Deaf Inclusion Project
Enter & View Reports

Queen's Hospital Romford Emergency Department 24th April 2015
University College Hospital Emergency Department 5th May 2015
Newham Hospital Emergency Department 6th May 2015

This report is available to download from our website, in plain text version, **large print**, and can be made available in Braille or audio versions if requested.

The report is also available to download (in BSL, audio and subtitles) from our YouTube website: http://bit.ly/1N1dhQN

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Introduction

13 Local Healthwatch across North, Central and East London have been working together on a project to improve deaf inclusion in their work and increase the involvement of London's deaf community in the improvement of health and social care services in the capital.

A key part of the project was recruiting and training volunteers from the deaf community and training them to be Authorised Representatives and mystery shoppers. The British Deaf Association (BDA) was a key partner in helping recruit the volunteers.

Once trained, the 9 volunteers conducted Enter and View Visits looking at deaf access and pathways through 3 London Emergency Departments; Queen's Hospital Romford, University College London and Newham Hospital. Healthwatch Redbridge acted as the lead Healthwatch for all the visits and as a result, this report is published through them.

This Enter and View Report captures the findings and recommendations from the three visits. The findings from each hospital are presented separately, to ensure ease of access for each trust with summative conclusions and recommendations at the end of the report.

NHS England has developed a new accessible information standard[1]. The standard aims to ensure that, patients and service users, and where appropriate carers and parents, with information or communication support needs relating to a disability, impairment or sensory loss have those needs met by health and social care services and organisations. The timing of our visits therefore had strategic importance in supporting the trusts to identify the challenges deaf patients experience in accessing services and provide solutions and improvements.

A secondary aim of the visits was to support London NHS Trusts ensure compliance with The Equality Delivery System (EDSII) launched in July 2011. It is a system that helps NHS organisations improve the services they provide for their local communities and provide better working environments, free of discrimination, for those who work in the NHS, while meeting the requirements of the Equality Act 2010.

[1] Making Health and Social Care Information Accessible – Accessible Information Standard July 2015
http://www.england.nhs.uk/wp-content/uploads/2015/07/access-info-upd-er-july-15.pdf

Report Details

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Service Provider	Barking, Havering and Redbridge University Hospitals NHS Trust
Contact Details	Rebecca Goodwin - ED Sister Marie Hillyard - ED Staff Nurse Emma James – Patient Experience Manager
Date/Time of Visit	Friday 24th April 2015 10am – 12.00pm
Type of Visit	Announced
Authorised Representatives Undertaking Visit	Fiona Cooke Jurga Gecaite Cathy Turland (Healthwatch Redbridge)
Healthwatch Visit Lead	Healthwatch Redbridge

Address	Emergency Department University College Hospital Ground Floor 235 Euston Road London, NW1 2BU
Service Provider	University College London Hospitals NHS Foundation Trust
Contact Details	Dr. Alexander Schumer - Clinical Lead ED Mags Farley – Divisional Manager ED
Date/Time of visit	Tuesday 5th May 2015 10am – 12pm
Authorised Representatives undertaking the visit	Anthea Jaiteh Robin Standing Shelly Khan (Healthwatch Camden)
Healthwatch Visit Lead	Healthwatch Camden

Address	Emergency Department Newham University Hospital Glen Road Plaistow London E13 8SL
Service Provider	Barts Health NHS Trust
Contact Details	Paul Smith – ED Matron Helena Dodia – Senior Nurse ED
Date/time of Visit	Wednesday 6th May 2015 10am – 12pm
Type of Visit	Announced
Authorised Representatives undertaking the visit	Neil Adie Sheeza Ali Darren Morgan (Healthwatch Newham & Waltham Forest)
Healthwatch Visit Lead	Healthwatch Newham

Contact Details

Healthwatch Redbridge was lead contact for all visit responses.

Acknowledgements

Healthwatch Redbridge would like to thank the NHS Trusts, patients and staff for their contribution to the Enter & View programme.

Disclaimer

Please note that this report relates to findings observed on Friday 24th April, Tuesday 5th May and Wednesday 6th May 2015. Our report is not a representative portrayal of the experiences of all service users and staff, only an account of what was observed and contributed at the time.

What is Enter & View?

Part of the local Healthwatch programme is to carry out Enter & View visits. Enter & View visits are conducted by a small team of trained volunteers, who are prepared as 'Authorised Representatives' to conduct visits to health and social care premises to find out how they are being run and make recommendations where there are areas for improvement or capture best practice which can be shared.

Enter & View is the opportunity for Local Healthwatch's to:

- Enter publicly funded health and social care premises to see and hear first-hand experiences about the service.
- Observe how the service is delivered, often by using a themed approach.
- Collect the views of service users (patients and residents) at the point of service delivery.
- Collect the views of carers and relatives.
- Observe the nature and quality of services.
- Collect evidence-based feedback.
- Report to providers, the Care Quality Commission (CQC), Local Authorities, Commissioners, Healthwatch England and other relevant partners.

Enter & View visits are carried out as 'announced visits' where arrangements are made between the Healthwatch team and the service provider, or if certain circumstances dictate as 'unannounced' visits.

Enter & View visits can happen if people tell us there is a problem with a service but, equally, they can occur when services have a good reputation – so we can learn about and share examples of what they do well from the perspective of people who experience the service first hand.

Purpose of the visit

The visits were planned to evaluate access for Deaf British Sign Language (BSL) users to Emergency Departments (EDs) across North, Central and East London.

Deaf people's health is poorer than the general population and they are more at risk of preventable ill-health.

The London Assembly Health Committee started scrutinising access to health services in London for deaf residents in 2014 culminating in a published report 'Access to health services for deaf people'[2] calling for urgent action to eliminate the disadvantages deaf people still face when accessing the health service.

When training the volunteers to be Authorised Representatives for Enter and View Visits they shared many experiences of using healthcare in London, especially Emergency Departments. Many of the stories and experiences provided valuable evidence to justify visits and identify good practice and areas for improvement across the trusts in our area.

Further information and concerns received by Local Healthwatch (LHW) in the Deaf Inclusion Project led to an agreement to go ahead with visits to three Emergency Departments. The plan is to do more visits to other trusts in the sub-region in 2015/16.

Through our visits, we hoped to identify the following information:

- Ease of access and communication when a deaf patient presents at an Emergency Department
- The level of deaf awareness amongst frontline staff; receptionists, nurses and doctors
- Response times to access communication support once its requirement is identified
- Accessibility and safety of Emergency Departments for deaf patients
- Awareness of communication and support requirements for deaf patients through their pathway at the hospital, especially for tests, scans etc.

Strategic Drivers

- The London Assembly Health Committee investigation into access for deaf patients
- NHS England's development of accessible information standards
- Compliance with The Equality Delivery System (EDSII)[3] and NHS Trusts meeting the requirements of the Equality Act 2010
- Local Healthwatch (LHW) collaboration with The British Deaf Association to increase deaf inclusion in the work of Healthwatch

[2] Access to Health Services for Deaf People – London Assembly, June 2015 http://www.london.gov.uk/sites/default/files/London%20Assembly%20Health%20Committee%20-%20Access%20to%20health%20services%20for%20deaf%20people%20-%20June%202015%20-%20updated.pdf

[3] A Refreshed Equality Delivery System for the NHS – NHS England November 2013 http://www.england.nhs.uk/wp-content/uploads/2013/11/eds-nov131.pdf

Methodology

These were announced visits. Before they were conducted, we wrote to each NHS Trust selected informing them of the date and time of planned visit. The letter also informed the trusts that we would be focusing on access for deaf patients but no detail of the particular focus.

Posters were provided for each trust to display in the Emergency Department (ED) on the day of the visit, so patients would be aware of the Healthwatch visit and any deaf patients could be identified and possibly included.

In preparation for the visits, LHW representatives and the BDA worked with our deaf volunteers to identify the key access and pathway challenges that deaf patients may experience. This enabled the group to design a structure and set of questions for the visit that were consistently applied.

Upon arrival to each Emergency Department, the volunteers presented to reception. The aim was to test how communication with deaf people would be facilitated in a real time scenario. This approach was applied in Queen's Hospital and Newham. Sadly, at UCLH the staff met us at entrance to the Emergency Department. This meant the volunteers did not get to present at reception and test access and communication in real terms.

Each visit involved a tour of the Emergency Department, including behind the scenes. All three trusts were very accommodating and facilitative in their approach to tour and open to questions throughout its duration.

Once the tour was complete, the volunteers and trust representatives went to a private room, so the structured questions could be covered. This also provided an opportunity for the volunteers to ask supplementary questions about their observations, without disrupting patients and services.

On the three dates we visited EDs, no deaf patients were present. This meant that patient and carer views were not gathered as part of the visits.

All three trusts did provide copies of identified policies, procedures and materials; such as a Communication Handbook and policy.

A key portion of the visits was observational, involving the Authorised Representatives walking around the EDs, observing surroundings to gain an understanding of how they worked and deaf access was addressed.

At Newham ED, the Authorised Representatives also had the opportunity to talk to a group of consultants, doctors and nurses at the Station in the heart

of the ED. This enabled checking the awareness of policies and procedures around accessing communication support from frontline staff.

At UCLH the new Clinical Lead for the ED participated fully in the visit, as they are extending and rebuilding part of the ED, he wanted to ensure he was fully conversant with the issues to inform the project.

Results of Visits

The observations and findings from each visit are presented separately, so the trusts concerned can access the information easily. Where there are cross cutting themes or findings, these will be outlined later in the report.

Queen's Hospital Romford – Emergency Department

Reception – Layout and Communication Access

- The layout and signs in and out of the hospital and ED were very good
- After a ten minute wait the Authorised Representatives got to the front of the queue for ED Reception.
- The greeting was friendly, polite and the receptionists responded well when the Authorised Representatives explained they were deaf.
- Receptionists relied on lip reading to communicate until pen and paper was requested.
- Written messages were then the basis of further communication until the ED Sister came to greet the Authorised Representatives.

Trust Response

We have trained two members of our Emergency Department reception staff on deaf awareness and communication skills. In the future we hope to train all of our reception staff so they will know to offer a pen and paper, and will be able to perform simple greetings such as hello, my name is; so we can put our deaf patients at ease before an interpreter arrives.

- The queue for reception faces the desk, so deaf patients could see when they were being summoned to the desk and it was their turn.

- The flat screen TVs in adults and children's EDs were on but no subtitles, despite the fact they have the capacity. Staff were unable to explain why this was the case, as some days they said subtitles were on.

Trust Response

Whilst the TVs are in use 24 hours a day, a power saving device automatically turns the TV off during the night. Staff use remotes to turn them immediately back on. We believe the staff member who turned on the TV that night had forgotten to put on the subtitles. After the visit, staff attempted to switch on the subtitles, however the remote was locked in a safe and they were unable to get the keys from a clinical member of staff until later in the day. This issue was shared with staff as a learning lesson.

Communication Support

- Queen's Hospital does not have an in-house communication support team.
- PALS arrange for an interpreter if a deaf patient presents at the ED. The trust were interested to know of other companies they could use to source BSL interpreters.

Trust Response

The Trust member of staff on the visit expressed an interest in learning of other available interpreting companies. The member of staff discussed this issue with the Patient Advice and Liaison Service Manager who is responsible for the Interpreting service; she advised that there are other services available for the Trust to access. However, The Language Shop is the preferred service for a number of reasons. We have a good working relationship with the Language Shop and are part of the Shared Services Partnership – this means we receive preferential rates on all BSL and language bookings. In addition, the Language Shop has provided us with a local out of hour's co-ordinator who is happy to be contacted at any time. and will arrange from a local list of interpreters for somebody to attend the hospital at short notice and outside of business hours. This provides an invaluable resource for our deaf population and other services are unable to provide this.

- Staff stated they have never had an instance where they had not managed to access an interpreter, even at night – although there was sometimes a substantial wait. If they are unable to get an interpreter, nurses explained they do the best they can. This often involves writing notes or using hearing friends and family to interpret.

Trust Response

As a trust we have access to 24 hours a day interpreting. Following this visit, information on booking interpreters in business hours and outside of business hours was reiterated to the Matron and Reception Staff Manager. A list of local interpreters willing to provide this service and the name and contact details of the local co-ordinator were provided and are displayed in the ED reception area.

Staff should only rely on family or friends to interpret where the clinicians need immediate information that could be life saving or life threatening.

- The ED Sister and 1 staff nurse have been trained in basic BSL to level 1. The staff rota does not take this into account, so on this day they were both on duty, leaving other days of the week without BSL trained nurse cover.

Trust Response

The Trust agrees that the staff should not be placed on the same shift if possible; this recommendation has been passed onto the Emergency Department.

- Reception in the ED has a Communications Handbook. This is targeted at patients across the equalities strands. It has basic images of common BSL and Makaton symbols, so reception can communicate with patients with a learning disability or those who are deaf. It also included common phrases and information in the common languages of the population presenting at the ED.
- They do not keep records of deaf patients presenting at the hospital and could therefore only recount there being 4 people presenting at the ED in the last year.

Trust Response

There is already a requirement for all staff to update the Patient Administration System (Medway) with relevant patient details. This is usually done when a patient is referred, when a specialist team and/or nurse are involved in a patient's care, or when PALS become aware of a patient's need. However, if a patient attends ED and this information is not recorded, the ED staff member should ensure the alert is put on the patient electronic record.

- Once a deaf patient has registered at reception, they are issued a Pager. This vibrates and flashes when their name is called, so they know to report for triage. They also have a good range, in case someone goes outside while they are waiting.

Trust Response

We do have a pager system at the hospital, and they do have a good range, however we have been trialling this in our Outpatients Department, not in the Emergency Department. The trial was so successful; we started a business case to roll this out in the Emergency Department before the trial had been completed.

- The trust has piloted the use of virtual interpreting through Skype etc in Outpatients Departments. It has proven to be very successful with a faster response time than booking real time interpreting. The business case is now being put together to introduce virtual interpreting to the ED.

Trust Response

The Trust is about to start a pilot via the Language Shop for virtual interpreting, however this has not begun. We will be trialling the system in the Emergency Departments.

- Staff were unclear if the trust had a designated communication support budget but said it had never been an issue.

Trust Response

There is a designated budget for communication support and the Head of PALS is responsible for managing this.

Deaf Awareness

- The Trust is rolling out deaf Awareness Training and so far 30 frontline staff have been trained.
- There are a further 8 courses commissioned, focusing on receptionists and ward clerks.
- The Trusts Education Department have also commissioned a 5 minute deaf awareness film that will go on the intranet. This will enable access to the key points of the course for staff who can't access training. This approach is also seen as the best way to engage doctors in the training.

Trust Response

The film will be used at Trust Inductions for all new members of staff. We will then run a communications campaign to ask all existing members of staff to view the video via the intranet.

Fire & Emergencies

- As a new build hospital, it has all the latest systems for fire and emergencies.
- In ED we were shown the smoke sensors but could not see visual alarms (flashing lights when there is a fire or bomb scare), that are essential for deaf patients. Staff were unclear if this was due to clinical reasons in the ED, or a technical oversight in the build.

Patient Pathway to Scans

- The Authorised Representatives asked how deaf patients were communicated with if referred for a CT scan or MRI from the ED. In both instances they would be inside a machine and usually the radiologist would communicate through a speaker in the scanner. The nursing staff explained that they would communicate with the deaf patient before and after the scan. There appeared to be no coherent plan for giving instructions, communicating with deaf patients during a scan.

Trust Response

In cases where an interpreter is not present with a deaf patient, our hospital communication books should be used.

As a result of this visit, the Trust researched all available communication books to ensure we have the best one for our patients. After a series of working groups with deaf and learning disability patients, we are purchasing an updated hospital communications book which has images for scanning equipment and instructions. We will also be purchasing a large number of these books so there will be one book for every reception, wards, and departments such as radiology and phlebotomy in the Trust.

In light of these comments we will also be creating an easy-read leaflet which a number of patients, such as those who do not speak English as a first language, should find helpful in this situation.

Other Comments and Observations

- The Trust is making real improvements in considering the communication needs of deaf patients.
- The Communication Handbook is a model of good practice but needs more refining in terms of BSL communication and common symbols/signs.
- The lack of data collection about the number of deaf patients using the hospital prohibits any analysis of return on investment in communication support or the number of patients benefitting.
- There was a lack of awareness and understanding reported by staff in relation to the level of communication that can be enabled by having L1 BSL. The common misconception was this would enable translation of complex medical information and diagnosis for doctors, rather than accessing qualified BSL interpreting.

Trust Response

The Trust apologise if this was the understanding of the staff members present on the visit. We are committed to ensuring all patients, relatives and carers who need an interpreter have access to this service. We are offering British Sign Language Level 1 courses to help staff communicate with patients, but not to a medical level, only to help patients feel more at home and comfortable whilst being in our care.

Recommendations and Further Work

1. Patient data systems need to be amended to record the number of deaf patients, as well as other equalities monitoring information.

2. The Communication Handbook is refined to include more BSL symbols etc.

3. Video interpreting is rolled out into the ED, to ease assessment and communication as soon as a deaf patient presents.

4. A reduction in relying on friends and family to translate for deaf patients as this may compromise the quality of information conveyed and the patient's right to confidentiality.

University College Hospital London – Emergency Department

Reception – Layout and Communication Access

- As the Representatives did not get to present to ED reception, we were unable to assess communication.
- Reception staff are behind a glass screen and this has presented some issues as deaf people cannot lip read through the glass because of the glare. UCH informed us that they were currently doing a risk assessment on the removal of the glass screens.
- Once a deaf patient is identified, a note is put on the front of their notes so all staff are aware of the communication needs.
- The reception desk faces onto the queue, so deaf patients can visually see when they are being called or summoned.
- Some staff have had Deaf Awareness Training but the majority have not.
- Some staff have basic BSL skills but with 30 doctors and 50 nurses in the ED rota there is no plan to ensure there is always someone on duty.
- Signage at the hospital generally and in the ED was clear and good.
- A Pager system has been introduced in the ED, these are issued when deaf patients have registered at reception. The vibrating and flashing pagers alert deaf patients when their name is being called for triage.
- The TVs and information screens in the hospital did have subtitles switched on.

Communication Support

- UCLH does not have an in-house communication support team.
- The trust access BSL interpreters through an external agency. Due to travel etc. this can mean there is a time lapse before the support arrives in the ED.
- Heavy reliance is placed on writing notes or using hearing friends and family to interpret.
- They do not keep records of deaf patients presenting at the hospital and could therefore not provide any quantifiable data on the number of people presenting in the ED.
- Once a deaf patient has registered at reception, they are issued a Pager. This vibrates and flashes when their name is called, so they know to report for triage. They also have a good range, in case someone goes outside while they are waiting.
- Staff were unclear if the trust had a designated communication support budget but said it had never been an issue.
- If patients present speaking a foreign language (which is common as UCLH is a Central London hospital), Google Translate is used and works quite

well for hearing ESOL (English as a second or other language) patients. They thought they would try and use this method to communicate if a deaf foreign language speaker presented at the ED.
- A consultant explained how they had a deaf patient in Resus and communicated with him by writing notes or using relatives.

Deaf Awareness

- Some employees have been on Deaf Awareness Training, although the exact number from the ED was unknown.
- The trust is going for the 'Louder than Words' Deaf Charter Mark but there was a lack of awareness about this in the ED.
- The staff involved in the visit lacked confidence in their ability to communicate and support deaf patients, when in fact many of their systems were quite good.

Fire & Emergencies

- As a new build hospital, it has all the latest systems for fire and emergencies. The ED is also being expended and will be refurbished. There has been extensive patient engagement in this process but sadly no deaf people.
- In ED we were shown the smoke sensors but could not see visual alarms (flashing lights when there is a fire or bomb scare), that are essential for deaf patients. Staff were unclear if this was due to clinical reasons in the ED, or a technical oversight in the build.

Patient Pathway to Scans

- The Authorised Representatives asked how deaf patients were communicated with if referred for a CT scan or MRI from the ED. It was explained that a Porter would take the patient to the correct department but there was no awareness of how patients were communicated with there.
- It was felt that imaging had good tools for communication.

Other Comments and Observations

- The Trust is keen to address the needs of deaf patients in the extension and refurbishment of the ED.
- The lack of data collection about the number of deaf patients using the hospital prohibits any analysis of return on investment in communication support or the number of patients benefitting.
- Access to deaf residents to use as a reference group in the ED extension would add real value.

Recommendations and Further Work

1. Patient data systems need to be amended to record the number of deaf patients, as well as other equalities monitoring information.

2. A reduction in relying on friends and family to translate for deaf patients as this may compromise the quality of information conveyed and the patient's right to confidentiality.

3. The glass screens are removed from ED Reception (subject to risk assessment) to enable better lip reading for deaf patients. A change in lighting may be an easier solution.

Trust Response

No response was received from University College London Hospital.

Newham Hospital – Emergency Department

Reception – Layout and Communication Access

- The ED reception desks do not face the queue of patients. This makes it impossible for deaf patients to know when they are being called. In the case of the visit, another patient had to come and alert the Representatives that they were being called.
- The lighting is very poor (dim) in the ED Reception area and staff are behind a glass screen. This made it very hard for the Representatives to clearly see the reception staff to lip read.
- From the interaction between Reception staff and our Authorised Representatives, it appeared staff have had no Deaf Awareness Training as, even after being informed the Representatives were deaf, they did not provide pen or paper or make any attempt to look at the Representative so they could lip read.
- Once a deaf patient is identified, a note is put on the front of their notes so all staff are aware of the communication needs.
- In the ED doctors and nurses verbally call the name of people when it is their turn for assessment/triage. For deaf patients this could mean they miss their name being called and are left sitting in the waiting area.
- The waiting rooms in the adult and children's ED had their own PA system but there were no visual displays, as staff said patients disapproved of their names appearing on a screen.
- They had not heard of the pagers being used at other hospitals.

Communication Support

- Newham Hospital does have an in-house communication support team – Bilingual Health Advocacy and Interpreting Service (BHAIS).[4] The Representatives went down to their office after the ED tour, to check facts and talk about communication support access.
- BHAIS has 6 in-house BSL interpreters on their system.
- BHAIS gave an example of a deaf patient presenting at the ED but spoke Russian and Russian Sign Language (RSL). They managed to source an interpreter who knew basic RSL.
- After questioning staff in the ED, it was apparent no one knew how to access the communication support. Doctors kept referring to Language Line (telephone foreign language interpreting service) as the place you would call for BSL support.
- Staff engaged in the visit seemed unaware of how best to communicate with deaf patients and couldn't recall ever treating one.

[4] http://www.bartshealth.nhs.uk/your-visit/advice-and-support/interpreting-service/

- The use of pen and paper was referred to consistently as the best method to communicate with deaf people.
- With deaf children in the ED, nursing staff rely on parents to interpret.

Deaf Awareness

- None of the staff in the ED have received Deaf Awareness Training, although they were all keen to receive training if it would improve patient care.
- Nursing and medical staff stated they were not aware of what to do if deaf patients come to the ED, where to access support and would use their judgement in communicating and providing care.
- The ED does have 24 hour cover for a Safeguarding Nurse, so vulnerable patients could be supported or accessed by this member of the team.
- The trust does not keep records of the number of deaf patients presenting at the ED. As they rarely access communication support (due to use of family, friends, pen and paper), the trust were unable to quantify how many deaf patients they have treated.

Fire & Emergencies

- In ED we were shown the smoke sensors but could not see visual alarms (flashing lights when there is a fire or bomb scare), that are essential for deaf patients. Staff were unclear if this was due to clinical reasons in the ED, or a technical oversight in the build.

Patient Pathway to Scans

- The Authorised Representatives asked how deaf patients were communicated with if referred for a CT scan or MRI from the ED, nursing staff had no knowledge of how this challenge would be addressed.

Other Comments and Observations

- The lack of data collection about the number of deaf patients using the hospital prohibits any analysis of return on investment in communication support or the number of patients benefitting.
- The visited highlighted a lack of insight and consideration for the needs of deaf patients but a willingness to improve and learn.

Recommendations and Further Work

1. Patient data systems need to be amended to record the number of deaf patients, as well as other equalities monitoring information.

2. Deaf Awareness Training is required in the ED at Newham Hospital, to raise improve access and the patient pathway for deaf patients.

3. The reception area needs to be remodelled to make it accessible and user patient friendly.

4. A simple guide for all medical, nursing and reception staff on how to access communication needs to be developed and introduced.

Trust Response

No response was received from Newham Hospital.

Good Practice

An important element of the visits was to identify and share good practice.

Barking, Havering & Redbridge NHS Trust (Queen's Hospital Romford) has an excellent communication book behind the Emergency Department reception that includes common BSL symbols to improve access for deaf patients when they present.

University College London (UCLH) and Barking, Havering & Redbridge NHS Trust have both introduced pagers for deaf patients in the Emergency Department. These are issued by reception as they will not hear when their name is called. The pagers vibrate and flash when a patient is being called for triage or to see a doctor.

Newham General Hospital which is part of the Bart's Health NHS Trust has produced videos in different languages including British Sign Language[5] for information about A & E for Emergency. Sadly this good practice and awareness has not fed through to the Emergency Department.

Overall Cross Cutting Key Findings from Enter & View Visits

- In all three hospitals there was a worry over the lack of visual fire/emergency alarm systems; we are looking into this issue more as there may be technical or clinical reasons why Emergency Departments do not have visual alarms.

- All three hospitals lacked clarity in how to communicate with a deaf patient if referred for a CT or MRI scan.

- Across all three hospitals there was a lack of consistent understanding of how to access BSL communication support when required and an inappropriate over reliance on friends and family.

- There was also an over reliance on writing messages, which once past reception is not the best communication method for assessment, diagnosis and communicating medical information.

- No statistics are kept across the three trusts visited on deaf patients. They were therefore unable to give accurate figures for the number of patients seen.

[5] http://www.bartshealth.nhs.uk/advice-in-your-language

Overall Recommendations

1. Patient data systems need to be amended to record the number of deaf patients, as well as other equalities monitoring information.

2. Each Emergency Department offers BSL training to frontline reception staff.

3. The pager system should be rolled out across all London Emergency Departments.

4. Communication books be developed and shared by NHS Trusts and be placed on all reception areas for staff.

5. Video interpreting is enabled in Emergency Departments, as the nature of assessment and care could mean waiting for a BSL interpreter impacts directly on patient treatment.

6. A simple step by step guide should be developed for staff at all trusts in how to access communication support.

7. Deaf awareness training is offered to employees and/or an online course on the intranet.

Distribution

- Barking, Havering and Redbridge University NHS Trust
- Barts Health NHS Trust
- University College London Hospital NHS Foundation Trust
- Care Quality Commission
- Healthwatch England
- Health organisations in North, Central and East London:
    - Clinical Commissioning Groups
    - Health & Wellbeing Boards
    - Health Overview and Scrutiny Committees

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