and clear and give a good impression of the NHS Highland leaflet.

If the information is to be distributed in large quantities over a short period of time, it may be more cost effective to have the printing undertaken by a printing company. As a rough rule if 1000 plus leaflets are being produced it is probably cheaper to get them printed.

Funding may be obtained from the department's stationery budget. Budget holder's approval must be gained prior to ordering. It may be appropriate to seek sponsorship.

## Commercial information and sponsorship

A written contract between NHS Highland and the sponsor must be completed.

The following principles apply:

Integrity and openness: the involvement of the sponsor in producing the leaflet and the basis on which the support was obtained should be made available.

**Equal relationship:** NHS Highland and any sponsor must work together to ensure an equal relationship in the interest of the public and patients. Maintenance of independence: the sponsor will gain recognition for their support through a standard acknowledgement. For example, “This leaflet was supported by an educational grant from.....” or, “NHS Highland is grateful to..... for their support in printing this leaflet.”

**NHS Highland will not endorse any sponsors or advertise products** or services.

Commercial information may be supplied to a patient as part of user education if as part of their care plan, a patient has used a product. That product should be considered along with other similar products and the decision based on clinical assessment and cost

## References

### NHS Quality Improvement Scotland

NHS Quality Improvement Scotland incorporating the Clinical Standards Board for Scotland. Its role is to improve the quality of health care in Scotland by setting standards and monitoring performance, and by providing advice, guidance and support

to NHS Scotland on the effective clinical practice and service improvements. Patient Information and Patient/Staff communication are an integral part of CSBS generic standards. <http://www.nhshealthQuality.org>

### Seeking Patients’ Consent: Doctors & Patients making decisions together

[http://www.gmc-uk.org/guidance/ethical\\_guidance/consent\\_guidance/index.asp](http://www.gmc-uk.org/guidance/ethical_guidance/consent_guidance/index.asp)

### “The NHS and You”

Health Rights Information Scotland.  
<http://www.hris.org.uk/?o=1180>

### Guide to Communications and Engagement Planning

<http://intranet.nhsh.scot.nhs.uk/Well%20Informed/Documents/MASTER%20Communications%20and%20Engagement%20guidance%20Nov%202008.doc>

### Draft Guide to the Production and Provision of Information about Health and Healthcare Interventions

<http://www.scotland.gov.uk/Publications/2003/10/18378/28161>

### **Before you write a leaflet, the following issues should be considered:**

1. To what extent should patients' views be canvassed?
2. Is a leaflet on the same subject available from elsewhere?
3. Is new information needed?
4. Is a leaflet the best way of meeting that need?
5. How will the leaflet link with and support clinical advice?
6. What is the aim of the leaflet? Should it:
  - describe a condition?
  - allay anxiety?
  - provide instructions?
7. When is the most appropriate time for patients/ carers to receive this information?
8. How will the leaflet be distributed, and by whom?
9. What quantity will be required annually?
10. How much will production of the leaflet cost?

### **Authors of leaflets which contain clinical information should:**

1. Agree the content with relevant professional colleagues
2. Use simple words and avoid the use of medical jargon
3. Write in a way that engages people's interest - address them personally (i.e. as "you" rather than "the patient")

4. Use illustrations where possible, but avoid clip art
5. Avoid using a patronising tone
6. Make sure the information is accurate, complete and up to date
7. Outline uncertainties and gaps in scientific knowledge
8. Provide comprehensive and unbiased information about outcomes (both risks and benefits) based on research evidence and guidelines
9. Include all appropriate options, including non-intervention, where providing information about treatment

### **Writing clearly - 10 principles to guide you**

1. Use mainly short sentences. Some longer sentences, but not too many, will help your text to flow well. Whenever possible keep sentences to less than 20 words. We are advised that the average reading age of people in Scotland is 9 years and language should be kept as simple as possible.
2. When using sentences that have 2 clauses linked by "because" or "if", put the "because" or "if" clause first. For example: "If your wound starts to bleed , contact your doctor".
3. Whenever possible use ordinary words instead of specialised medical terms. However, at times, it may be better to use a specialised term, for instance if you would lose the correct medical meaning by using an ordinary word.

4. When you need to use a specialised word, explain what it means when you first use it. For example: “Your breast X-ray, often called a mammogram, will only take a few minutes”. Or, you could put a list of definitions at the front of the leaflet where your patients can find it easily.
5. Avoid using shortened forms of names such as acronyms and abbreviations. If you think it is necessary to use a shortened term, explain what it stands for when you first use it. For example: “The Special Care Baby Unit, or SCBU for short, is .....”
6. Use personal pronouns (I, we, us, you) rather than impersonal ones (they, she, he, one).
7. Avoid using passive verbs. For example if you write “The tablets should be taken twice a day” you are using a passive verb. If you write “Take the tablets twice a day” you are using an active verb. Active verbs make information easier to understand.
8. Always describe what you want people to do, not what you don’t want them to do. “Give only when the patient wheezes” is clearer than “Do not give unless the patient is wheezing”.
9. If numbers need to be used in your text it is better to use the figure rather than the full word. For example; “Take 2 tablets 3 times a day” rather than “Take two tablets three times a day”.
10. Finally check your leaflet for spelling or typing mistakes. If possible use a spell checker to help with

this. It is also a good idea to ask someone else to read through the leaflet and check for mistakes.

### **Style of printed written information**

Style is important to ensure the message is clearly communicated. A corporate look provides credibility to the information, ensures accountability, and promotes confidence. All written information materials should contain the following:

#### **Front cover**

- NHS Highland logo in top right hand corner of leaflet.
- The NHS Highland strap line “Working with you to make Highland the healthy place to be” should be put at the bottom of the front cover.
- Black ink on matt white paper for high contrast (recommended by the RNIB)
- Font type, Arial
- Font size should be no less than 12
- Title, font size, 20-24
- Main body
- Narrative, Arial 12. Use larger fonts for people likely to have a visual impairment
- Align text to left, do not justify
- Use bold for headings or emphasising a point

- Use colour only if it will enhance your message significantly, colour cost more

### Back cover

- Production and review date
- Version number
- Name of staff member or group who developed the leaflet
- This should be done by using a grid as shown below at the bottom of the back cover

Issue No.	Date of Issue	Review Date:
Devised by S..... and D.....		

- Staff contact details identified by designation and direct dial (phone number or extension)
- Details of further information sources and support available
- Concluding statement about source of information
- Copyright note if applicable
- There should be a statement to the effect that the leaflet is available in different formats. Suggested wording is “This leaflet is also available in different formats. These include large print, audiotape and different languages. To get the leaflet in another format please contact.....”

### • Format

Layouts of leaflets can be in different formats as shown below:

- A4 letter style
- A4 folded into two - booklet style (becomes A5 size)
- A4 triple folded into three columns
- A5 leaflet/booklet

### Illustrations

If presented well, illustrations can minimise text and may help to explain complex information. The use of hand drawn illustrations is not recommended unless the quality is of exceptional standard. Illustrations should not be used simply to fill in spaces, as some illustrations can be distracting. Avoid clipart, as it does not add to the reputation of a professional organisation. If you include illustrations please ensure they are necessary.

### Patients whose first language is not English Health Rights Information Scotland (HRIS)

HRIS have produced a range of patient information leaflets for the NHS in Scotland. These include:

- The NHS and You.
- Making a complaint about the NHS.
- Confidentiality - it's your right
- Consent - it's your decision

- How to see your health records

The leaflets are available in a range of languages; easy read versions; a CD-Rom version, which includes subtitles, voiceovers, graphics, and British Sign Language (BSL); and in audio versions.

## Clear Print Hints and Tips

### Type size

The size of the type (known as point size) significantly affects its legibility and is one of the most important features to bear in mind.

Font size 10 point is too small for most readers

12 point is recommended for general readers

14 point is commonly used in large print books, also needed for Children and older people.

16 point is used, by the RNIB, for partially sighted people.

- In order to convey emphasis there are many tools, e.g. block capitals, underlining, bold print and italics. Generally only two of the options are required to emphasise.

### SO AVOID THE TEMPTATION TO USE ALL OF THEM AT ONCE!

- A note about BLOCK CAPITALS - There is a body of evidence that shows that upper and lower case is easier to read than upper case only. The shape of the word is an aid to the reading of it, e.g. Dingwall, Brora, Lochgilphead,

Portree, and Kingussie as opposed to DINGWALL, BRORA, LOCHGILPHEAD, PORTREE, and KINGUSSIE.

- Darker colour papers generally provide more difficult backgrounds for reading, blue and purple are worse than others. For people with a sight impairment it is better to contrast the text colour with an appropriate paper colour e.g. black text on a lemon background.

### Contrast

The contrast between the background and the type is also extremely important. The better the contrast, the more legible it is. Contrast will be affected by the size and weight of the type.

### Typeface

The choice of typeface is less important than size and contrast. As a general rule, stick to typefaces that people are familiar with and will recognise easily, such as Arial. Avoid italic, simulated handwriting and ornate typeface, as these can be difficult to read.

### Type style

Avoid capital letters, as they are generally harder to read. A word or two in capitals is fine but avoid the use of capitals for continuous text.

### Spacing

The spacing between one line of type and the next is important. As a general rule, the space should be 1.5 to 2 times the space between words on a line.

## **Type weight**

People with sight problems often prefer bold or semi-bold weights to normal ones. Avoid light type weights.

## **Numbers**

If you print documents with numbers in them, chose a typeface in which the numbers are clear.

Readers with sight problems can easily misread 3,5,8,0.

## **Line length**

Ideally, line length should be between 60- 70 letters per line. Lines that are too long or too short tire the eyes. The same applies to sentences and paragraph lengths, which should also be neither too long nor too short.

## **Word spacing and alignment**

Keep to the same amount of space between each word. Do not condense or stretch lines of type. The RNIB recommends aligning text to the left margin, as it is easy to find the start and finish of each line and keep the spaces even between words (this document has been produced using this format). It is best to avoid justified text as people can mistake gaps between words for the end of the line.

## **Columns**

Make sure the margin between columns clearly separates them. If space is limited, use a vertical rule.

## **Setting text**

Avoid fitting text around images if this means that lines of text start in a different place, and are therefore difficult to find. Set text horizontally, as text set vertically is extremely difficult for a partially sighted reader to follow. Avoid setting text over images, for example photographs. This will affect the contrast and if a partially sighted person is avoiding images, they will miss the text.

## **Forms**

Partially sighted people tend to have handwriting that is larger than average, so allow extra space on forms which are part of a leaflet. This will also benefit people with conditions that affect the use of their hands, such as arthritis.

## **Navigational aids**

It is helpful if recurring features, such as headings and page numbers, are always in the same place. A content list and rules to separate different sections are also useful. Leave a space between paragraphs as dividing the text up gives the eye a break and makes reading easier.

## **Paper**

Avoid glossy paper as glare makes it difficult to read. Choose uncoated paper that weighs over 90gsm. As a general rule, if the text is showing through from the reverse side, then the paper is too thin. Readability of the printed material will also be improved if black ink is used on cream or pastel paper. If coloured print and paper are used, two shades of the same

colour should be avoided, and a light colour should be used for the background.

### Format

When folding paper, avoid creases that obscure the text. People who use screen magnifiers need to place the document flat under the magnifier, so try not to use a binding method that may make it difficult to flatten the document.

### Patient Information Checklist

Further information is included in *Italics*.

1. Does the front cover contain a full title, the NHS Highland logo and the NHS Highland strap line?	Yes <input type="checkbox"/> No <input type="checkbox"/>
2. Is the leaflet easy to follow? ( <i>Is it clear where page 1, 2, 3. is? Sometimes leaflets are folded the wrong way</i> ).	Yes <input type="checkbox"/> No <input type="checkbox"/>
3. Is NHS Highland logo included on the top right hand corner of the front cover?	Yes <input type="checkbox"/> No <input type="checkbox"/>
4. Has a single style of design and layout been maintained throughout the leaflet?	Yes <input type="checkbox"/> No <input type="checkbox"/>
5. Has the target audience been clearly defined?	Yes <input type="checkbox"/> No <input type="checkbox"/>
6. Are the aims of the leaflet stated?	Yes <input type="checkbox"/> No <input type="checkbox"/>
7. Is the font type clear and easy to read? ( <i>Variations in font type are not recommended. One type only is appropriate. Arial is recommended.</i> )	Yes <input type="checkbox"/> No <input type="checkbox"/>
8. Is the font size appropriate for the recipients (size 10 is quite small Size 12 is recommended for general readers, size 14 is recommended for children and older people, size 16- 20 is used for partially sighted people).	Yes <input type="checkbox"/> No <input type="checkbox"/>
9. Is the paper mail white or pastel coloured?	Yes <input type="checkbox"/> No <input type="checkbox"/>
10. Is the print colour black?	Yes <input type="checkbox"/> No <input type="checkbox"/>

11. Have the headings or tools to convey emphasis been used according to recommendations? ( <i>The RNIB recommends the use of bold only, as the use of CAPITALS and underlining are difficult for the visually impaired to read</i> ).	Yes <input type="checkbox"/> No <input type="checkbox"/>
12. Has the information been organised in sections with headings and sub-headings?	Yes <input type="checkbox"/> No <input type="checkbox"/>
13. Is the line spacing sufficient for easy reading?	Yes <input type="checkbox"/> No <input type="checkbox"/>
14. Are there any illustrations?	Yes <input type="checkbox"/> No <input type="checkbox"/>
15. Do the illustrations enhance the written information? ( <i>check: do the illustrations get the message across?</i> )	Yes <input type="checkbox"/> No <input type="checkbox"/>
16. Is the leaflet of acceptable quality? ( <i>Is it of similar quality to the original; photocopies often end up as photocopies of photocopies. This leads to the production of illegible leaflets</i> ).	Yes <input type="checkbox"/> No <input type="checkbox"/>
17. Has plain English been used? ( <i>check: does the text contain language used in everyday conversation?</i> )	Yes <input type="checkbox"/> No <input type="checkbox"/>
18. Has a patient friendly tone been used?	Yes <input type="checkbox"/> No <input type="checkbox"/>
19. Have personal pronouns been used? ( <i>I, we, us rather than impersonal they, she, one</i> )	Yes <input type="checkbox"/> No <input type="checkbox"/>
20. Have any technical/medical terms been explained?	Yes <input type="checkbox"/> No <input type="checkbox"/>
21. Is the average sentence length under 20 words?	Yes <input type="checkbox"/> No <input type="checkbox"/>

22. Has the leaflet been checked for any spelling or typographical errors?	Yes <input type="checkbox"/> No <input type="checkbox"/>
23. Is the information available in other formats? (e.g. on audio-tape)	Yes <input type="checkbox"/> No <input type="checkbox"/>
24. Are sources for additional information included? ( <i>For example, telephone number, staff member, ward /department or other useful resources and support</i> ).	Yes <input type="checkbox"/> No <input type="checkbox"/>
25. Are sources specified and referenced?	Yes <input type="checkbox"/> No <input type="checkbox"/>
26. Has any sponsorship been declared?	Yes <input type="checkbox"/> No <input type="checkbox"/>
27. Is clinical information based on best available evidence?	Yes <input type="checkbox"/> No <input type="checkbox"/>
28. Are any risks, uncertainties and alternatives discussed?	Yes <input type="checkbox"/> No <input type="checkbox"/>
29. Have the names of staff members or group who developed the leaflet been included?	Yes <input type="checkbox"/> No <input type="checkbox"/>
30. Is the date of the production included?	Yes <input type="checkbox"/> No <input type="checkbox"/>
31. Is the review date included?	Yes <input type="checkbox"/> No <input type="checkbox"/>
32. Was there patient involvement in the development of the leaflet?	Yes <input type="checkbox"/> No <input type="checkbox"/>
33. Has the leaflet been piloted with target audience and/or patients/patient representatives?	Yes <input type="checkbox"/> No <input type="checkbox"/>

## Appendix 6

### Accessible Venues Checklist

### NHS Highland Event Accessibility Checklist April 2008

This is an event checklist for NHS Highland staff to check whether or not a venue and event are accessible and how we can make them more accessible. You are advised to visit a venue and use this checklist whenever possible before booking.

#### In the Building

<b>ENTRANCES</b>	✓
Can people enter, exit and move around the building with ease? ① Will the venue still be accessible when delegates and attendees are moving around?	
Is the reception desk at a height suitable for people in wheelchairs? ②	
Can the event/meeting take place on one floor only? (This will prevent the need to use lifts or expect any persons with mobility or sensory impairment issues negotiating stairways).	
Does the venue have accessible toilets? ③	
Has the venue been made aware of its obligation to admit assistance dogs?	
<b>TRAINING</b>	
Have staff employed by the venue received training about the potential implications of the Disability Discrimination Act?	

	✓
Does the venue regularly use staff or casual staff – will they have had disability awareness training? (This needs to be addressed – if staff have not received training to date, what measures could be put in place before the event?)	
<b>EVACUATION PROCEDURES</b>	
Do the evacuation procedures take account of disabled people including wheelchair users and people with a hearing impairment?	
Is information about evacuation and emergency procedures accessible in different formats such as Braille or large print? (If not, this info must be provided verbally at the start of the event.)	
<b>FACILITIES</b>	
Are there loop systems available throughout the venue and in all rooms to be used at the event?	
Are there staff within the venue trained to operate the loop system and with access to further assistance should the system fail?	
If the event includes breakout areas for workshops etc will these be in separate rooms to ensure that people with hearing aids etc do not overhear conversations amongst other groups?	

	✓
If the seating in the venue is tiered, is there enough space at the front for wheelchair users or assistance dogs?	
Are the chairs comfortable for sitting for extended periods and do at least some of the chairs have arms?	
Is the level of lighting in the meeting room adequate and adjustable?	
Are there large clear signs to all entrances, rooms, lifts, toilets, catering areas and other facilities, including temporary signs giving directions and identifying event areas, where appropriate?	
<b>LIFTS</b>	
Are lift doors (including lifts from car parks) wide enough for a wheelchair?	
Is the lift big enough for a large wheelchair and at least one other person?	
Are there controls at a height suitable for wheelchair users?	
Are there Braille or tactile buttons?	
Is there an audio floor indication?	
<b>CATERING</b>	
Can the venue cater for people on specific diets?	

	✓
Can all food be labelled including meeting the needs of people with allergies?	
Are all catering stations fully accessible?	
Are delegates given the opportunity to sit down to eat?	
Is the room large enough for people using wheelchairs or others with mobility issues to move around?	

### The Meeting or Event

<b>PROMOTING THE EVENT</b>	✓
Is information including background papers available in alternative formats?	
If the event is being promoted on a website – is it accessible and compatible with a range of specialist hardware and software which disabled people use to access computers?	
Has a main point of contact been identified for the event? Have participants been given a telephone number, email address, fax number and postal address for this contact?	
Can the main point of contact answer access questions?	
Is the registration form available in alternative formats?	

	✓
Can the participants register specific requirements (access, dietary)?	
Have participants been informed about the availability of communication support and that costs for this support will be met by NHS?	
<b>REGISTRATION</b>	
Are the name badges printed in a large readable font?	
Do any event packs take account of guidelines on accessible documents?	
Have speakers and workshop presenters been briefed on inclusive presentation issues? ④	
<b>PROGRAMME STRUCTURE</b>	
Does the programme include access breaks for people attending?	
Are breaks a minimum of 15 minutes to allow disabled people enough time to locate and use accessible toilets?	
Have Communication Support Professionals (e.g. BSL/English Interpreters, notetakers etc) been booked enough in advance for the event and provided in advance with any presentation material available?	
Are presentations big enough to be seen from the back of a room?	

	✓
Have you checked with speakers whether they wish to use a lectern?	
Have you ensured that all speakers know they must use a microphone?	

**Transport**

<b>CAR PARKING</b>	✓
If there is a car park, is it clearly signed and disabled car parking bays clearly identified?	
Are car parking bays close to the entrance?	
Are disabled car parking bays on level ground?	
Is there a dropped kerb if a pavement or walkway needs to be accessed between the car park and the venue?	
If there is no car parking at the venue what are the local onstreet and car park facilities and do they meet requirements?	
Have participants been informed about the availability of car parking and any distances between car parking and the venue?	
Are there any drop off areas?	
Is there a safe place with seating either inside or near the exit of the venue for people to wait to be collected?	

<b>GENERAL/PUBLIC TRANSPORT</b>	✓
If transport is being provided by NHSH or on behalf of NHSH can it accommodate disabled people’s transport needs?	
Have transport providers been asked about accessibility of local bus and train stations? ⑤	
Have people attending the event been provided with information about local travel and accessibility (including local taxi firms)?	
Have people attending the event been informed of procedures for reimbursing travel costs and associated support costs?	

## Additional Notes

① This includes for example wheelchair ramps, appropriate signage for entrances, handrails at ramps and steps, self opening doors, appropriately wide door ways. Steps should be clearly marked to prevent tripping.

② If the reception desk is too high, an alternative table of appropriate height should be made available.

③ Using toilet facilities is an everyday activity but if facilities are not accessible it can easily become an unnecessarily demeaning experience.

- The route to the toilet is accessible to a wheelchair user and free of steps and hazards.
- If a person requires communication support and has some limitation on mobility it is essential that this support is available whilst a patient is waiting for an appointment so that they can indicate if they need to use toilet facilities and receive any assistance that is required.
- Unisex toilets are in place as service users may be accompanied by a person of the opposite sex.
- Grab rails, paper towel holders and soap dispensers are in a contrasting colour to other fixtures and the surrounding area. For example a black or dark toilet seat is fitted to a white ceramic bowl to provide good colour contrast.
- The flooring is slip resistant even when wet and its colour contrasts with the surrounding area.

- Lighting in toilets is adjustable as this can impact on people with a range of visual impairments and is essential for people who are Deafblind because of the communication techniques used with sighted and hearing assistants
- Taps have lever controls.
- Mirrors are used sparingly as they can add to the confusion for people with perceptual problems.
- An emergency pull cord is installed which can be reached from the toilet, basin area and the floor. The cord has a pull grip and is easily distinguishable from any lighting cords, both in colour and diameter.
- There is also a facility to open the door from the outside in an emergency.
- Procedures are in place so staff know who is responsible for responding to calls from the emergency pull cord.
- Bins are easily operated and big enough to take large disposable items such as incontinence pads.
- The toilet is not used for storage of equipment, resources or staff belongings.
- Fire alarms are installed which have both aural and visual alerts.
- For transgender service users best practice suggests that the choice to use either a male or female toilet is an individual one. Transgender people should be allowed and indeed encouraged to use facilities that they see as appropriate.

- If a Trans service user asks, staff should not automatically assume a unisex accessible toilet is a most appropriate choice and should seek advice from the individual about their needs.

④ This may include providing speakers with a sheet of information points like the example below

**Please remind workshop participants at the beginning to share responsibility for making the workshop accessible.**

To ensure fair access to the workshop for all participants, please ensure:

**People speak one at a time**

- Remember some people may be using induction loops and each person will need to use a microphone. Speakers should also repeat questions from the audience.
- Ensuring language is accessible, jargon not used excessively and without explanation (e.g. if abbreviations used, explain what they stand for)
- Check that everyone can hear what is being said and encourage participants to let you know if they cannot hear what is happening
- Agree how to indicate if someone wishes to speak
- Read out anything that is written up on a flipchart or PowerPoint including explaining nature of diagrams and pictures
- Ensure that copies of presentations are available in larger fonts (14+)

⑤ This should include

Availability of “low rise” buses

Awareness of requirements to permit assistance dogs on board transport

Staffing at local stations to provide assistance to disabled people if required

Accessibility of travel information for example audio information at stops.

**References**

Centre for Accessible environments checklist

[www.cae.org.uk/](http://www.cae.org.uk/)

**Events Accessibility Checklist NHS Health Scotland**

Fair for All Disability Improving Outcomes for Disabled People

<http://www.healthscotland.com/about/FairForAll/index>

Organising Accessible Events Disability Rights Commission 2004

## Appendix 7

### Guidance on Giving Effective Presentations with PowerPoint: April 2008

This guidance has been produced to support staff using PowerPoint as part of a presentation. The information is relevant for any audience and will help ensure that a presentation has taken account of key accessibility issues.

#### Before the presentation

On the subject of presentations, advice from some “experts”;  
 “Say what you mean, mean what you say, listen respectfully, encourage people”. *Tony Benn*

“Don’t go on for too long”. *Ranulph Fiennes*

- It is important to reflect on the key messages of a presentation and the most effective way of communicating that message.
- It is useful to run through a presentation with a “stand in” audience wherever possible and ask for constructive feedback. At the very least ensure that you have had discussion about content with your manager or peers
- Make sure you know how much time you have for a presentation and whether or not this includes time for questions.
- Ensure that your presentation can be delivered well in the time given.

- If you need to be reminded of your timing make sure you have access to a watch or clock or have asked the chair person to remind you as you approach your time limit.
- Prepare your presentation in advance so that you have time to familiarise yourself with the content.
- It is important to explain all acronyms and be aware of your audience in terms of the use of jargon.
- When you are delivering a presentation, the text on the slide should be a guide for you and the audience. The presenter should expand on the information contained within the slides in more detail.
- Be aware of using humorous slides or comments in a presentation unless you are sure that it is relevant to your message, is not in any way potentially or actually offensive and is the most effective way to assist your audience’s understanding.
- Consider how long your presentation needs to be. If your presentation is longer than 20-25 minutes, it may prove difficult to keep your audience engaged. If you really need to impart a lot of information, think about ways of presenting information to keep your audience involved e.g., use of flipcharts, white boards, and activities.

## During the presentation

- Be aware of your speed and audibility at all times, if necessary check with the audience at appropriate intervals.
- Face forward at all times when speaking. If notes are being made on a flip chart or whiteboard ensure that any comments are spoken while facing the audience. This is important as there may be a number of lip readers in an audience who need to see the lips move to hear the words.
- One of the most important things to ensure is that all content on a slide is vocalised to the audience. It may be that in a large room the slide information is not readable from the back or a visually impaired participant cannot access the material. Stating ‘this slide explains the concept’ or ‘the graph here is self explanatory’ is not acceptable.
- If a microphone or audio system is available within a room use it. The microphone may be connected to an induction loop for Hard of Hearing participants. Even in a small room, your voice may not carry as much as you think it does. Check with event organisers whether an audio system is available.
- If audio is being used within a presentation, ensure speakers are available to carry the sound, linking them into the Audio-Visual system if necessary. Do not speak over any audio or visual content as the participants may not be able to engage with both aspects equally. Either pause the video or mute the sound.
- If animations have been used within a presentation ensure they have finished before you begin speaking.

If a complicated slide animation is occurring the participants will be concentrating on this as opposed to anything being said by the presenter.

- If the presentation requires audience participation, ensure any questions or comments from the audience are repeated by the presenter. This will enable all participants, including those using an induction loop, to engage with the responses.

## Composition of a PowerPoint Presentation

### Considerations when using PowerPoint

PowerPoint has been described as a tool for marketing that encourages a “pitch” culture of bullet points instead of sentences,

“A seductive technology that encourages style over content”

*Edward R Tufte*

It is important to ensure that you use PowerPoint to support the audience’s understanding and not simply as a support to get you through a presentation!

- Make sure that any slides you use are relevant to your talk and not simply decoration.
- Think about how each slide will assist your audience in understanding the information (i.e. board paper, project outline etc..) and remember; less is more.
- It is often useful to provide users with copies of any visual aids used during the presentation before and after the event. Users can prepare themselves more thoroughly if the presentation if they have access to materials

before hand. This is particularly useful for users who need assistance from translators who need to familiarise themselves with technical language or jargon.

- Unfortunately PowerPoint files are not accessible as HTML. If required you should be prepared to convert any visual aids into formats that can be interpreted by specialist IT readers for people requiring this kind of communication support
- The following table provides a list of “dos and don’ts” as a rule of thumb to get the best out of using PowerPoint in presentations

	<b>Don't</b>	<b>Do</b>	
<b>Don't</b>	Use too many slides having 20 slides for a 20 minute talk can mean that your presentation is reduced to reading out a list of bullet points, you can talk too long about the earlier slides and run out of time or, go over time.	As a guideline: you should use 1 slide for every two minutes of your presentation (plus title and end slide).	<b>Do</b>
	Use bad slide design or at the other extreme plain text only.	Use strong images or photographs that are relevant to the presentation and not just decoration. Make sure that you describe the picture for those who cannot see it.	
	Use unreadable text.	Use Arial font for text in PowerPoint presentations. Recommended point sizes are no smaller than size 36 for slide titles and 24 for body point text.	

	Don't	Do	
<b>Don't</b>	Use colours that merge with each other and have little contrast. Use red as a background or font colour Colour blind people confuse red and green.	Use high contrast colours such as black on white for example but be aware of any glare when using with data projectors  White or yellow text on a blue background can be a good compromise if required	<b>Do</b>
	Use capitals and underline are hard to read.	use colour or bold or italic for emphasis	
	Give lots of written information on each slide.	As a guide use six points per slide and six words per point	
	Use distracting and varying effects.	Be consistent re Backgrounds Fonts Colours Transitions	
	Use PowerPoint as a presenter's crutch.	Use it as a scaffold for building up audience understanding.	

## Appendix 8 Accessibility Good Practice Checklists

### Accessibility Good Practice Checklists Introduction

This series of checklists give information about what should be in place to make sure that services are delivered in a fair minded way.

The checklists will help services break down barriers to access by helping highlight how things can be made better.

The checklists can be used by individuals but it is recommended that a group of people from a service, including service users, are also able to comment on the checklists.

It may be necessary to provide the checklists in alternative formats for staff, service users or members of the public. It is the responsibility of the practitioner to make sure this happens.

### Accessibility definition

When people say that access is a major issue when using public services, they are not just talking about getting into buildings, but also about the flexibility of services, communication and attitudes. When talking about access to services we include:

- Attitudes
- Flexible Services
- Communication
- Estates and the built environment

## Equality

Equality is about creating a fairer society that everyone can participate in and provides opportunity for everyone to fulfil their potential. It is mostly backed by legislation designed to address unfair discrimination based on membership of a particular group.

### Equality groups

There are six key equality strands. Age, Disability, Faith, Gender, Ethnicity/Race and Sexual Orientation. Within these strands are specific groups who are more likely than the majority of the population to experience discrimination. We are all members of at least one equality group. The document refers to equality groups and equality communities, both terms are used interchangeably as a way of showing the great diversity in and between groups of people and also that different people may understand different things when they talk about groups and communities.

### Note

This document does not replace the access audit survey toolkit or the equality and diversity impact assessment. Both of these processes may also need to be carried out depending upon the nature of a service and the reason for reviewing accessibility.

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### Key for Completing Checklists

Each Checklist has three columns, “Being developed”, “In place”, and “Needs to be reviewed”. Below is a description of each heading

#### Being developed

This is not yet in place but we have already recognised that this needs to happen and working towards making it happen.

#### In place

This is already in place, all staff know about it and how to do it. New staff find out about it through induction. We have systems in place for checking that we are doing this right. This includes asking people who use the service what they think.

#### Needs to be reviewed

This may be happening but it is not very clear and we want to look at the possibility of making changes. And/or

This is not happening and we need to look at what, if anything, we can do about it

#### Action Tables

The tables at the end of this document allow us to bring together all the information that has been gathered in the checklists. The tables allow us to show what areas of practice are in place and what needs to be further developed. Examples are given to help complete the tables. The tables are just one approach to gathering information together, and when planning developments organisations should use whatever approach suits best.

### Good practice checklist: implementing equality in strategic policy

	Practice	Being developed	In place	Needs to be reviewed
1	Statement identifying organisation’s current position in relation to equality and equality groups.  This statement demonstrates and incorporates understanding and awareness of the social model of disability and ensures equality will be integrated into every aspect of its work.			
2	The issues and concerns of disabled people, people from BME communities, people from different faith groups and people from the LGBT communities form a core part of the organisation’s involvement strategy.			

	<b>Practice</b>	<b>Being developed</b>	<b>In place</b>	<b>Needs to be reviewed</b>
3	Everybody working at strategic level is aware of the organisation’s approach to achieving disability, gender and race equality.			
4	There is a system for collecting data on the local population, including equality monitoring, and this is used to influence the planning and design of services and policies.			
5	Images used by the organisation within publicity material and on websites are monitored to ensure that they convey a positive image of disabled people and represent the full diversity of the Scottish population.			

**Good practice checklist: implementing equality in operational practice**

	<b>Practice</b>	<b>Being developed</b>	<b>In place</b>	<b>Needs to be reviewed</b>
6	Every member of staff is aware of their own responsibilities and the responsibilities of NHS Scotland under the various equalities legislation.			
7	Equality and accessibility is part of all mandatory staff training. This should highlight the potential barriers affecting for example disabled people , whether as staff or as service users.			
8	Information about the various equality duties is regularly distributed to staff and incorporated into staff communications.			

**Good practice checklist: gathering information and evidencing need**

	<b>Practice</b>	<b>Being developed</b>	<b>In place</b>	<b>Needs to be reviewed</b>
9	The organisation gathers information on its population, specifically those groups of people who are known to experience particular disadvantage.			
10	Staff work with local equality organisations to gather local and/or national statistics, and to get feedback on the experiences of service users.			
11	The needs of equality groups are considered in the design and implementation of all research programmes.			

	<b>Practice</b>	<b>Being developed</b>	<b>In place</b>	<b>Needs to be reviewed</b>
12	Services are regularly monitored and evaluated to find out how people from different equality communities access them and to understand the different levels of use among certain groups.			

**Good practice checklist: getting feedback from service users**

	<b>Practice</b>	<b>Being developed</b>	<b>In place</b>	<b>Needs to be reviewed</b>
13	Positive statements actively encourage patients to give feedback. Comments received are published along with a report on what action has been taken, or not taken, and why.			
14	Comments and complaints that have been received are part of a formal process and directly input into adjustments and re-design.			
15	Complaints procedures do not stipulate the need for written comments, and can be made in the person's preferred format or method.			

	<b>Practice</b>	<b>Being developed</b>	<b>In place</b>	<b>Needs to be reviewed</b>
16	There is a strategy to enable effective engagement, underlining the importance of proper planning, allowing adequate time, staffing and budget allocation.			
17	Comments forms, surveys, questionnaires, complaints forms, newsletters and feedback reports are available in alternative formats.			
18	Patient groups and user panels have been established to review arrangements such as opening hours, appointments systems, or to test patient information and signage to ensure it is clear and easily understood.			

	<b>Practice</b>	<b>Being developed</b>	<b>In place</b>	<b>Needs to be reviewed</b>
19	People from equality groups are actively involved in all areas of service design and delivery, not just those services that focus on equality issues.			

**Good practice checklist: complaints procedures**

	<b>Practice</b>	<b>Being developed</b>	<b>In place</b>	<b>Needs to be reviewed</b>
20	Information about the complaints procedure is available in alternative formats.			
21	Support and advice is provided for those who need it.			
22	People from equality groups and organisations and representatives are involved in evaluation of current and developing systems.			
23	A help-desk or other visible point-of-contact is available where service users can offer their comments or concerns.			

	Practice	Being developed	In place	Needs to be reviewed
24	Comments cards are available in a variety of formats including various languages, Easyread and pictorial, and include an identifiable contact name.			
25	A free-phone telephone or textphone number is provided where messages and comments can be left.			

### Good practice checklist: making appointments

	Practice	Being developed	In place	Needs to be reviewed
	Appointment systems allow for flexibility eg.			
26	<ul style="list-style-type: none"> <li>• Service users are given the choice to book double appointments.</li> </ul>			
27	<ul style="list-style-type: none"> <li>• Appointments are arranged for times of the day that suit the particular circumstances of that person.</li> </ul>			
28	<ul style="list-style-type: none"> <li>• When possible, appointment times are changed if they are not suitable.</li> </ul>			
29	<ul style="list-style-type: none"> <li>• Individual preference is recorded so individuals are routinely offered these appointment times, when possible.</li> </ul>			

	<b>Practice</b>	<b>Being developed</b>	<b>In place</b>	<b>Needs to be reviewed</b>
30	<ul style="list-style-type: none"> <li>Service users can choose to see the same GP, dentist, health visitor or specific staff member whenever possible.</li> </ul>			
31	When they are making an appointment, all service users are asked if they need any adjustments to help them access the service: for example, interpreters, guide communicators, advocates or other support to be booked.			

	<b>Practice</b>	<b>Being developed</b>	<b>In place</b>	<b>Needs to be reviewed</b>
32	Professionals should be aware of the sensitivity of personal information and not make assumptions about the gender, marital status, ethnicity or capacity of a service user. All this information should be checked with the service user and must be verified by that person before it is included in any records/registration or other documents.			

**Good practice checklist: managing and delivering services**

	<b>Practice</b>	<b>Being developed</b>	<b>In place</b>	<b>Needs to be reviewed</b>
33	Names of places, services, conditions etc are the same on appointment information, health promotion material and building signage.			
34	Rooms used for consultation meet the requirements of service users.			
35	Service users are told that adjustments can be made when they first register. A sign in the waiting room will also advise service users that this is available.			

	<b>Practice</b>	<b>Being developed</b>	<b>In place</b>	<b>Needs to be reviewed</b>
36	Announcement systems are accessible to a wide range of people, and do not rely on only audio or visual display. Staff approach the person when it is time for their appointment if this required.			
37	Staff will check with service users what their preferred name and title are and how that is pronounced.			
38	Reminders are sent out in advance of appointments. (Some services already do this using SMS texting and email.)			
39	Photographs of staff are available at the reception desk to help service users identify who they want to see or who their appointment is with.			

**Good practice checklist:- referrals and transfer of information**

	<b>Practice</b>	<b>Being developed</b>	<b>In place</b>	<b>Needs to be reviewed</b>
40	With permission from the service user, information about their needs or preferred name etc is included in the referral form or letter.			
41	During IT upgrades, IT systems are implemented which are compatible across all key agencies.			

**Good practice checklist: car parking and transport**

<b>Practice</b>	<b>Being developed</b>	<b>In place</b>	<b>Needs to be reviewed</b>
<p>Accessible car parking spaces have the following features.</p> <ul style="list-style-type: none"> <li>• Are within 45 metres of the building entrance.</li> <li>• Are clearly marked, using signage that follows accessible signage guidelines.</li> <li>• Have room for a hoist at both sides and at the rear.</li> <li>• Are situated on level ground with safe and easy access to the pavement.</li> </ul>			
Where the parking area is barrier controlled, the intercom systems meet the needs of people with sensory impairments and communication difficulties.			

Practice	Being developed	In place	Needs to be reviewed
Accessible car parking bays have signs clearly stating monitoring procedures and penalties for misuse. The reporting of misuse is encouraged by, for example, including contact details for relevant staff.			
There are 'set down' and 'pick up' points near the entrance to the building which can be used by disabled people who may not be able to walk to a car park or use public transport.			
There is a sheltered seating area for people waiting to be picked up or escorted.			

Practice	Being developed	In place	Needs to be reviewed
<p>Where there are dropped kerbs they must have the following features.</p> <ul style="list-style-type: none"> <li>• Be provided at locations where people leave the pavement to cross the road; and on the opposite side of the road.</li> <li>• Be located at points where there is an unobstructed view of traffic from both directions.</li> <li>• Be situated away from locations where NHS vehicles drop off goods.</li> </ul>			

**Good practice checklist: approaching buildings**

Practice	Being developed	In place	Needs to be reviewed
All entrances are located and signposted clearly from the street, car park and around the building.			
Paths are kept clear of obstacles such as benches, bollards and bins.			
Good lighting highlights paved areas, door entrances, door entry systems, and any obstacles.			
Handrails and resting places are provided along pathways and there is adequate turning space for wheelchair users or for people being escorted.			
Tactile surfaces are used to highlight any steps, stairways or changes in level.			

Practice	Being developed	In place	Needs to be reviewed
<p>If entry phones are installed the following features are required;</p> <ul style="list-style-type: none"> <li>• Colour of the entry phone contrasts with surrounding walls.</li> <li>• They are positioned 900-1200mm above floor level.</li> <li>• Buttons or hand-sets can be operated by people with manual dexterity problems.</li> <li>• Systems are suitable for people with sensory impairments or communication difficulties.</li> </ul>			

**Good practice checklist: entering buildings**

<b>Practice</b>	<b>Being developed</b>	<b>In place</b>	<b>Needs to be reviewed</b>
Entrance doors are clearly distinguishable and colour-contrasted with the surrounding area.			
The colour of handles should contrast with the door and handles should be easy to grip.			
Where appropriate, automatic sliding doors are used in preference to those that swing or rotate, as they allow unobstructed access.			
Where swing doors are used they should have automatic release hold-open devices.			
Doorways are wide enough to accommodate people in wheelchairs and a person accompanied by an escort or an assistance dog.			
Weather mats are textured and are flush with the floor so as not to cause a slip or trip hazard for people with mobility problems.			

<b>Practice</b>	<b>Being developed</b>	<b>In place</b>	<b>Needs to be reviewed</b>
Ramps are provided at entrances to those buildings which do not have a level approach.			
Lighting does not cause glare on doors or windows near to entrances.			

**Good practice checklist: signage**

<b>Practice</b>	<b>Being developed</b>	<b>In place</b>	<b>Needs to be reviewed</b>
Sign content is simple, short and easily understood.			
Text and lettering is in a clear uncomplicated font. (Sans serif fonts such as Arial, as used in this document, are recommended.)			
The style, wording and design of signs are consistent throughout the building. This will help people easily recognise signs as they move around the building.			
Signage combines raised text, pictorial symbols, arrows and Braille.			
Braille signs should have a small tactile arrow on the left side.			
Signage is clearly visible, non-reflective and free of glare from lighting or windows.			

<b>Practice</b>	<b>Being developed</b>	<b>In place</b>	<b>Needs to be reviewed</b>
The colour of signs contrasts with the colour of the walls.			
Signage is located in similar positions throughout the building, so that people become familiar with positioning. This is particularly important for people with visual impairments.			
Signage is placed at consistent heights			

Practice	Being developed	In place	Needs to be reviewed
Signs are placed at each point of entry in corridors. Longer corridors benefit from the use of additional signs at regular distances.			
Signs do not have any sharp edges but are clearly defined, for instance by making the sign slightly rounded.			
Signs which identify rooms are situated on the wall in case the door is open when someone needs to see the sign.			
Floor plans are placed at main entrances and at designated areas within buildings, such as outside lifts and close to stairways.			

Practice	Being developed	In place	Needs to be reviewed
Floor plans have easily distinguishable symbols to locate areas, and include instructions for visually impaired people to enable them to locate lifts, staircases and other points of interest.			

**Good practice checklist: reception areas**

<b>Practice</b>	<b>Being developed</b>	<b>In place</b>	<b>Needs to be reviewed</b>
Where possible counters and desks are not positioned too close to windows and glass or with bright back lighting.			
(Bright lights can cause difficulties for people who lip-read or use facial expressions to help understand what is being said)			
Glass screens and windows are kept free of stickers and notices as this may obscure the service user’s view of staff.			
A lower section is built into reception counters with space underneath to allow a person to sit front on.			
A chair is readily available for people who need to sit when talking to staff.			

<b>Practice</b>	<b>Being developed</b>	<b>In place</b>	<b>Needs to be reviewed</b>
Counters and desks are kept free from clutter as this distracts people who lip read or use facial expressions for understanding.			
A loop system is in place with a pictorial sign displayed indicating that it is available to use.			
All loop systems are checked and calibrated on a regular basis and staff are aware of the use and limitations of the systems			
Radios do not play at the reception desk as this may interfere with loop systems, as well as impede communication.			

### Good practice checklist: Rooms for face to face meetings

Practice	Being developed	In place	Needs to be reviewed
Service users should be able to get to and from rooms with ease.			
Service users are assisted to and from reception areas and rooms, if required.			
The room used for consultation or meeting is suited to the particular needs of the service user. For example: it has adjustable examination tables and chairs if needed.			
There should be sufficient space within the room to accommodate a wheelchair.			
Practitioner's desks should not be placed below windows, as this can obscure vision due to glare from windows.			
Portable loop systems should be available for practitioners to assist with communication.			

### Good practice checklist: waiting areas

Practice	Being developed	In place	Needs to be reviewed
<p>A variety of chairs are available in waiting areas.</p> <ul style="list-style-type: none"> <li>• There are different height options.</li> <li>• There are options with and without armrests.</li> <li>• The colour of the chairs contrasts sufficiently with flooring.</li> </ul>			
Furniture is arranged so that it faces the reception counter so people can see when staff are calling them for their appointment.			
There is plenty of space for people to manoeuvre in the waiting area, without impeding the route of travel or seating areas for others.			
Hazards are removed, such as sharp edges on low coffee tables in the middle of the room.			

Practice	Being developed	In place	Needs to be reviewed
Display stands do not cause an obstruction and are reachable.			
Where there is a television in this area, it is not placed too high up on the wall and a hearing enhancement system and subtitles for people with hearing impairments is in place.			
Public phones incorporate a number of features. Including <ul style="list-style-type: none"> <li>• Appropriate height coin slots and controls</li> <li>• A seat is available</li> <li>• Shelf for personal equipment is fitted</li> <li>• Textphones are also available where possible.</li> </ul>			

### Checklist: accessible toilet facilities

Practice	Being developed	In place	Needs to be reviewed
The route to the toilet is accessible to a wheelchair user and free of steps and hazards.			
Unisex accessible toilets are in place, as service users may be accompanied by a person of the opposite sex.			
Grab rails, paper towel holders and soap dispensers are within reach.			
Grab rails, paper towel holders and soap dispensers are in a contrasting colour to other fixtures and the surrounding area. For example: a black or dark toilet seat is fitted to a white ceramic bowl to provide good colour contrast.  (When re-furbishing toilet facilities, placing darker tiles about fixtures is one way of achieving colour contrast.)			

Practice	Being developed	In place	Needs to be reviewed
The flooring is slip resistant even when wet and its colour contrasts with the surrounding area.			
Lighting in toilets is adjustable as this is essential for people who are deafblind.			
Taps have lever controls.			
Mirrors are used sparingly as they can add to the confusion of perceptual problems.			
There is a facility to open the toilet door from the outside in an emergency.			
Procedures are in place so staff know who is responsible for responding to calls from emergency pull cord			
Bins are easily operated and big enough to take large disposable items such as incontinence pads.			

Practice	Being developed	In place	Needs to be reviewed
The toilet is not used for storage of equipment, resources or staff belongings.			
Fire alarms are installed which have both aural and visual alerts.			
An emergency pull-cord is installed which can be reached from the toilet, basin area and the floor. The cord has a pull grip and is easily distinguishable from any lighting cords, both in colour and diameter.			

**Checklist: emergency evacuation procedures**

<b>Practice</b>	<b>Being developed</b>	<b>In place</b>	<b>Needs to be reviewed</b>
All fire strategies and risk assessments for the facility take account of the requirements of the Disability Discrimination Act (1995).			
Pictorial symbols are included on all fire evacuation signs. This will help people with learning difficulties, people with dementia and people who have difficulty reading English.			
All fire exit signs indicate which exits are suitable for wheelchair users.			
All ground floor exits are level, and are accessible to wheelchair users.			
Staff are aware of where the 'evacuation' chairs are, and these are located in identifiable points. All staff are trained in using them.			

<b>Practice</b>	<b>Being developed</b>	<b>In place</b>	<b>Needs to be reviewed</b>
Refuge points are clearly signed and maps or plans of facilities indicate refuge point's location.			
Emergency exits are checked regularly to make sure they are not blocked by equipment or other obstacles.			

**Action Table - Good Practice Being Developed**

<b>Practice</b>	<b>Actions/ expected outcomes (with dates)</b>	<b>Lead person or group</b>	<b>Review date</b>
“Cut and paste” practice from checklist that is being developed in your organisation here	Describe the actions that are or are being put in place to meet the practice here	Name the different people or groups responsible for different actions	Include the date when the organisation will look again at this practice to check it is still working effectively

**Action Table - Good Practice in Place**

<b>Practice</b>	<b>Update</b>	<b>Lead person or group</b>	<b>Review date</b>
“Cut and paste” practice from checklist that is being developed in your organisation here	Describe any key learning or any remaining challenges for the organisation from putting this practice in place	Name the different people or groups responsible ensuring that this practice is working	Include the date when the organisation will look again at this practice to check it is still working effectively

**Action Table - Needs to be Reviewed**

<b>Practice</b>	<b>Details of any further investigation</b>	<b>Responsible person or group</b>
“Cut and paste” practice from checklist that is being developed in your organisation here	Describe any plan the organisation has to find out if it is reasonable to develop this practice, or any alternative to this practice. Include when investigation will be completed	Name the different people or groups responsible for the investigation

## Appendix 9

### Signage Best Practice

#### Accessible Signage Best Practice Minimum Standard

##### References

Wayfinding Guidance NHS HFS 2007

Sign Design Guide JMU 2000

Accessibility Guidance Draft NHS 2008

BS 5499 (5)

BS 8501

BS 5378

##### Introduction

Signs should be immediately understandable to any first time visitor to a building.

People want to spend as little time as possible finding the destination they want on a sign so they tend to scan information.

Key parts/services in a building may be more frequently used than others; some may be less easy to find because of building layout, some areas may be for staff only. Such factors should be considered when deciding what information to emphasise on signs and where to place signs.

It is essential that pre visit information wherever possible includes reference to specific access needs so that we can be prepared to offer appropriate support.

All signs should be consistently positioned in a building so people know where to look for information.

This brief guidance provides basic information about making signage most broadly accessible but it does not cover all specific accessible signage. Signage for people who are blind or have severe visual impairments must be built into systems. This may be Braille signage or talking systems that can guide people around buildings in real time Further information is available from RNIB.

##### Guidance on font type

- Font used should be sans serif (without curves or tips at the end of letters i.e. Arial).
- Each letter should have a consistent thickness from top to bottom.

##### Guidance on font size and style

- There is no specific guidance about set font sizes in relation to set distance. We must consider the distance from which people will be looking for the sign (i.e. giving appropriate distance for people to make turns etc).
- The visibility of font size and style should be tested before signs are completed.
- Words should start with upper case letter with the rest in lowercase type.
- Lowercase letters should not be less than 70% of the height of upper case letters.

- Bold should only be used for primary information, other secondary information below/beside should be in regular.
- Italics should be avoided.
- Text should be left aligned for ease of scanning/reading.
- Don't leave too much space between text and arrows/floor level etc.

### **Guidance for depth of actual signs**

- Internal pedestrian signs 80-100mm height.
- Internal directional signs for longer messages 150-200mm height.
- External directional signs for vehicles 150-200mm height.
- Internal door sign identifying a particular room 75-100 mm height.
- Internal location sign for pedestrians 75-120mm height.
- External locational sign for pedestrians and drivers 200-250mm height.
- External locational fascia signs for main entrances etc. 500mm height.

### **Lighting considerations**

- Lighting is also important around signs ensure that there is appropriate amount of natural or artificial light.
- Too little light means signs are not as clear and too much light can cause glare and make signs unreadable.

### **Colour and contrast considerations**

- Black and white give excellent contrast for a wide range of people and this should be used where possible.
- Yellow and black give high contrast and can be used for “way out” signage to the advantage of visually impaired people.

### **Other considerations**

- The average eye level height for adults is 1500mm.
- Names used on signage should match terms used in any pre visit information sent to service users. Pre visit information can also be used to provide clear details about location and wayfinding.
- By understanding how the building is to be used by different services users we can better understand how and where signs should be located.
- Staff should reflect the terminology used on signs and use position of landmarks when giving directions to the public.
- Where specialist services are provided to groups with specific access needs, these groups and individuals must be involved in the development of appropriate signage across a site.
- It is important to engage with the local community and specifically groups with experience of access related issues in developing signage and other wayfinding approaches.
- It is important that groups who may find traditional buildings and systems difficult to negotiate e.g. people with learning disabilities, people with autism, are

supported to access services through the development of additional support and programmes of engagement.

### **Directional signs; good practice**

- Direction and location signs should have no more than 5 destinations and terms on one list.
- Information should be grouped in ways that make it easier to read and locate different elements. Grouping can be
  - Alphabetical
  - Functional
  - Directional
- Position arrows consistently (in relation to distance, frequency etc) on directional signs.
- Don't leave too much space between text and arrows.
- Directional signs should be consistently positioned so people know where to look for information.
- The use of symbols on signs is most helpful when unfamiliar medical terms are used for example Ophthalmology may have an eye symbol beside it (BS 8501).

Locational signs should be distinguishable from directional signs so that people can tell easily that they have reached their destination.

### **Locational signs good practice**

- External locational signs should be positioned so that they are visible from all directions of approach.

- Internal locational signs need to be clearly linked to the location they refer to.
- Internal locational signs relating to specific rooms should be placed on the left hand side of doorway and not on the door itself.

### **Directory signs good practice**









- Directories are usually placed outside lifts, or inside main entrances to buildings.
- Directories should also be placed inside lifts to act as a reminder for people about the location of their destination
- Unlike other types of sign, directories are not usually read on the move so a wider range of information can be displayed.
- It is important that directories indicate which floor they are located on and if possible give any other relevant information about current location.
- If a directory is not near a lift or stairs it should clearly indicate the nearest lift and stairs.
- Directory information is often grouped by floor, but as people are usually looking for a certain department or function, it can be more helpful to group information in directories alphabetically.
- Directories must be located in places where people can stand and read them without causing obstructions.

**Site maps good practice**

- A map must not be oversimplified nor too complex.
- Colour should be used to ensure good contrast and illustrate key information.
- Maps should be reproduced to a high standard to prevent blurring and lack of clarity.
- Landmarks and prominent features should be included.
- Maps should be located at key decision points along routes of travel.
- Maps should be oriented so that they relate to the actual environment.
- Site maps should create a simple mental model of the site layout, including main routes through and around the main buildings.
- Architects’ or surveyors’ plans are not appropriate for public site maps.
- The use of advertising on site maps is not recommended as it takes away from the clarity and prominence of the map itself making it harder to decipher.

**Safety signs good practice**

- Safety signs should only be used after appropriate assessment has been conducted.
- There are standards for using safety colours and sign shapes with specific meanings as listed below

Colours	Meaning	Examples of use	Sign Shape
 Red <i>with white</i>	Stop, prohibited	Prohibition signs, stop signs, fire-fighting equipment and emergency shutdown devices	
 Yellow <i>with black</i>	Caution, risk of danger	Warning signs, indication of hazards, danger identification	
 Blue <i>with white</i>	Mandatory action	Mandatory sign, obligation to wear personal safety equipment	
 Green <i>with white</i>	Safe conditions	Emergency exit signs, safe condition signs, first-aid posts, rescue points	

## Appendix 10

### Information about Language and Autism

#### SCOTTISH AUTISM SERVICE NETWORK

##### Use of terminology in written information and presentations

After discussion with the Scottish Autism Service Network Development Group and consultation with individuals on the autism spectrum, we are providing the following advice and guidance regarding terminology.

The following terminology should be used within all written and presented information by SASN staff and volunteers. This is to ensure consistency and clarity and that the views of those we work with are taken into account.

Please note that all terms mentioned below can be perceived as labels. These are used for convenience in discussion, in services, and in referring to people collectively. However, everybody who is labelled in this way is also an individual and will have many other aspects to who they are such as a mother, father, sister, brother, secretary, mechanic, runner, piano player, football fan etc. Please note that these terms are merely a simple way to describe one aspect of an individual/s but do not mean that is the only aspect to the person.

The main consideration is to refer to people with autism not as 'autistic' or 'autistics' but as **'a person/people/individual on the autism spectrum', 'a person/people/individual with autism', 'person/people/individual with Asperger's syndrome', 'child/children with autism'**, or obviously, by the person's name if it is known. This is to consider that they are a person/child first. Some people with autism, however, will refer to themselves as

an 'autistic' as they feel that is a major characteristic of who/what they are or that it makes them who they are. This is their choice and you should respect this in individual situations.

**'Autistic spectrum disorders (ASD)' or 'autism spectrum disorders (ASD)'** have been commonly used recently to refer generally to individuals diagnosed as being upon the autistic spectrum. However, there is recent shift to use of **'autism spectrum conditions'** as many individuals on the spectrum feel the term 'disorder' has negative connotations. Therefore, SASN decided to use the term **'autism spectrum condition/s (ASC)'** to acknowledge the wishes of those on the autism spectrum. It is ok to abbreviate this term to 'ASC' but in the first instance of writing this in any text you should write it in full and bracket the abbreviation e.g. **'autism spectrum conditions (ASCs)'** - this is the same for any abbreviation.

Avoid referring to people as 'service user', 'patient', or 'client' and use **'individual with autism', 'person with Asperger's syndrome', 'individuals on the autism spectrum'** etc where possible. Again, this is due to valuing them as a person and not just someone who receives 'treatments' and services. Some professionals may use this terminology and that is their choice; however, in SASN information please use the aforementioned terms where possible. However, in questionnaires for professionals it may be more appropriate/reader friendly to use their terminology. If this is the case, please use the term **'service user'** as opposed to 'client'.

People are often referred to as **'a sufferer'** or **'suffering'** from a condition. However, many verbal individuals on the autism spectrum do not believe they are a 'sufferer' or 'suffering' as

this implies being subject to something bad or unpleasant. Although there can often be unpleasant affects of having an autism spectrum condition, there are aspects that some individuals prefer or would not want to change. As one individual with Asperger's syndrome stated to us "people often describe us as suffering from Asperger's - I don't suffer from Asperger's (I actually quite like it) but I do suffer from the fools who treat me differently". Therefore the terms 'suffering from' or 'sufferer' are best avoided.

When referring to generic learning disabilities the most commonly used term is '**learning disability**'. However, People First report that many people who have the label prefer the term '**people with learning difficulties**'. Please note that people with ASCs do not necessarily have a learning disability.

When referring to people who do not have autism/Asperger's, please do not under any circumstances call them '**normal**'. Who is 'normal'??? The general terminology used in the field is '**neurotypical**' (e.g. that the brain functions in a 'typical' way), or we can use '**people without autism/ASC**'.

### Some helpful info:

- In written information autism does not have a capital letter unless it is in a heading.
- In written form, Asperger's syndrome has a capital letter for **Asperger's** and lower case for syndrome. Also, it should be written 'Asperger's' rather than Asperger. Again, if this is in a title, both words can have capital letter.

- **Asperger's syndrome** is correctly pronounced like '**asp**' and '**burger**'. Not 'ass' 'berjer'.

The Disability Rights Commission suggest that generic written information should be presented in minimum **size 12 font in Arial or similar**. This is to aid people with vision impairments and visual differences. Where possible, please follow this as many people with ASCs may have visual impairments/difficulties too. However, I am aware that this is not always feasible for layout and format of documents.

There are always going to be difficulties with certain individuals being offered, or in disagreement regarding terms used to describe people. Also, we do not want to jump on the politically correct bandwagon just for the sake of it - the main thing is about respect for people. The problem is that in referring to people in certain classifications (such as a specific condition) they are being labelled and may not agree with or have a choice about this. We can try to consider their feelings/thoughts, but may not always get it right, as thinking on this is always changing. The main thing is to **respect** and consider the person/people you are referring to and ask their opinion where possible.

Thank you

Dawn Larman - SASN Manager (updated September 2007)

For more information contact the Scottish Autism Network on **0141 950 3072** or  
**email: [scottishautismservicenetwork@strath.ac.uk](mailto:scottishautismservicenetwork@strath.ac.uk)**

## Appendix 11

### Equality Strands

#### Age

- This refers mainly to older people and younger people as the groups most likely to experience discrimination, but may apply to others in specific situations.
- Age Concern refers to people aged 60 years+ as “Older People”.
- The Children Act (Scotland) defines children as aged less than 18 years and the European Union defines young people as those aged 25 and under.

**Older People** [www.ageconcernscotland.org.uk](http://www.ageconcernscotland.org.uk)

**Young People** [www.fastforward.org.uk](http://www.fastforward.org.uk)

#### Disability

- The Disability Discrimination Act (DDA) says that a person is disabled if:
  - they have a mental or physical impairment.
  - this has an effect on their ability to carry out day-to-day activities.
  - the adverse effect is substantial and long-term (meaning it has lasted for 12 months, or is likely to last for more than 12 months or for the rest of their life).
- There are many different types of disability. A disability can be physical including a person’s ability to see or hear.

- Disability can also mean that a person’s mind works differently in terms of their speech, reading or writing.
- Learning disabilities can impact on the way in which a person takes in, remembers, understands and expresses information.
- Neurodiversity refers to the spectrum of neurological profiles describing how effective an individual is in processing information. The concept of neurodiversity is embraced by some autistic individuals and people with related conditions such as Aspergers’.
- Mental health problems can have an impact on people at any time of life and in different ways. Anxiety, depression, schizophrenia, self-harm and dementia are all examples of mental health problems.

The DDA gives a definition of the “Medical Model” of disability where any impairment is seen as part of the person, a medical diagnosis.

The “Social Model” describes the barriers put in place by services and ultimately society as causing problems.

The Social Model therefore establishes that everyone is equal and demonstrates that it is society which puts up barriers that prevent disabled people participating and restricts their opportunities.

Skye and Localsh Access Panel

[www.access-panel.org.uk/index.htm](http://www.access-panel.org.uk/index.htm)

Ross and Cromarty Disability Access Group

[www.rc-access.org.uk](http://www.rc-access.org.uk)

Inverness Access Panel

**email: [Inverness.access@yahoo.com](mailto:Inverness.access@yahoo.com)**

Sutherland Access Panel

[www.hccf.org.uk/forums/escsf/website/index.htm](http://www.hccf.org.uk/forums/escsf/website/index.htm)

Equality and Human Rights Commission

[www.equalityhumanrights.com](http://www.equalityhumanrights.com)

British Institute of Learning Disabilities

[www.bild.org.uk](http://www.bild.org.uk)

National Association for Mental Health

[www.mind.org.uk](http://www.mind.org.uk)

DANDA Developmental Adult Neuro-Diversity Association

[www.danda.org.uk/](http://www.danda.org.uk/)

### **Ethnicity/Race**

- The term 'Race' refers to how we define ourselves using our ethnic background and our nationality.
- The categories that we use for describing this are those used in the National Census.
- The term Minority Ethnic People sometimes referred to as BME (Black and Minority Ethnic People) is used specifically in reference to smaller groups represented within a larger population. For example Bangladeshi or Polish people

are minority ethnic groups in Highland whereas White Scottish people are the majority ethnic group in Highland.

- The definition of BME also includes Asylum Seekers, Refugees and Gypsy/Travellers.

Equality and Human Rights Commission

[www.equalityhumanrights.com](http://www.equalityhumanrights.com)

National Resource Centre for Ethnic Minority Health

[www.nrcemh.nhsscotland.com](http://www.nrcemh.nhsscotland.com)

### **Faith and Belief**

- When talking about Faith groups we are referring to people who follow particular spiritual principles. People use these principles as a way of determining the best ways to live their lives.
- These spiritual principles can mean for example that people have a specific diet, may sometimes require treatment by a same sex practitioner, or require certain approaches to treatment of people who have died.
- This equality strand also includes people who have no faith or religious belief and can experience discrimination specifically because of that.

Interfaith Network for the UK

[www.interfaith.org.uk/](http://www.interfaith.org.uk/)

The Humanist Society Scotland

[www.humanism-scotland.org.uk](http://www.humanism-scotland.org.uk)

## Gender

- Gender does not refer to biological differences between women and men which are described as sex differences.
- The focus is on the different roles, behaviour, attitudes and values society places on women and men.
- When we talk about Gender we also include Transgender People. A wide variety of terms can be used to describe a person whose gender identity is different from their birth gender label. In Scotland, it is currently common to use the term 'Transgender' as an "umbrella term" to cover these many diverse labels. However it is important not to end up overlooking the huge diversity in identity, experiences and concerns between the various groups of people who describe themselves as Transgender.

Gender identity issues

[www.gendertrust.org.uk](http://www.gendertrust.org.uk)

Transgender issues

[www.scottishtrans.org](http://www.scottishtrans.org)

Women's issues

[www.womenandequalityunit.gov.uk](http://www.womenandequalityunit.gov.uk)

Men's issues

[www.mensproject.org](http://www.mensproject.org)

## Sexual Orientation

- When we talk about 'lesbian', 'gay', 'bisexual' and 'heterosexual' we are referring to 'sexual orientation', rather than 'sexual attraction' to other people. In

other words sexual orientation reflects the fact that people build committed, stable relationships and is not just purely a focus on sexual activity.

- Lesbian, gay and bisexual is often shortened to "lgb".
- Bisexual: refers to someone who is emotionally and sexually attracted to women and men.
- Gay: refers to someone who is emotionally and sexually attracted to people of the same sex, this term most often refers to men.
- Some women prefer to refer to themselves as gay women, but lesbian is the word more often preferred by women. Lesbian: refers to a woman who is emotionally and sexually attracted to other women.

Sexual Orientation and Health

[www.lgbthealthscotland.org.uk](http://www.lgbthealthscotland.org.uk)

Stonewall LGB Campaigning Organisation

[www.stonewall.org.uk](http://www.stonewall.org.uk)

Further research and links to other equality groups can be found at the "Equality in Care" e library available online at :

[www.elib.scot.nhs.uk/equality](http://www.elib.scot.nhs.uk/equality)

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