



Accessible Information Standard Self-Assessment Framework Website Pilot

March 2025

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healthwatch
Leeds

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Examples of other formats are large print, a plain text document, easy read, audio or other languages including British Sign Language.

Table of Contents

Summary.....	3
Introduction.....	3
Key Findings.....	4
Key Recommendations.....	5
Background	6
Accessible Information Standard Self-Assessment Framework Pilot in Leeds	6
The Proposed Accessible Information Standard Self-Assessment Framework.....	7
Why we did it.....	9
What we did	9
What we found	10
Visually Impaired People.....	10
Deaf People.....	11
People with Learning Disabilities.....	12
Common Findings Throughout Focus Groups.....	14
Recommendations	16
References	17
Thank you.....	18
Appendices	19
Appendix A – Accessible Information Standard Webpage Focus Group Agenda	19

Summary

Introduction

NHS England is preparing to launch a refreshed version of the Accessible Information Standard (AIS) in 2025. To support this, there is a new Self-Assessment Framework. Leeds has been chosen as one of two national pilot areas to test this framework, reflecting the city's commitment to AIS implementation.

Leeds City Council (Adult Social Care) have developed an AIS webpage to help inform those with additional communication needs of their rights when accessing health and social care services. This webpage is a potential platform to upload the results of AIS self-assessments. Three focus groups were conducted with visually impaired people, deaf people and people with learning disabilities to determine the accessibility of the website and AIS self-assessments.

Key Findings

1. The Leeds City Council Accessible Information Standard webpage is very accessible to visually impaired people and screen-reader users, with clear headings and text.
2. It is useful to have the Accessible Information Standard self-assessments uploaded to improve transparency and accountability.
3. Having British Sign Language videos embedded into a webpage is always the best option to improve accessibility for deaf people.
4. It is essential to use simplified English and reduce jargon to improve accessibility for deaf people.
5. The addition of pictures and symbols would make the webpage more accessible to people with learning disabilities.
6. A summary and action plan of Accessible Information Standard self-assessment forms would improve accessibility for all groups.
7. Many people with additional communication and/or information needs are not aware of the Accessible Information Standard and their rights.
8. Complaints services are often inaccessible for people with additional communication and/or information needs.

Key Recommendations

1. Use simplified English and an easy-read format on the webpage.
2. Embed a British Sign Language video and audio description into the webpage.
3. Add pictures and symbols to the webpage, ensuring each includes descriptive alt text for accessibility.
4. Provide a summary and action plan of the Accessible Information Standard self-assessment forms.
5. Make the complaint services more accessible.

Background

Accessible Information Standard Self-Assessment Framework Pilot in Leeds

The review of the Accessible Information Standard (AIS) recommended the introduction of an enhanced assurance process, a self-assessment framework, to measure an organisation's performance against the standard using a structured set of metrics.

Healthwatch Leeds and Leeds City Council have been working with a range of partners across health and social care to undertake a pilot in Leeds to test the AIS self-assessment framework. The pilot group aims to provide feedback on its effectiveness and relevance.

The pilot group, led by Healthwatch Leeds, has been tasked to produce the following outcomes:

- Provide clear recommendations for the enhancement of the self-assessment framework.
- Work with partners and end users to develop a webpage which outlines what AIS is and how we meet these requirements, as well as highlighting good examples of the self-assessment framework.

- Identification of collective actions to strengthen partner AIS implementation and ensure consistency.
- Support a range of partners across health and social care to complete the Accessible Information Standard Self-Assessment Framework (AIS self-assessment framework).
- Collate feedback on the AIS self-assessment framework and report findings via surveys and focus groups.

This report presents the findings and recommendations for the AIS webpage by Leeds City Council through focus groups organised by Healthwatch Leeds.

The Proposed Accessible Information Standard Self-Assessment Framework

The self-assessment framework is designed to provide a clear and measurable evaluation of compliance. It consists of 13 primary questions, with a total of 27 sub-questions, requiring organisations to assess their adherence in key areas. These include the six core Accessible Information Standard (AIS) components **Identify, Record, Flag, Share, Act and Review**; along with additional factors such as how communication needs are met in services in the community and out-of-hours support; staff training on

AIIS requirements; the effectiveness of the complaints system, and data collection on reasonable adjustment requests. Specifically, organisations must report on the number of people requesting reasonable adjustments and the percentage of those requests that are met.

The scoring model assumes full compliance as the benchmark.

Organisations earn one point for each metric they complete, provided they supply the necessary details or supporting data. The final score, based on responses to the 13 primary questions, determines the organisation's overall rating:

- 0-4 points – Underdeveloped: Limited or no implementation of Accessible Information Standard requirements.
- 5-8 points – Developing: Some measures in place, but significant gaps remain.
- 9-11 points – Achieving: Strong progress with most Accessible Information Standard requirements met.
- 12-13 points – Excellent: Full compliance, demonstrating best practices in accessible information provision.

Why we did it

The webpage developed by Leeds City Council is designed to help inform those with additional communication and/or information needs of their rights when accessing health and social care services. Service providers are required to upload the results of their Accessible Information Standard self-assessment forms to allow service users to see how well services are meeting the Accessible Information Standard requirements. It is important to ensure that the webpage and the information published by service providers are accessible to those with additional communication and/or information needs.

What we did

We conducted three focus groups with people who have additional communication needs. These groups consisted of 4 visually impaired people from the West Yorkshire Sight Loss Council, 8 deaf people from the Leeds Society for Deaf and Blind People and 15 people with learning disabilities from People First Keighley and Craven. In the focus groups, there was a guided tour around the webpage, and participants were invited to navigate the webpage themselves, using their assistive technologies.

The questions were designed to determine if it would be useful to be able to access Accessible Information Standard self-assessments online, what barriers people face when accessing the webpage and how the webpage may be improved (see Appendix A).

What we found

Visually Impaired People

When asked about past good experiences of using websites in general, some key features helped visually impaired people. These included very clear headings, fonts and colours, with a particular focus on the ability to change a webpage colour scheme to dark mode. The ability to make the text size bigger is key to improving the accessibility of a webpage. The key barriers that visually impaired people often face include text over images and drop-down boxes.

The comments on the accessibility of the Accessible Information Standard webpage were positive. All participants said the webpage was straightforward as the text was all in one column with very clear headings. One participant used a magnifier and commented that it was very easy to read the information. The webpage was accessible to participants using a screen reader.

All participants agreed that it would be useful to be able to access the Accessible Information Standard self-assessment framework, with the key reason being to improve transparency and accountability of services. However, most participants commented that they would not want to have to read the whole document to find the information relevant to them, so they suggested a summary of the Self-Assessment Framework, with a link to the full document.

Each organisation/service is required to upload their own Self-Assessment Framework to their organisation's website. Participants thought that it would be helpful to have a central location to access self-assessment frameworks across the city, as they felt that there are barriers to finding this information.

Deaf People

Positive experiences that deaf people have had when accessing websites include webpages that do not have a lot of text, and text is supported with pictures.

Many participants agreed that embedding a British Sign Language (BSL) video into a webpage makes it very accessible.

After being shown the Accessible Information Standard webpage, most participants commented that English is their second language and therefore would like to see the language simplified and a reduced use of jargon. All participants agreed that a signed BSL video embedded into the webpage would improve accessibility. Participants said that a BSL video would allow them to find the information themselves, without relying on others to explain complex language.

Most participants agreed that accessing Accessible Information Standard self-assessment forms would be useful, however, it is not currently in an accessible format. The self-assessment questions and responses have too much jargon. Some suggestions to reduce this barrier were to embed BSL videos of the questions and produce a summary of the responses in simplified English.

People with Learning Disabilities

In general, when using webpages, some key things make them more accessible to those with learning disabilities. These included bullet points, with no large blocks of text and in an easy read format.

Most participants found it helpful when websites have pictures. Other useful features were the ability to add different colour overlays and an ask button, or the ability to click on keywords to find out more information.

After seeing the Accessible Information Standard website, the main consensus was that the linked video produced by NHS England on the Accessible Information Standard (1) was much more accessible and easier to understand, particularly for those who could not read. Other suggestions included having an audio description, as it can be useful to be able to listen and read the information at the same time, and including symbols, such as a phone symbol next to the phone number and a website symbol next to links. Other participants suggested ensuring there is alt text on all images, key points are underlined or in bold and have a feature to make the text larger if needed.

All participants agreed that the Accessible Information Standard self-assessment framework is currently very inaccessible. All participants said that a simple summary of the key points and an action plan would be much more accessible to them.

Finally, when asked for one improvement to the webpage to make it more accessible to people with learning disabilities, over half of the participants said adding pictures. Other improvements included the ability to add overlays, an audio description, an easy-read format and keywords underlined or in bold.

Common Findings Throughout Focus Groups

There were some key themes that ran throughout all three focus groups. The main barrier to people with communication and information needs accessing the Accessible Information Standard (AIS) self-assessment framework is that most participants were unaware of AIS and what their rights are. Therefore, many participants commented that they would not go searching for this information. The Leeds City Council webpage explains AIS and people's rights; therefore, it is important to ensure that this information is accessible to everyone.

The second common theme was about complaint services. The visually impaired participants commented that they would like to see the outcomes of complaints to determine how a service has changed and improved their accessibility. However, the number of complaints may be low due to people being unaware of their rights.

Complaints services would be most accessible to visually impaired people if there were an obvious phone number at the top of a webpage. A key barrier for deaf people to accessing complaint services is that they often only provide a phone number.

Deaf people commented that it is essential to have easy two-way communication, as a barrier they often face is being sent information from a number or email address that they are not able to respond to. Finally, to improve the accessibility of complaints services for people with learning disabilities, it would be useful to have symbols next to a link to a complaints service, such as a sad face or thumbs down.

Recommendations

1. Use simplified English and an easy-read format on the webpage.

Reduce the use of jargon and present the webpage in an easy-read format. This will improve the accessibility for both deaf people and people with learning disabilities.

2. Embed a British Sign Language video and audio description into the

webpage. A British Sign Language video will improve the accessibility of the webpage for deaf people, and an audio description will improve the accessibility for those with learning disabilities. Creating a video like the one produced by NHS England (1) for the refreshed Accessible Information Standard would improve accessibility for both deaf people and people with learning disabilities.

3. Add pictures and symbols to the webpage, ensuring each includes

descriptive alt text for accessibility. Pictures and symbols will help people with learning disabilities to understand the content of the webpage.

4. Provide a summary and action plan of the Accessible Information

Standard self-assessment forms. Providing a summary and action plan of the self-assessment framework will increase accessibility for all groups.

A link to the full assessment will help with transparency and accountability.

5. Make complaint services more accessible. Many complaint services are currently inaccessible to those with additional communication and/or information needs.

- A few ways this could be improved is a highly visible phone number at the top of the page for visually impaired people.
- A two-way communication process, such as texts or emails, for deaf people.
- Helpful symbols next to links to complaint services, such as a sad face or thumbs down symbol, for people with learning disabilities.

References

Leeds and York NHS Partnership Foundation Trust. Accessible Information Standard [Internet]. 2025 [cited 2025 Mar 26]. Available from:

www.leedsandYorkpft.nhs.uk/advice-support/accessible-information-standard/

Thank you

We would like to thank NHS England for providing the unique opportunity to test the Accessible Information Standard self-assessment framework and its Guidance.

Thank you to Leeds City Council for developing the webpage.

Additionally, we appreciate the users from the following organisations for testing the webpage and offering their feedback:

1. West Yorkshire Sight Loss Council
2. Leeds Society for Deaf and Blind People
3. People First Keighley and Craven

Finally, thank you to Elaine Rey from Leeds City Council, and Tatum Yip and Katie Joenn from Healthwatch Leeds for conducting the focus groups.

Appendices

Appendix A – Accessible Information Standard Webpage Focus Group Agenda

Agenda
Introduction (10 minutes) Welcome and Introductions: Briefly introduce the purpose of the focus group and the webpage hosting Accessible Information Standard self-assessments. Overview of the Session: Explain the structure and activities planned.
2. Icebreaker Activity (15 minutes) Activity: Describe your good online experience Share an example of a website or online service that you found highly accessible and what made it work well for you.
3. Webpage Exploration (15 minutes) Guided Tour: Provide a verbal walkthrough of the webpage, highlighting key features and sections. Ensure the description is detailed enough for visually impaired participants to visualise the layout. Users Exploration: invite participants to navigate the webpage using their assistive technologies.

4. Interactive Activities (40 minutes)

Q1: Is it helpful?

to see AIS self-assessments online?

Why or why not?

Activity: Quick poll (Yes, No, Not Sure) → Discuss responses.

Are there barriers preventing you from using the webpage? (e.g., poor contrast, complex wording, lack of screen reader compatibility)

Preferred format: Participants describe their ideal way of accessing such content, (Website, large print, or audio.)

Q2: What's missing?

Activity: "Gap Analysis"

Does it provide enough information for you to understand how an organisation supports your information and communication needs? Participants suggest additions.

Q3: What other features or information would improve the webpage?

Activity: "Wish List" – Each participant suggests one improvement they'd like to see.

Next Steps

Key takeaways

Participants vote on their top 3 suggested improvements.

How feedback will be used.

Thank you and close



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We were awarded a committed to quality marque from Healthwatch England. To obtain this we did an in depth audit which will be reviewed.

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