



healthwatch
Redbridge

Reviewing Communication Support at Queen's Hospital

December 2019



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Introduction

It's been over three years since the Accessible Information Standard (AIS)¹ came into effect in August 2016. The standard requires all health and social care services to make sure that people who have a disability, impairment or sensory loss are provided with information in a way they can easily access and understand.

Supported by the Equalities Act², the standard informs organisations how they should meet a patients' communication needs and provide any communication support that they might need. This includes making sure that people get information in accessible formats such as large print, Braille, easy read and via email.

Working in partnership with the Patient Experience team at Queen's Hospital, part of the Barking, Havering and Redbridge University NHS Trust (BHRUT); Healthwatch Redbridge (HWR) were invited to visit a number of departments around the Hospital to review how well they were meeting the communication and support needs of patients and carers.

Accessible Information Standard

What is accessible information?

Information should be presented in a way that can be read and understood by the individual for which it is intended.

All organisations that provide NHS or social care services must ensure people who have a disability, impairment or sensory loss are given information they can access and understand, and any communication support they might need.

Why is it important for information to be accessible?

Some people with learning disabilities or sensory impairments find it difficult to understand the information provided in healthcare settings.

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 they are undergoing and any other relevant information provided.

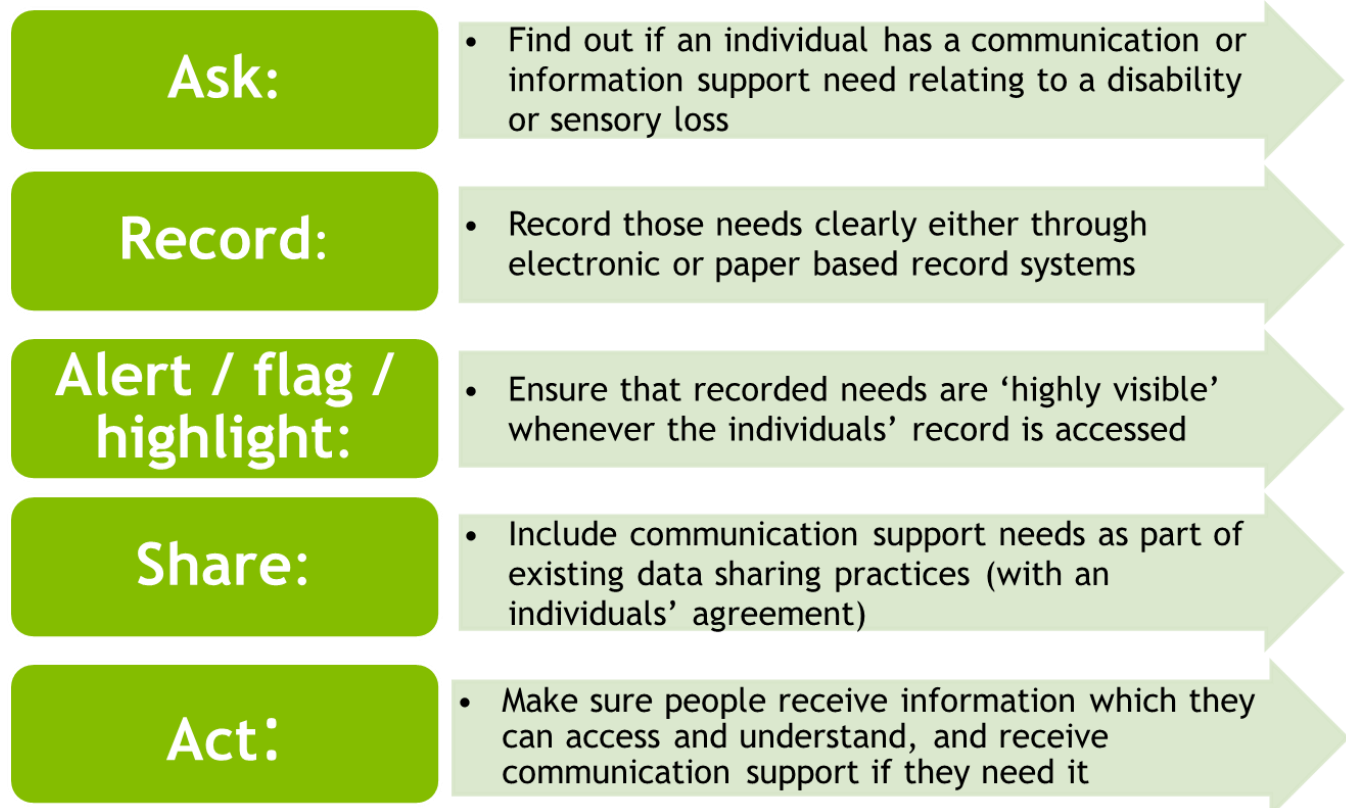
AIS also ensures that people receive the relevant communication support. For example, a BSL interpreter for a Deaf person, large print or audio for a person with a visual impairment and easy read information for those with learning disabilities.

¹ <https://www.england.nhs.uk/ourwork/accessibleinfo/>

² <https://www.equalityhumanrights.com/en/equality-act-2010/what-equality-act>

Accessible Information Standard

Accessible information should be available to patients at all stages of the patient pathway. There are five basic steps which make up the standard:



Purpose of the visits

Visits were conducted across three hospital departments (Audiology, Eye Clinic, and the Urgent Treatment Centre/Emergency Department), and one ward (Amber A). The aim was to identify how Queen's Hospital were meeting the standard and assess whether the needs of people with communication impairments were being fully met.

Methodology

An initial meeting was held in August between the Head of Patient Experience at BHRUT and the HWR Chief Executive to identify the scope of the visits.

A briefing session with HWR volunteers and staff from both organisations agreed on an observation checklist and a range of questions used for staff and patients. These questions focused on identifying the key access, communication support and pathway challenges faced by those with communication impairments.

Each visit was carried out by three experienced HWR volunteers, two of whom had sensory impairments (visual and hearing). Additional communication support was provided by two BSL interpreters and the use of large print surveys and information.

Key Recommendations:

Transport Links:

- The pedestrian crossing from the bus stops to the main reception is unsafe and should be reviewed.
- Identify whether accessible parking bays could be made available immediately adjacent to the Emergency Department

Trust's response:

BHRUT advise that these parking bays are now allocated for short-stay community staff who routinely support patients in their own homes but have to return to site at different times. This totals approx. 150-200 staff daily.

In terms of blue badge parking, the Trust currently has 14% of the total parking available allocated for blue badges and this exceeds the national requirement which is approx. 4-7%. We are continuing to consider what can be done additionally in the long-term to support this.

- BHRUT have confirmed that parking charges for blue badge holders cannot be reimbursed if using multi-storey.

Hearing Loops:

- Where hearing loops are available, hearing loop signs should be prominently displayed and unobstructed throughout the hospital.
- Where a sign is displayed, a hearing loop should be available.
- Hearing loop systems should be regularly checked and available throughout the hospital, particularly in medical assessment and treatment areas.
- All staff should know how to use hearing loops, particularly portable systems.

Deaf Messaging Service:

- The Deaf Messaging System signs should be displayed throughout the hospital.

Hospital Communication Books and other Information:

- All departments and wards should have at least one copy of the Hospital Communication Book available. All staff should know where the book is kept and become familiar with it.
- Wherever possible, information should be provided in an accessible, easy to read format.

Displays and Signage:

- Where available, the use of electronic displays would help patients and visitors to identify when they are being called.
- There should be clear and consistent signage throughout the hospital, large enough to be read and regularly reviewed to ensure it is current.
- Whilst the use of coloured floor surfaces to identify different hospital zones was welcome, the system did not appear to be used consistently and should be reviewed.
- The layout and signage used within the Urgent Treatment Centre needs to be improved. This recommendation should be passed to PELC as the service provider.
- Signage to Majors Lite and other departments should be reviewed and consistent.

Emergency Evacuation Procedures:

- The hospital should have a standard procedure for evacuating patients with communication support needs. Individual patients will have different needs and it is unclear whether support information for each patient would be readily available in an emergency.
- BHRUT should clarify whether any fire alarms have flashing red lights.

Trust's response:

Fire alarms in some areas do have red beacons. The need for beacons is driven by the occupancy of the area being protected. All areas of the Hospital are subject to a Fire Risk Assessment which should highlight any areas that are required to be fitted with additional Beacons.

Televisions:

- Where a television screen is being used, subtitles should be displayed.

Ear, Nose and Throat (ENT) Departments:

- Improvements should be made to the lighting in the reception area.
- There should be clear signage informing visitors there is a hearing loop available.
- The hearing loop should be checked and operational at all times.
- The communications book should be readily available.

Lifts:

- BHRUT should check the audio systems within the lifts and ensure they can be heard appropriately.

BSL Interpreters:

- BHRUT might wish to consider inviting staff to learn the BSL finger spelling alphabet as a communication aid.
- BHRUT should investigate whether an online signing service for emergency use could be provided within the hospital.

Trust's response:

A pilot of a video interpreting BSL service will be taking place from February 2020 within the ED and maternity services.

Staff Training:

- BHRUT should review staff training and develop more face to face disability specific training packages to support staff.
- All staff members, both nursing and administrative, should receive deaf awareness and visual awareness training.

Trust's response:

Deaf awareness training is available to all staff via an e-learning module. Visual awareness training e-learning is currently being developed and once available will also be accessible to all staff.

Key Findings:

Transport Links - Accessible Parking:



- Free accessible parking is available in front of the hospital's main reception block.
- Other accessible parking bays are available within the multi-storey car park, which is charged for.

- A ten minute Drop Off point was available further along the roadway, situated outside the original (now unused) entrance to the Emergency Department (ED).





- When visiting the Emergency Department entrance, volunteers noted that there did not appear to be accessible parking within easy reach of the entrance to the ED.



Transport Links - Buses:



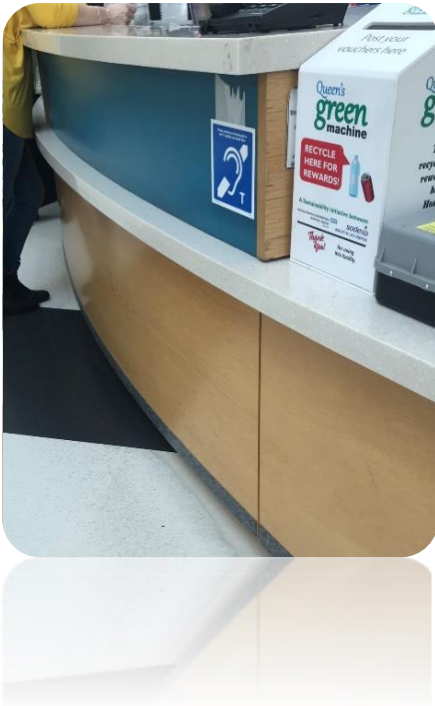
- The pathway from the bus stops to the main reception is not easy to navigate.
- There is a pedestrian (zebra) crossing with raised tactile paving at the first roadway.
- There is no pedestrian crossing adjacent to the second roadway which makes it unsafe to cross.
- It was recommended this is reviewed immediately.



Trust's response:

The Trust appreciates HWR highlighting the lack of pedestrian crossing adjacent to the second roadway and is now looking into this.

Hearing Loops:



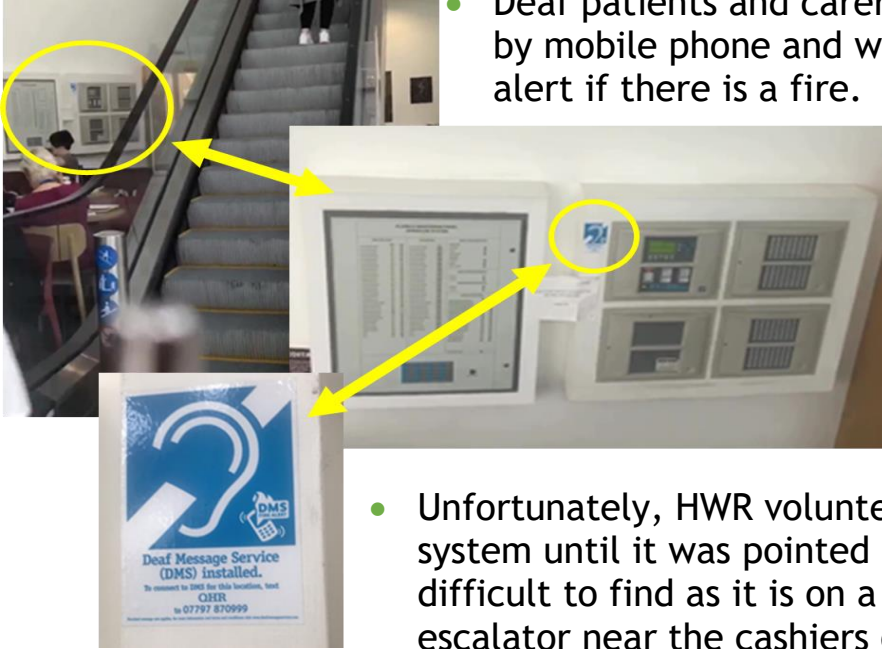
- The hearing loop sign at the main reception desk is situated on the front of the desk below the counter. This is difficult to see if you are waiting in a queue.
 - A HWR volunteer who uses a hearing aid tried the loop system and it was not working. HWR staff also tried a hearing loop checker and could not get a good signal.
 - Reception staff found that the loop system plug had been dislodged. This was rectified immediately.
 - The loop system was working on our second and subsequent visits.
 - Hearing loop signage needs to be unobstructed and would be better placed on the wall behind reception.
- Hearing loop systems should be checked regularly to ensure they are working.

Trust's response:

The signage on the front desk has now been changed and clearer signage is in place. Revised guidance on the hearing loop is being issued to all front desk staff and volunteers particularly in relation to keeping the hearing loop unobstructed at all times. In addition, there is now a checking process in place weekly to ensure this is the case.

Deaf Messaging Service:

- BHRUT has installed a Deaf Messaging Service throughout the hospital.
- Deaf patients and carers can sign up to the system by mobile phone and will receive a text (SMS) alert if there is a fire.



- Unfortunately, HWR volunteers were unaware of the system until it was pointed out as the signs are very difficult to find as it is on a service panel behind the escalator near the cashiers office.
- We asked the Trust to confirm whether the messaging system would work throughout the hospital due to poor mobile phone signal reception.

Trust's response:

The text service will work within the hospital where the phone user has service. However, this is one support service and the Trust would not expect it to replace staff responsibility for notifying patients and visitors of a fire alarm. Further visual support is provided, where available, by red flashing fire alarm beacons.

Ear, Nose and Throat (ENT) Departments:



- HWR volunteers were given clear directions to the Audiology Outpatients Clinic reception, based on the first floor.

An EXAMPLE OF GOOD PRACTICE

Signage was clear, unobstructed and easy to see.

- HWR Volunteers stopped at the 'Wayfinder' information desk outside the ENT department.

Trust's response:

The Wayfinder desk is located outside the outpatient 2 area and is supported by volunteers when available. They can provide wayfinder and direction support when needed.

There are also volunteers supporting the main information desk and a further wayfinder desk outside the radiology department on the ground floor. This additional support helps our patients and visitors get to where they need to be.



- Information on the Wayfinder desk was provided for patients with a sensory impairment but not available in Easy Read.

- BHRUT were awarded the first Deaf Aware Quality Mark by the Royal Association for Deaf People (RAD) in June 2017. HWR volunteers asked whether revalidation of the mark takes place regularly.



Trust's response:

The Trust worked with RAD to develop the quality mark and were pleased to be the first Trust to achieve this.

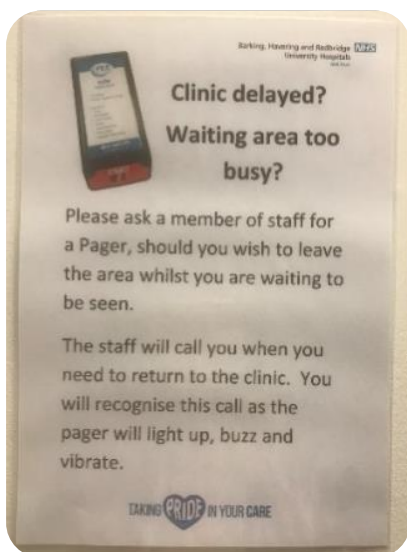
Since then, RAD have developed this further and accreditation now has costs attached.

Whilst the Trust will not be pursuing re-accreditation, the work to improve our services for our deaf community will continue.



- A poster promoting AIS communications was available within the department. This was the only AIS poster seen by HWR volunteers during all the visits.

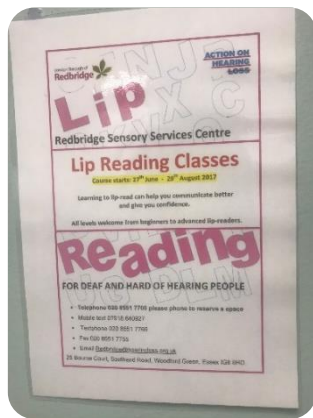
- The lighting in the Audiology reception area was quite dark; for someone with a visual impairment this could be an issue.



- Pagers were available for patients who did not feel able to wait in a busy clinic area.
- Two patients were seen using the pagers and returning them. Although neither identified with a communication impairment. Both explained they were offered the pager as the clinic was running late and there was a long wait.
- It was unclear whether pagers were regularly offered to people with communication impairments.

Trust's response:

The AIS communication posters have been reviewed and the Trust can confirm that these are displayed across outpatient areas and emergency department. Checks so far show that the posters are displayed on the wards. In relation to pagers in clinics, all patients should be asked about communication needs when they register with the reception staff and all patients who confirm that they have an additional need should be offered the pager. There is a process in place within the clinic to ensure this is communicated to all relevant staff. The current poster is being reviewed to ensure this is clear to patients and visitors.



- A number of posters were observed promoting communication support for patients. However, it was also noted that there were no signs to let patients know there was a hearing loop.
- When HWR volunteers asked about the hearing loop system, they discovered it was not working.

Trust's response:

Hearing loop signage has now been implemented within outpatients 2.

The hearing loop in this area that was identified as not working has now been reported internally and is being looked into.

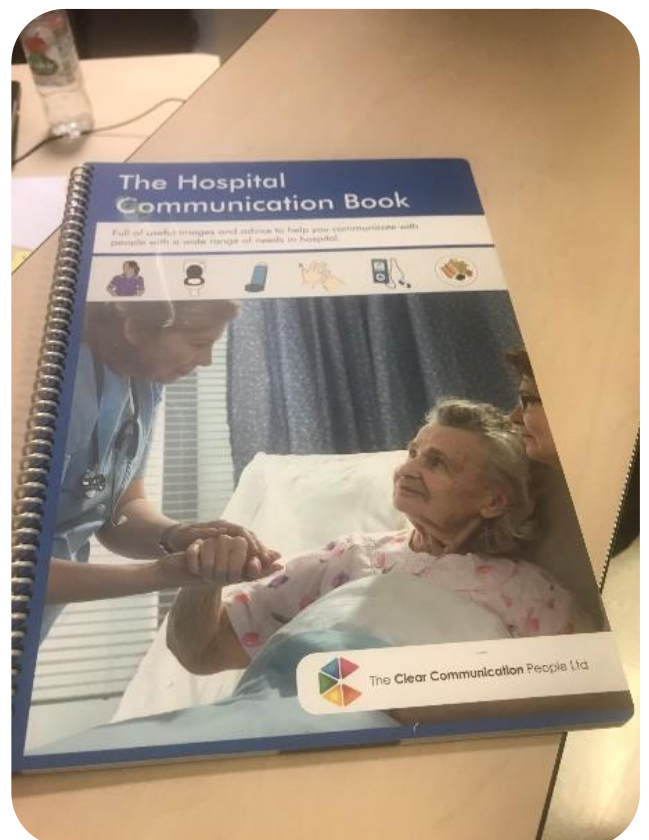


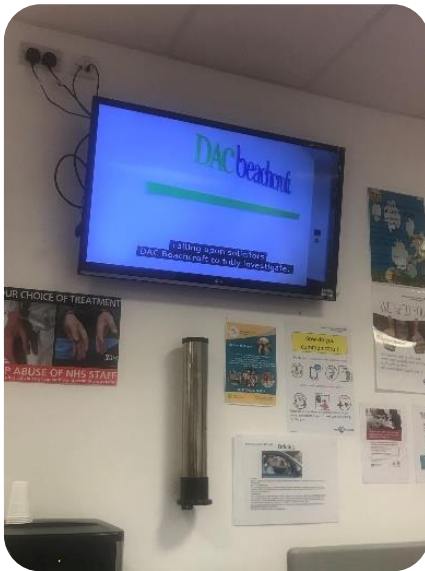
- Leaflets throughout the hospital should be made available in different formats. Staff should have access to online documentation that they can print in the size the patient needs.



- 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.

- HWR volunteers asked to be shown the hospital communications book. The communications book is a very useful document which can support a range of patients with sensory impairments. It is also a valuable support tool for patients where English is not their first language.
- At first, reception staff were unsure where it was kept, but was found after a short search.
- HWR volunteers suggest the communications book should be readily available.





- Television screens were available within the Eye Clinic and Audiology departments, however it was noted that subtitles were only showing on the television within the Eye Clinic.

- Staff informed us that the remote control for the television was unavailable.



Trust's response:
Team will order a universal remote control to ensure subtitles can be activated on this TV.

- A white board is used to display waiting times for patients and inform them of any delays. This is updated regularly.
- Fire alarms are not equipped with flashing lights which would be beneficial for patients with a hearing impairment.



- Staff were asked what they would do to support patients in the event of a fire alarm. Responses ranged from 'escort the patient' to 'maybe go with the patient'.

- It would be helpful to have a standard procedure for evacuating patients to identify how support might be offered, however it was unclear whether support information for each patient would be readily available in an emergency.
- BHRUT should ensure that all departments have policies and procedures in place to support patients and carers with visual and sensory impairments.

- HWR volunteers spoke with six patients or carers within the department.
- Only one patient recalled being asked if they had a communication impairment. Another patient told us their carer had to request information in an accessible format.
- When asked, a patient suggested having immediate access to large print information would have been helpful. One patient said it was difficult to hear their name being called within the department as they had a hearing impairment.

Urgent Treatment Centre (UTC):



- The Emergency Department is situated at the entrance to the UTC.
- The UTC is a GP led service where patients are assessed to determine which treatment pathway would suit their medical needs.
- The UTC was quite small and extremely busy on the day of our visit.

- Signs direct new patients to queue for an assessment before registering at reception.
- It was noted on several occasions new arrivals proceeded straight to reception and had to be redirected by staff or other patients.



- A hearing loop is fitted at the reception desk. Although the loop system was working, the quality was poor and other patients' conversations could be overheard.
- HWR volunteers had difficulty noticing the hearing loop sign (circled in red), situated at the top of the glass reception screen.
- There is no loop system within the assessment area itself which would make it difficult for patients to communicate effectively.

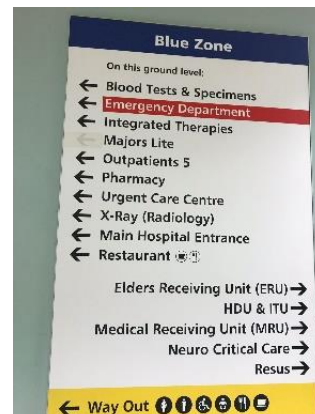
- No Hospital Communication Book was available within the department. Although the department is not managed by BHRUT, HWR volunteers suggest they share their Hospital Communication Book with staff within the department.
- A television screen was available within the UTC waiting area and displayed subtitles.

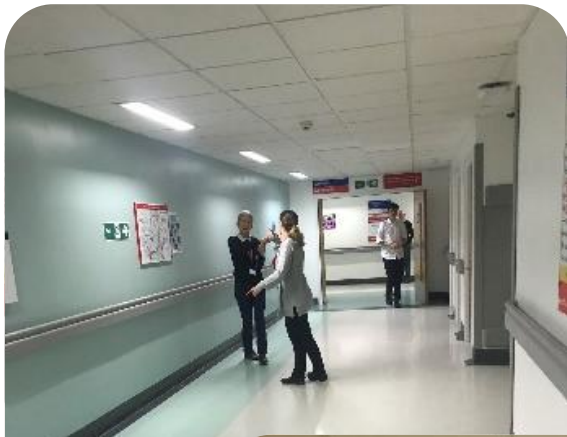


- After assessment within the UTC, patients are treated according to their medical needs. Sometimes they are directed to 'Majors Lite'.

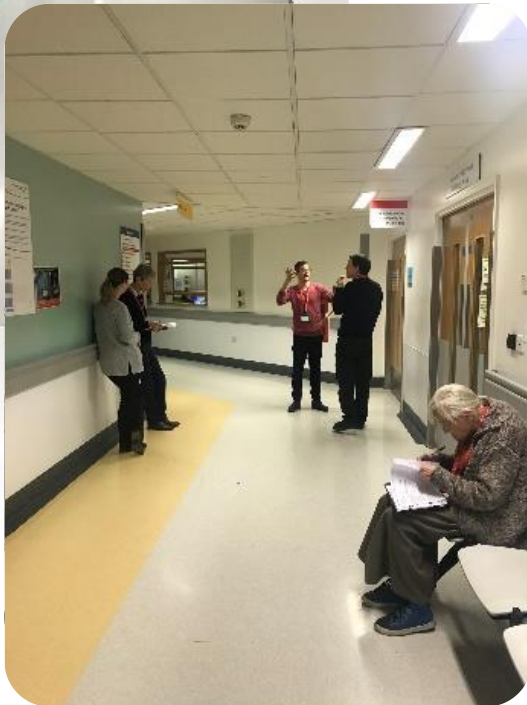


- HWR volunteers followed the route to Majors Lite from the door of the UTC.
- One route sign was concealed by an open door.
- Signage was quite confusing, with a range of different font sizes, colours and backgrounds used.





- The route was long and at times it was unclear which direction to take.



- HWR volunteers commented that patients' with a visual impairment might have difficulty locating the department and suggested coloured lines on the floor might help people to find their way.

An EXAMPLE OF GOOD PRACTICE

A number of staff and BHRUT volunteers stopped to ask if we needed assistance.



- A telephone information point is situated near the entrance of Majors Lite.
- The call point is compatible with a hearing aid. However there is no key board and would not be accessible for someone profoundly deaf.

Emergency Department (Majors Lite):



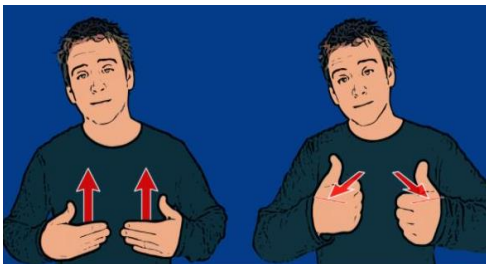
- The department is small but there was plenty of space at the time of our visit.
- HWR volunteers were informed that a nurse within the department was trained to BSL level 1. Unfortunately, the department was extremely busy and it was not possible to speak with the nurse during our visit.
- A concern was raised that a nurse with level 1 training might be asked to provide inappropriate support. Level 1 BSL is extremely basic and would not be able to replace a trained interpreter.

Trust's response:

The Trust policy is clear that only registered interpreters, booked through our commissioned providers should be used to communicate with deaf patients, relatives and visitors.

The Trust has confirmed that staff are not expected to interpret for a patient except in the most life threatening or emergency situations and then only to establish essential information required - this is covered within the current policy.

The Trust would not expect any staff member with BSL level 1 to provide interpreting support.



- HWR volunteers felt it was a positive approach. Teaching all staff BSL finger spelling might be useful.

How are you?

- Within the emergency department a poster promoted communication support for access and other support requirements.



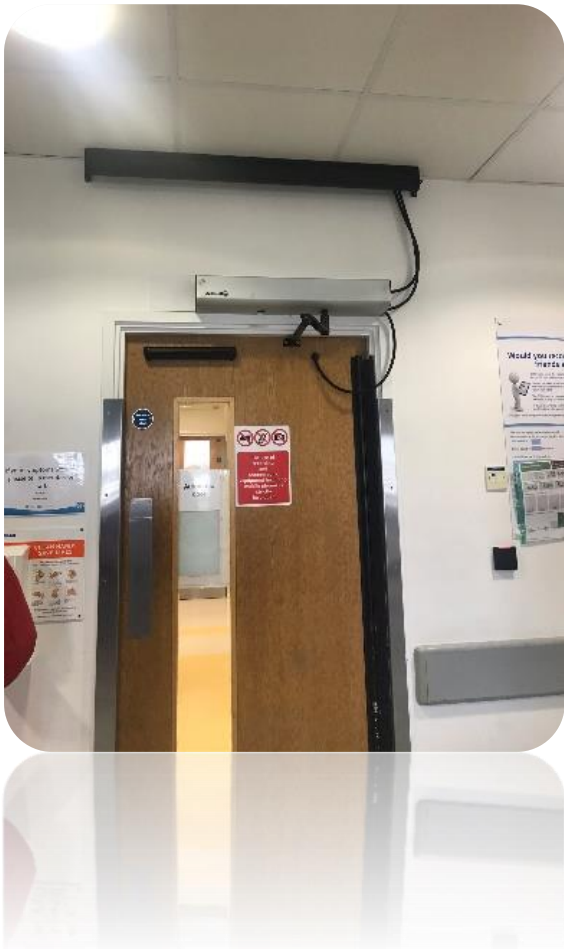
- Although displayed on the poster, reception staff said they did not have a hearing loop within the department.



- It was unclear how long it would take to access a BSL interpreter within the Emergency Department.

- There was an electronic display above the door. Staff told us this did not work.

Trust's response:
The Trust has confirmed that the electronic display has been reported internally and are awaiting further information.



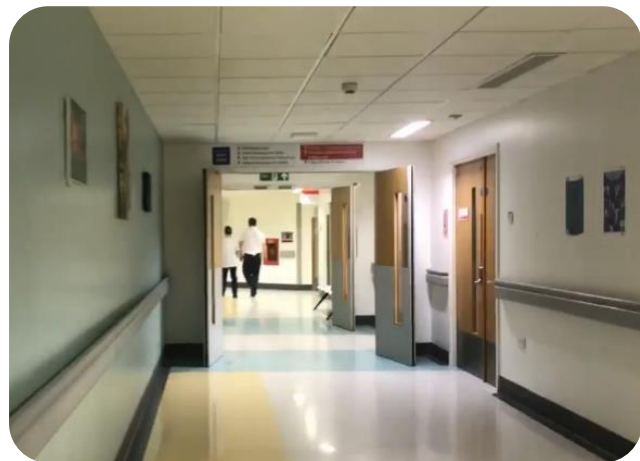
Amber A:

- HWR volunteers asked for directions from the main reception desk to Amber A ward and were told to take the lift from the first floor and follow the orange zone signs. There was some confusion as some lifts do not provide access to the whole building.
- There is audio within the lifts to identify the floor number and when the doors are opening and closing. The audio level was quite low and difficult to hear properly.



- Signage in the lifts could be larger particularly for ward names.
- Queen's hospital is sectioned into different coloured zones to assist visitors. On the first floor we discovered the flooring had blue and orange markings to guide visitors to particular wards or departments.

- On the ground floor the zoning system did not appear to be in use and there were a number of different coloured surfaces which could be confusing to visitors.



An EXAMPLE OF GOOD PRACTICE

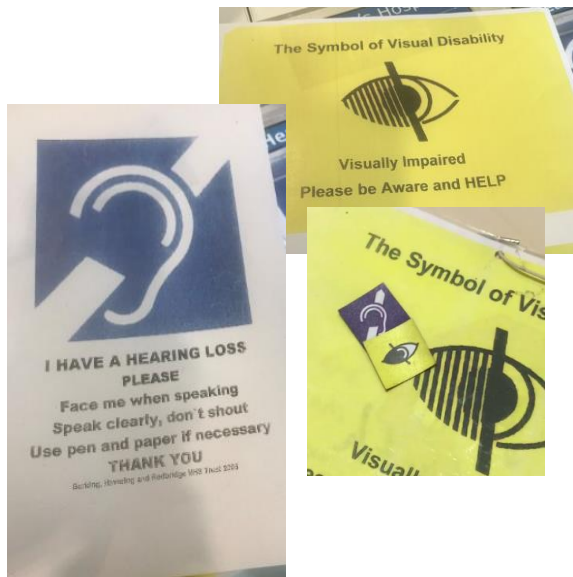
Access to Amber A is restricted by a door entry system. Our HWR volunteer who is Deaf tried the system and found it worked well as there is a small green light that illuminates when the doors are unlocked.



- HWR volunteers were able to speak with two patients and a carer on the ward. One told us they were asked if they had any communication needs. The other patient said they had not been asked.

- We spoke with a number of staff working on the ward.
- Three Occupational Therapists were asked about working with people with communication impairments. One told us they were aware of the AIS whilst two were not.
- One had received some training, mostly online. All agreed that face to face training would be preferred.

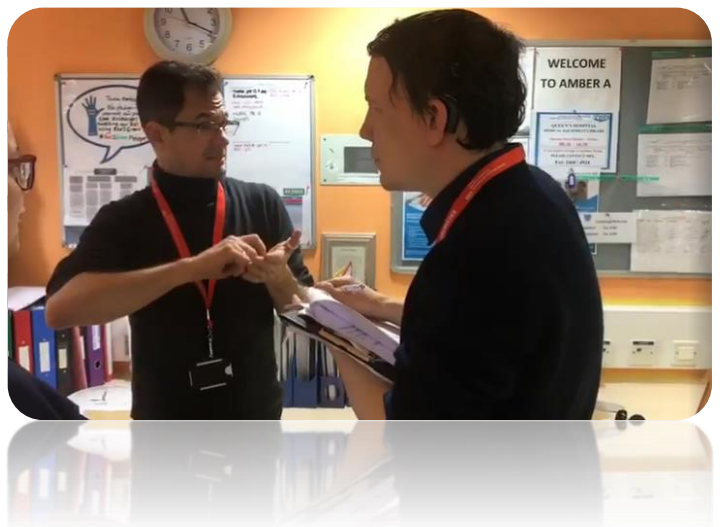




- Speaking with the nurse in charge of the ward, we were shown a number of support information symbols for patients who might need additional support.
- Some were small magnetic symbols which could be placed above the bed. Staff pointed out that no signage was used unless it was agreed by the patient or their family.

- A hearing loop was not available on the ward.
- HWR volunteers were unsure as to whether a loop system could be provided.

Trust's response:
Trust is exploring the option of purchasing portable hearing loops to provide access whenever required.



An EXAMPLE OF GOOD PRACTICE

Most patients with learning disabilities could be provided with a LD passport to support their access to services. The passport provided essential information about the patient and how they wished to be treated when accessing services.

This is my Hospital Passport

For people with learning disabilities coming into hospital

My name is: [click here to enter text.](#)

> If I have to go to hospital this book needs to go with me, it gives hospital staff important information about me.

> It needs to hang on the end of my bed and a copy should be put in my notes.

This passport belongs to me. Please return it when I am discharged.

Nursing and medical staff please look at my passport before you do any interventions with me.



Things you must know about me

Things that are important to me

My likes and dislikes

Mental Capacity Act 2005

If I am assessed as lacking the capacity to consent to my treatment, the following people must be involved in any decisions made in my best interests

Name	Relationship	Contact details
click here to enter text.	click here to enter text.	click here to enter text.
click here to enter text.	click here to enter text.	click here to enter text.
click here to enter text.	click here to enter text.	click here to enter text.
click here to enter text.	click here to enter text.	click here to enter text.

An EXAMPLE OF GOOD PRACTICE

All staff were very impressed with the support provided by the learning disability liaison nurse team and could access support as and when required.

Acknowledgements:

Healthwatch Redbridge would like to thank the Patient Experience Team, BHRUT patients and staff for their contribution to this review.

Disclaimer:

Please note that this report relates to findings observed on the visits stated. 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.



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