Disability Access Project
Enter & View Report

Royal Free Hospital Emergency Department- Monday 14th March 2016

Report Details

Address	Emergency Department Royal Free Hospital Pond Street, London NW3 2QG
Service Provider	Royal Free Hospital NHS Foundation Trust
Contact Details	Ruth Green- Matron Richard Pomphrey- Matron Eleanor Woodward- Senior Operations Manager Dr Andres Martin- Consultant
Date/time of visit	Monday 14th March 2016 10am- 12:00pm
Type of visit	Announced visit
Authorised representatives undertaking the visits	Fiona Cooke Neil Adie Rose-Marie McDonald Shelly Khan (Healthwatch Camden) Sarah Oyebanjo (Project Coordinator)
Healthwatch Visit Lead	Healthwatch Camden and Barnet
Contact details	Healthwatch Redbridge 5th Floor, Forest House 16-20 Clements Road Ilford, Essex, IG1 1BA

Acknowledgements

Healthwatch Camden and Barnet 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 Monday 14th 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.

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 Healthwatches 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 members 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 people [2]. 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 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. From the previous project, several useful practices were identified and shared with other Trusts. Also, the findings would help the hospitals to identify the reasonable adjustments that need to be made to increase access and meet all patients' health care needs.

1. 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 accessed on 11th April 2016.

Results of visit

Reception- Layout and Communication Access

- The Authorised Representatives (AR) waited in the queue to speak to the receptionist for about 5 minutes. They were then approached by the senior staff member before they could test the response of the receptionist to the deaf Representatives.
- Reception staff sat behind a glass screen. This makes it more difficult for deaf people to lip read due to the glare, however we were unable to test this because the ARs were approached. Staff mentioned that the hospital is currently being refurbished and there won't be a glass screen in the new reception.
- The lighting in the reception and department is very poor. This could make it more difficult for the visually impaired to read the information on the wall. Also, some of the information on the wall was not printed clearly and was rather blurry.
- The signage across the hospital was not very clear and when the ARs asked about colour coding, staff said that this would be in place after the refurbishment.
- There is no buzzer or pager system however they are keen to introduce this in the future.
- The ARs asked staff why there was no TV screen in the reception area, to make it easier for deaf patients to know when it is their turn. They said that this breeches confidentiality.
- Representatives also asked about the tickets and flashing numbers system but staff said that they had tried this and it led to anxiety for the patients because there are three different queues so the patients thought they had missed their turn.

Communication Support

- Royal Free Hospital does not have an in-house communications team but staff said that they can access an interpreter within an hour.
- Staff shared a scenario of when they had a patient that used Turkish Sign Language but they were unable to access an interpreter that could provide the service. Fortunately, the patient was with their partner who used both Turkish and British Sign Language. They booked a BSL interpreter who was then able to provide the necessary information to the partner who translated it to the patient. This happened out of hours and they were still able to support the patient accordingly.

- There is no communications toolkit available in reception. Staff said they can use the internet to search for relevant information if necessary. Although this might be somewhat useful for the receptionist, this is not suitable when treating a patient during an emergency.
- There is no specific plan if someone with a sensory impairment presents at A&E. Once the patient with a sensory impairment has been identified, the information is written down so that it is passed on to other members of staff that will come into contact with the person. They then support the patient accordingly.
- The A&E department does not have a written policy and the support provided is individualised.
- In terms of attaining a deaf/ hard of hearing patient's medical report, the interpreter is used to communicate the information if there is one available. If an interpreter isn't present, a variety of methods are used to relay that information. These include writing the questions down, contacting the patient's GP and using summary care records.
- Staff were asked how they would deal with patients that have several sensory impairments. They responded by saying that they adapt to each person's communications needs.
- For someone that is deaf and uses BSL as their first language, they would get an interpreter. They also mentioned that some staff have basic training however this is not provided by the hospital.
- When asked about how they would support a deaf patient whose first language isn't BSL, staff said that it would be a challenge because most interpreting services do not have interpreters that speak other languages.
- In terms of supporting someone who is partially sighted, staff said that they would find out how restricted the patient's vision is, explain to them clearly, let them know what to expect and also provide large print information.
- Staff said that the support provided to someone with a stroke would depend on its severity. If the patient can still read, they would use pictures, alphabet boards and speech & language therapy with picture boards.
- Staff provided some printed information about the way to communicate with deafblind and Deaf/ hard of hearing people using text relay call, sign language and lip reading.
- Patients are supported from their arrival until they leave the hospital. On arrival, they register in reception and this is noted on their form. There is a screen in the reception that allows additional information about the patients to be inputted. However, this information is not stored for their

next visit. If the patient is deaf or blind, they are put in a position whereby they can see or hear the nurse when she comes in.

- There is no out-of-hours policy. The same procedure as the daytime is followed whereby staff contact the interpreting service. It was stated that the waiting time of those with sensory impairments is not any longer than other patients.
- There is no information available on the number of patients with sensory impairments. Staff said this is because there are wide variations in disabilities.

Impairment Awareness

- The matron said that some staff received simple Makaton training several years ago but this was a one off training. There is no set deaf/disability awareness training.
- Staff said that most patients who require support bring their carers or family with them. Those with learning disabilities have their passport so they are able to support them properly.

Fire & Emergencies

- In the case of a fire or emergency, staff are responsible for safely evacuating the patients. There are no flashing lights in the old A&E departments. However, the new reception area has flashing lights.

Patient Pathways to Scans

- The staff present said that they don't know how deaf patients are communicated with during MRI scan.

Other Comments and Observations

- There were no TVs or information screens in the reception area however staff said this is for confidentiality reasons.
- The visit highlighted a lack of policy and procedure for supporting patients with sensory impairments.
- The staff mentioned several areas that would be improved after the refurbishment including the lighting, the reception area and possibly the pager system.

Recommendations

1. The hospital needs to record the number of patients with sensory impairments. In order to monitor, follow up and improve the service they provide to deaf and sensory impaired patients.

Trust Response
In terms of monitoring attendances, we do not currently have the ability to do this on our electronic system, nor do we do this for a number of the other protected characteristics. A snap shot audit is a possibility we could investigate and use qualitative data from patients themselves, to inform services.

Healthwatch Response
According to the Accessible Information Standards[1] 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.

The 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.

2. Visual impairment and deaf awareness training should be provided for all staff members as an annual roll on programme. This would enable staff to know how to communicate better with a deaf/blind person.

Trust Response
The Trust is currently looking at bespoke training for ED staff in conflict resolution and we will work to include a sensory impairment session within this training. We will need to work with our training and development colleagues to see if it would be possible to make this an ongoing option for staff.

Healthwatch Response
We would not recommend training provision that includes a session merely as an 'afterthought'. For example, Deaf Awareness training should only be provided by qualified Deaf trainers.

[1] Accessible Information Standard
https://www.england.nhs.uk/ourwork/patients/accessibleinfo-2/

3. A Communications Handbook with basic images of common BSL and Makaton symbols should be available in the reception thus enabling the staff to communicate more effectively with the patients.

Trust Response
Following your visit we have already purchased three BSL symbol books which will be held in reception, majors and our clinical decision unit, but available to all staff.

4. Video interpreting is rolled out, as this would have a faster response time than booking real time interpreting.

Trust Response
Video interpreting is not a system with which we are familiar and we will need to explore this further and the possibility of introducing it in the new department. It would be helpful if you could provide details of other Trusts who have successfully implemented this within an emergency setting.

Healthwatch Response
We have been working closely with other Trusts in reviewing their use of such technologies. We would be pleased to provide you with contact details and to support this work further.

5. A reduction in relying on carers, family and friends to translate the information to patients, as it comprises a patients right to privacy and dignity. It could also breach the equality duties.

Trust Response
We recognise the importance of independence and privacy for all patients and will do what we can to minimise the use of carers in translating, however this has to be balanced against the need to get information quickly in emergency cases, if the patient is happy with this.

6. The hospital needs to develop a policy and procedures in relation to dealing with people with sensory impairments.

Trust Response
Since your visit, the team have confirmed that there is central guidance within the trust on communicating with patients who are BSL and deaf blind. This is provided on our Trust intranet rather than in a policy document.

7. The pager system should be rolled out and given to those with sensory impairments when they present at A&E.

Trust Response
As we mentioned during your visit, the pager system is being reviewed within the new department and we support your recommendation that this should be introduced.

Service Provider Response

We thank the Royal Free Hospital Foundation Trust as the service provider for their responses and have incorporated them within this report.

Distribution

- Royal Free Hospital Foundation Trust
- Camden Clinical Commissioning Group
- Barnet Clinical Commissioning Group
- Camden Health and Wellbeing Board
- Barnet Health and Wellbeing Board
- Camden Health Scrutiny Committee
- Care Quality Commission

Approval

- This report was approved by the Healthwatch project steering group for publication – 29 April 2016