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**Disability Access Project
Enter & View Report**

**Whipps Cross University Emergency
Department, Wednesday 2nd March 2016**



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.

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Date/time of visit	Wednesday 2 nd March 2016 10am- 12:00pm
Type of visit	Announced visit
Authorised representatives undertaking the visits	Fiona Cooke Michael Campbell Stephanie Kitchener Rebecca Waters (Healthwatch Waltham Forest) Sarah Oyebanjo (Project Coordinator)
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Acknowledgements

Healthwatch Waltham Forest and Healthwatch Redbridge would like to thank the Trust, patients and staff for their contribution to the Enter & View programme.

Disclaimer

Please note that this report relates to findings observed on Wednesday 2nd March 2016. 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.



Introduction

13 Local Healthwatch's (LHW) and the British Deaf Association (BDA) in North, Central and East London worked together on a project to improve access for disabled patients across NHS trusts. In the first year this project focused on improving deaf inclusion and involving London's deaf community in the improvement of health and social care services.

Due to the success of the first year the project was further developed to include more hard to engage disability communities. A key part of the project involved recruiting and training people with communication impairments such as those who are d/Deaf, those with visual impairments, those with learning disabilities, people who have had a stroke or dysphasia and carers of people with communication impairments. This group of people were chosen to be involved in the project because they have first-hand experience and would be able to provide insightful, detailed feedback on areas that need improvement.

Nine volunteers were recruited and trained to become Authorised Representatives. Once trained, the 9 new volunteers conducted Enter & View visits alongside the existing volunteers looking at the barriers to inclusion across four London emergency departments: the Royal Free Hospital; Whipps Cross; North Middlesex and Homerton University Hospital, and one outpatient service, that at Newham Hospital.

NHS providers are legally required to fully implement the Accessible Information Standard by 31 July 2016¹. Findings from these visits can be used to support the NHS Trusts to identify challenges that patients with communication impairments experience in accessing services, thus enabling them to provide solutions and make improvements. This also provides an opportunity to share good practice between the Trusts and local authorities in the North, Central and East London area.

This report captures findings and recommendations from visits to the emergency and outpatient departments. 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.

¹ Accessible Information Standard <https://www.england.nhs.uk/ourwork/patients/accessibleinfo/>



Accessible Information Standard

What is accessible information?

This is when information is presented in a way that can be read and understood by the individual for which it is intended. By 31 July 2016, all organisations that provide NHS or social care must follow the standard by law. The aim of the standard is to ensure that people who have a disability, impairment or sensory loss get information that they can access and understand, and any communication support that they might need.

Why is it important for information to be accessible?

Some people with learning disabilities, impairments or sensory loss find it difficult to understand the information provided in healthcare settings. They need the information to be presented in a range of easy to understand formats. This isn't always available, thus meaning that these people are unable to understand information that can be important for their health.

Health assessments were carried out on a sample of deaf adults to find out whether there is a link between their health status and issues they face in communication². The findings showed that deaf adults had significantly higher rates of obesity and hypertension. Many of them were unaware of the health problems that they had and they were unclear about the implications of the problem.

Providing accessible information ensures that all patients are communicated with in a way that is readily understandable to them. This means that patients understand the procedures that they are undergoing and any other relevant information provided. Research by Healthwatch Essex³ found that there were situations whereby disabled patients didn't understand the information provided by their GP and they felt scared due to the information overload. According to this

² <http://www.deafstudiestrust.org/files/pdf/reports/Deaf%20Health-exec-final.pdf>

³ <http://www.healthwatchessex.org.uk/wp-content/uploads/2016/02/Future-Focus-engaging-tomorrows-leaders2c-May-2014.pdf>



standard, GPs would have to provide information in a way that each patient can understand.

The Accessible Information Standard also ensures that people with communication impairments receive the relevant communication support. For example, a BSL interpreter for deaf people, large print or audio for visually impaired and easy read information for those with learning disabilities.

Accessible information should be available to patients at all stages of the patient pathway. The outcomes of the Accessible Information Standard require that:

- The patients' needs are identified
- The information is recorded in the patient administration systems
- The needs are flagged using electronic flags or paper-based equivalents
- The needs are shared as part of the referral, discharge and handover process



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 those with communication impairments to Emergency Departments (EDs) across North, Central and East London. This will involve asking staff member's questions about accessibility, observing the working practice, touring the department and if possible, engaging with service users.

Research shows that there are health inequalities for disabled people⁴. The access to health care services is somewhat limited for people with sensory impairments and this can lead to greater unmet health care needs. There are several barriers to accessing health services, which include lack of communication support, poor staff knowledge, poor staff attitudes and lack of effective systems for identifying patients with disabilities.

Many people with communication impairments have limited access to information and receive sub optimal treatment due to the lack of staff awareness of their specific needs. Hospitals need to have policies regarding supporting service users to ensure that they are supported accordingly throughout their visits.

Prior to the visits, several volunteers shared their experiences of accessing healthcare and identified several barriers that they experienced. Some of the Deaf Authorised Representatives who took part in this project reported that they missed their turn whilst waiting in reception, as they were unable to hear when their name was called out. The experiences shared justify the visits to the EDs, as this is a good opportunity to identify good practice and to assist peer learning between trusts.

An important aspect of this project is that the visits would identify areas of weaknesses/ strengths in disabled access and make recommendations for improvement. Also, the findings will help the hospitals to identify the reasonable adjustments that need to be made to increase access and meet all patients' health care needs.

⁴ Health Inequalities & People with Learning Disabilities in the UK: 2012. <http://www.options-empowers.org/wp-content/uploads/2013/02/Improving-Health-and-Lives-health-inequalities-and-people-with-learning-disabilities-in-the-UK-annual-report.pdf>



Strategic Drivers

- The London Assembly Health Committee investigation into access for deaf patients
- NHS England's development of the Accessible Information Standard
- Compliance with the Equality Delivery System (EDSII) and NHS Trusts meeting the requirements of the Equality Act 2010
- LHW collaboration with The British Deaf Association to increase deaf inclusion in the work of Healthwatch
- Royal National Institute of Blind People (RNIB) research into the availability of health information for blind and partially sighted people⁵

⁵ Accessibility of health information for blind and partially sighted people.

https://www.rnib.org.uk/sites/default/files/accessibility_healthcare_information.pdf



Methodology

Each Enter and View visit was announced. The Emergency and Outpatient departments were given at least two weeks' notice of the time and date that the visit would be taking place. Each Trust was provided with brief information about the scope of the visit and the roles of the attendees.

Prior to the visit, the Authorised Representatives alongside the LHW staff members prepared questions to ask during the visit. These questions focused on identifying the key access, communication support and pathway challenges faced by those with communication impairments.

On arrival at the department, two volunteers informed the reception desk staff of their visit then requested to speak to the delegated staff member. In each visit one visually impaired and one deaf representative went to the reception desk, thus allowing them to test staff disability awareness and response. Unfortunately, in the case of Royal Free and Homerton University hospital staff approached the volunteers before they could test front line staff awareness and response.

In each hospital we were taken to an allocated private room to ask the staff members the appointed questions. After the Authorised Representatives asked the questions, staff took the team around the department. The volunteers had an opportunity to check out the signage around the hospital and identify any challenges that visually impaired, d/Deaf and those with learning disabilities would face when moving around the hospital. One of the goals during the tour was to speak to a patient with a communication impairment. Unfortunately, because there were none such patients present at the time, this was not possible during any of the visits.

At the end of the visit we thanked the staff members and told them that the draft report would be sent shortly. A draft report was sent to each trust and they were given 20 working days to respond with their comments.

Results of visit

Reception- Layout and Communication Access

- Signage from the main hospital to the emergency department (ED) was poor and confusing.

Trust Response

This is an issue that the Trust is aware about. A working group has been set up to look at signage across the hospital including A&E.

Although patients and carers are part of the working group; no members have a sensory impairment or learning disability. The Trust is working towards rectifying this to ensure full inclusion.

It is envisaged that the scoping exercise and implementation plan will be completed by end of September 2016.

- There is an 'A&E X-ray' sign that doesn't state that it is a staff only entrance. We asked a porter who told us the passageway was for staff. We continued down the corridor on his instruction and the visually impaired Authorised Representatives had difficulty seeing the archway signs for A&E. They also found it difficult to identify the stairwell that led outside to the street. The sign was considered too low as someone could be standing in front of it. Luckily a volunteer was posted at the top of the stairs and directed us.

Trust Response

Until the work on redesigning signage has been completed, the Trust are using the volunteers to provide support to patients and visitors in directing them to the correct place. We anticipate this work to be completed by the end of the summer 2016.

- In the ED reception, there was a streamer section (where clinicians assess the patients and direct them to the most appropriate department) and different booths. The streamer section was unattended so the Authorised Representatives were confused as to what to do.



Trust Response

This is very unusual and probably it was a short period when the streamer was escorting a patient to another area of the department. We have a recently introduced a joint streaming initiative now which involves primary and secondary care streamers so that the time the streaming area is unmanned is minimal.

- Eventually the Authorised Representatives approached the receptionist in the booth, as that was the only option due to the lack of staff in the streamer section. The receptionist relied on communicating using lip reading until the pen and paper was requested. The receptionist was very helpful and welcoming.
- There is a Communications Handbook in the reception area but the team we spoke with were unsure if there is one for each window. The nurses also use this tool to communicate with patients with learning disabilities, stroke or those with any sensory impairments.
- The book has basic information about supporting those with visual impairments and hearing loss. Information available in the book includes fingerspelling, Makaton symbols, pictures of some procedures and pictures of body parts.
- In the reception, there is a call out number system which displays the number and calls it out so that the patients know when it is their turn. This is useful for those that are blind and deaf as they can either see or hear it.

Communication Support

- Whipps Cross does not have an in-house communications team to support those with sensory impairments. Bart's Health have a Learning Disability Link officer who covers three hospitals. She comes into WXH hospital on Thursdays and Fridays.
- They have a loop system in the reception but do not have Braille for those who are visually impaired. Staff stated that if they have a patient who is visually impaired, the receptionist would escort them to see the nurse.
- Staff said that they usually write things down. The Authorised Representatives mentioned the importance of having an interpreter during an appointment because some deaf people might not be able to understand the clinical information, as English isn't their first language. Staff said that "they have never come across a deaf person who cannot read".



Trust Response

The reception staff have access to interpreting services. The Trust will ensure that all staff are aware of this service and it is utilised fully. The Trust will monitor and audit usage of this service periodically and take remedial actions as required. The Trust will review usage of interpreting services annually and is happy to share the information with Healthwatch.

- There is no written policy to support those with sensory impairments. Each person is treated on an individual basis. In terms of informed consent, they use a 'yellow sheet' that explains the patient's capacity. This could be inaccurate if the patient can't understand fully what is wrong with them or what the treatment on offer involves.

Trust Response

The Trust has a Human Rights, Equality & Diversity Policy

http://www.bartshealth.nhs.uk/media/139594/130523_Human_Rights_Equality_and_Diversity.pdf

This policy is also available in easy read:

<http://bartshealthintranet/Policies-and-Guidelines/Documents/Policies-Trust-wide/Human-Rights-Equality-and-Diversity.pdf>

And a 'Close Observation...' policy <http://bartshealthintranet/Policies-and-Guidelines/Documents/Policies-Trust-wide/Close-observation.pdf>

Healthwatch Response

Please note that the links above do not work. We have requested copies of these documents and they will be made available to download from our website.

We have also requested an accessible (easy read) version of the HR, E&D Policy

- Staff discussed a situation whereby they had a patient that didn't speak English as their first language who had a stroke and wasn't able to communicate. They said that they contacted the learning disabilities nurse who was able to explain things to him and ensure that he was supported accordingly.



- Staff said that they do not have a contract with an external BSL interpreting service because most patients with sensory impairments attend with their friends and relatives.
- There were no effective systems for monitoring the number of patients with sensory impairments who attend the emergency department. They do not keep records of the number of patients with sensory impairments and staff do not recall having many patients with sensory impairments.

Trust Response

The Trust does not currently monitor number of patients with sensory impairments who attend A&E but we are working through plans on this to be compliant in the summer 2016.

Healthwatch Response

According to the Accessible Information Standards¹ which must be fully implemented by 31 July 2016, all health and social care systems must have a system for identifying where patients have additional communication support needs. The number of patients presenting with a learning disability and sensory impairment should be monitored.

Barts Health Trust should have begun to identify the required changes to its computer systems by 1 September 2015 to take account of their impending legal duty and from 1 April 2016, organisations MUST identify and record information and communication needs when service users first interact or register with their service.

- Staff were asked how they would deal with someone who has developed a disability during their stay in the hospital. They said that they would reassure the person, get another staff member to help if necessary and use all the resources available to ensure that the person is supported properly. They would then do a full handover to a specialist in the ward that they are sent onto. But still no clear policy for this or any working relationship with audiologists or ophthalmologists that may be able to provide insight.



- Written information available in the ED is in standard format. There isn't any information available in large print, braille or audio. The Practice Development Nurse was not aware of Accessible Information Standard.

Trust Response

Barts Health has procured Hero Docs via EnabledCity <http://enabledcity.com/> which is a product that acts as a national repository for Easy Read Information (particularly aimed at people with a Learning Disability, although not exclusively so).

This development by EnabledCity is being supported by NHS England. The repository is still being developed and Trusts or public bodies who have bought in are able to deposit easy read material they have developed, and take out any information, and utilise this in their own organisations.

The easy read material covers anyone with an impairment or disability who have communication needs and is able to improve communication with a lot of our patients.

This is currently a work in progress as the repository is still being developed.

- The leaflets in the Minor Treatment Unit were available in different colours. For those who were visually impaired, some of the colours made it difficult for them to read the text. All of the leaflets were only available in standard print.
- Staff have a kindness and human approach to communication barriers. But don't seem to associate the importance of using appropriately qualified interpreters to gain an accurate clinical decision. They say most people come with a carer or family member who interpret on their behalf.

Trust Response

Barts Health provides Disability Awareness training to both clinical and non-clinical staff. The Trust will ensure all staff are aware of how to access the interpreting services and will monitor its usage.

- After an individual's needs have been identified, the information is recorded in the nursing department.



Impairment Awareness

- Clinical staff have five days a year for training. Out of this, two hours is spent on learning disability training however there is no specific training for deaf or disability awareness training. The training is only available to clinical staff and not the clerical staff. None of the staff members during our visit had any BSL training.
- Staff are keen to have external organisations come and provide training for them.

Fire & Emergencies

- The ED doesn't have any safety systems in place for deaf and hard of hearing people. A member of staff is designated as a Fire Marshall if an alarm is activated and would check all areas including the toilets.
- They expect the assigned healthcare support assistant or friend of a sensory impaired patient to wait outside the toilet. They do not have fire drills that practice the eventuality of a sensory impaired patient.

Patient Pathways to Scans

- The Authorised Representatives asked staff how they communicate with a deaf patient when referred for a CT or MRI scan. The staff stated that they would use written communication before a deaf person went into an MRI and tell them everything they need to know beforehand.
- The scenario presented had not happened and they had no plan for it if it did occur.

Other Comments and Observations

- The visit highlighted that Whipps Cross does not have any policies for supporting people with communication impairments. Staff have limited knowledge but are willing to learn and make changes.
- The ED considers the needs of those with learning disabilities as they have a health passport however there is very limited support for deaf and visually impaired patients.
- There is an over reliance on the LD Link officer to deal with all communication challenges which is unacceptable.
- An easy read toilet sign was available on the toilet thus making it easy for all patients to understand.



Recommendations

1. Leaflets in the ED should be made available in different formats. Staff should have access to online documentation that they can print in the size the patient needs.
2. Information should be provided in an accessible, easy read format.
3. Many patients who may have been born profoundly Deaf will not have English as their first language which can make it difficult for them to understand written languages. An overreliance on writing down information isn't always suitable for every patient and shouldn't be the only option available.
4. According to the Accessible Information Standards; all health and social care services must have a system for identifying where patients have additional communication support needs. The number of patients presenting with a learning disability and sensory impairment should be monitored.
5. All staff members, both nursing and administrative, should receive deaf awareness and visual awareness training. Appropriate communication support is vital for individuals when accessing services. Whipps Cross Hospital should not rely on the LD Link Officer to be able to adequately support Deaf people without attempting to engage the use of qualified interpreting support as soon as possible.
6. There should be a review of the support being offered to Deaf patients needing an MRI or CT scan.
7. Bart's Health NHS Trust should have a communications strategy which includes a commitment to ensure patients and carers are able to access support and interpreting services (for BSL users) when necessary. All staff should be aware of how to access communication support for patients.
8. Bart's Health NHS Trust should ensure that all departments have policies and procedures to support patients and carers with visual and sensory impairments.
9. Signage should be improved to make it more accessible for all patients.



Service Provider Response

We thank Whipps Cross Hospital and Barts Health Trust as the service provider for their responses and have incorporated them within this report.

Distribution

- Whipps Cross Hospital
- Barts Health Trust
- Redbridge Clinical Commissioning Group
- Waltham Forest Clinical Commissioning Group
- Redbridge Health and Wellbeing Board
- Waltham Forest Health and Wellbeing Board
- Redbridge Health Scrutiny Committee
- Waltham Forest Health Scrutiny Committee
- Care Quality Commission
- Healthwatch England

Approval

- This report was approved by Healthwatch Redbridge on behalf of the project steering group for publication - 17th May 2016.



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