healthwatch Coventry

Patient centred communication on hospital wards

Full Report

October 2017

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1.0 Introduction

1.1 What is Healthwatch?

Healthwatch is the champion for users of health and social care in Coventry. We give local people a voice - making sure that patient, service user, carer and public views and experiences are heard.

We are independent of NHS and care services and decide our own programme of work. We have a statutory role and legal powers including the right to request information and to get a response to our reports and recommendations.

We work to influence the planning and delivery of NHS and social care services based on what local people tell us.

1.2 What is Enter and View?

The Health and Social Care Act 2012 allows local Healthwatch Authorised Representatives to observe and report on service delivery and talk to service users, their families and carers in premises where NHS and social care services are being delivered; such as hospitals, care homes, GP practices, dental surgeries and pharmacies. This is so we can learn from the experiences of people who interact with these services at first hand.

1.3 Why we undertook this work

The Healthwatch Coventry Steering Group agreed that Enter and View Visits to adult hospital wards at UHCW would form part of the 2016-17 Healthwatch work programme because of feedback from patients regarding communication on and how this met the needs of patients with communication support requirements.

University Hospital Coventry and Warwickshire (UHCW) has undertaken a number of pieces of work to enhance and support communication with patients who have disabilities such as hearing or sight loss, learning disability or those who do not speak English. This included the development of specific toolkits by the Equalities and Diversity team - details about the pieces of work are in **appendix 1.**

Our aims were to:

1. Gather information about what is available on wards to enable person centred communication, particularly for patients who have a learning disability, sensory impairment (sight or hearing loss) or who speak little or no English.

2. Identify the impact of UHCW initiatives and resources designed to support patient communication on wards have in practice for patients and relatives (details of these are in **appendix 1).**

3. Promote the sharing of good practice and identify any gaps in provision or areas for potential development.

The work was extended into the 2017-18 Healthwatch work programme so that a second phase of ward visits could take place.

2.0 Methodology

We worked with UHCW by liaising with the Director and Associate Director of Quality; holding discussions at the UHCW Patient Experience and Engagement Committee (PEEC) and attended a meeting of Ward Matrons to discuss the work. This enabled us to develop our approach to this piece of work. The questions we asked were piloted by visiting Ward 42 at UHCW. Changes to our methodology were made as a result of this.

Wards were selected for their different specialties and after reviewing the intelligence we hold from feedback about services. For part one of the piece of work we visited four wards (21, 22, 23 and 50).

Information was collected by speaking to patients, staff, and visitors. Guided interview checklists were developed for use based on our previous experience and input from Grapevine, a voluntary organisation specialising in learning disability (s**ee appendix 2).** We made observations of what we saw during the ward visits.

Before speaking to each person we introduced ourselves by name, explained what Healthwatch is and why we were there. We established that the patient or staff member was happy to speak with us. We confirmed that their name would not be linked with anything they told us and that they were free to end the conversation at any point. We wore name badges to identify who we were.

We revisited wards 50, 22, and 23 on 10 May 2017 to gather some additional information and to see if there were further patients with communication support needs we could speak to.

In addition, Healthwatch volunteers carried out two 90 minute sessions at Gilbert Richards Day Centre and completed six questionnaires with service users about recent experiences during stays on wards at UHCW (see appe**ndix 3** for findings) .

For part two of this piece of work, we revised some of our questionnaires as further information became available from UHCW about resources available on wards to support communication (see **appendix 4 f**or revised questionnaires).

We visited four additional wards: wards 35, 33, 32 31 and revisited wards 21 and 23 on the 17 August 2017.

3.0 Findings

3.1 Who we spoke to

We spoke to 72 patients, 24 members of staff and 11 relatives. Further details of those we spoke to can be found in **Appendix 5**.

3.2 Ward 42 (pilot visit)

A team from Healthwatch visited ward 42 on 27 January 2017 to pilot our research tools and find out more about good practice in patient-centred communication. Due to the pilot nature of this visit we have not produced a full write up but there were some points of note which link with our findings from wards 21, 22, 23 and 50.

3.2.1 Learning disability Acute Liaison nurse

Staff felt that these nurses were not responsive enough and did not get to the ward quickly enough for example a staff member said it could take up to a week and they also felt that a better means of making contact with them was needed. Staff said they were helpful once they arrived.

Staff called for improved support i.e. a Learning Disability Acute Liaison nurse to be with patients with learning disabilities daily and to give more input into discharge planning.

3.2.2 Support from other teams

There was praise from staff for the occupational health and therapy teams and the resources they have for the ward to use. Staff said they used picture sheets from occupational health /physiotherapy to support communication with patients.

3.2.3 Training

There was a suggestion from staff that new staff would gain from training on learning disability awareness and challenging behaviour.

3.2.4 Food

We encountered some confusion about patient dietary needs. We asked the food service staff about the vegetarian options and were told this was fish fingers (a non vegetarian option) when we asked what it was if people did not eat fish we were told it was quiche. One staff member mentioned that specific meals could be ordered ie vegan/cultural.

3.3 Ward 21

Specialty	Gerontology
Date & Time of visit	14 March 2017 between 10am and 3pm
Authorised Representatives	Nick Darlington, Amanda Whitlam, Kerry Armitt, Samantha Barnett
Who we spoke to:	We collected our information by speaking to seven patients including three patients who were not able to recall information in order to answer our questions fully (one of these only answered two questions), five members of staff (three nurses and one support worker and physiotherapist) and one visitor.

3.3.1 Communication needs

Staff said patients who had some level of dementia were common on the ward, but that they had fewer patients who had a learning disability. Older people with hearing problems who often chose not to bring or not to wear their hearing aids and patients with visual impairment were also fairly common.

3.3.2 Information displayed

Information displayed or available around the ward included:

- A white board with patient name and room numbers
- Red hand sign by the side rooms displayed to inform people that they are not allowed to enter unless approved by Ward Sister
- Place mats on patient tables giving details of nurse's uniforms etc
- A sign which lets people know who the two named nurses are
- Signs over the beds of some patients e.g. nil by mouth and support/falls
- Blue pillow case cover to indicate patients with dementia
- Dementia Awareness bulletin on wall
- Different colour signs with stars to indicate level of falling risk for patient i.e. red means higher risk

We asked one staff member if she knew where the 'Making a Difference' took kit was. The member of staff opened a filing cabinet at the nurses' station and showed us a number of files telling us she believed that this was it.

3.3.3 Person centred communication

Most of the patients said that the doctors introduced themselves by name but the nursing staff did not always do this.

Most patients said that they felt they were being listened to by members of staff, with two patients who said that they had to repeat information about themselves to staff, but did not give specifics.

Four patients said that they understood their treatment and care whilst on the hospital ward.

Five patients said that they had seen printed information on the ward that they understood. One person said they had not seen anything although this patient had said that they don't remember things 'too well'.

During the visit we observed:

- One nurse kneeling beside a patient doing observations, talking in a reassuring way to the patient and interacting politely throughout.
- A Health Care Assistant was asking a patient *"Shall I comb your hair?" "Are you ok?"* and then gently combing the patients hair
- An Occupational Therapist was kneeling down talking to a patient, communicating clearly, explaining that they were going to be assessed to see if they were able to wash and dress themselves before they could decide if they could be discharged.
- A Health Care Assistant walked with a patient to buy a newspaper, the patient had a risk of falling and also had dementia.

How staff identify communication support needs

We spoke to five members of staff who said patients are all admitted to the ward via Accident and Emergency (A&E). A handover will normally take place to inform staff about the patient. Staff will also speak to the patient's family members and staff from residential care home.

A physiotherapist said that there are *"get to know you bundles"* available which are specific to dementia patients.

All staff were familiar with the Pictocomm[1] books which they told us were available around the ward and were used to communicate with patients. We observed a Pictocomm book in the leaflet rack.

Staff said if a patient is admitted from a care home then they will usually have a care plan which staff use to get information they need about a patient.

Initial conversations with the patient could determine any communication needs/support.

A staff member said that if the patient has no family or friends then it is harder to communicate with some patients.

[1] http://cds.co.uk/pictocomm/about-pictocomm/

What is on the ward to help you identify communication needs?

Staff spoke about Pictocomm books and use of a white board and marker to communicate with patients. There were some staff, who could be called upon to help with patients who do not speak English. Staff would use the patient's family/friends to help with identifying communication needs. One staff member said that if a patient did not have family or friends then it was harder to communicate.

Where information is recorded:

Staff said that information about communication needs was recorded in:

- Healthcare record
- Medical notes to which all staff have access
- Nurses notes

They also described a verbal handover every morning.

3.3.4 Patients with Learning Disabilities

We did not speak to any patients who had a learning disability. Staff members said that it is rare to have a patient with Learning Disabilities on this ward. Two members of staff said that they had heard about the Learning Disability Acute Liaison Nurse but had not had an experience with them to date.

When asked how staff would communicate with patients who have a learning disability. Staff members said:

- We don't bombard patients with questions, we speak to family members
- There is an e-library of leaflets to print out but not sure if this is easy read
- Encourage open visiting time for relatives
- Board and marker pens
- Picture books

3.3.5 Patients with a sensory impairment

We spoke to two people with a sensory impairment; both patients were hearing impaired. Only one completed the first two questions of our survey and indicated they understood their treatment and care and had been a patient on the ward before.

The other patient who was hearing impaired said they partly understood their treatment and care but was not sure why they were in hospital and felt isolated in a side room. They commented that they could not understand staff names when they introduced themselves. They said that staff had liaised with the hospital hearing team to get a new hearing aid for them and that this had been a help.

We asked staff how they would communicate with patients who had a sensory impairment they said:

- There is a communications box with a number of items
- Picture cards
- White boards and pens
- There is some information in Braille
- For patients with hearing aids the staff can seek support from the audiology team i.e. have hearing aid fitted or fixed

We observed a member of staff kneeling down closely to the patient talking clearly about an assessment, which was going to be taking place.

One staff member mentioned that it would be useful to learn sign language.

3.3.6 Patients whose first language is not English

We did not speak to any patients whose first language is not English.

When asked how they would communicate with patients who did not speak English staff members said:

- Speak to family members
- Pictures
- Gestures
- Ask other members of staff who know their language
- Family first point of call
- Interpreters
- Use other members of staff in the hospital

Staff mentioned that there are information sheets available in different languages, picture books, menus in different languages.

Staff said interpreters could be booked but members of staff gave different answers as to how they were booked and within what time frame an interpreter would be available.

3.3.7 Planning for discharge

All patients said that they had not been told or were unsure about how long they will be in hospital. One patient said that staff had talked to them about their home environment and care needs for going home and established that a stair lift would be needed. All other patients said that they either did not know or had not had these discussions.

Two patients said that they did not know if staff had spoken to family/carer about their condition and what the care needs will be when leaving the hospital, one person said that this had taken place. None of the patients said that they knew

whether the staff had spoken to family/carers about when they would be going home. Whilst we were speaking to one of the patients, staff came to talk to them about arrangements for going home – we left them alone to discuss this.

3.3.8 Relatives and carers

We spoke to one set of relatives who had not experienced a good level of communication about their relative's care whilst on the hospital ward. They were concerned because the patient had a fall in the night but relatives were not informed and only found this out when they came to visit.

Relatives said they had been able to speak to a doctor, but found it difficult to find one. They did not feel they were kept informed and involved enough by staff about their relative's time on the ward. They felt that no information was offered and they had to chase staff.

Suggestions from the relatives we spoke to on how the hospital could improve were around improving communication as relatives feel that they always have to follow up and ask questions all the time.

3.3.9 Other issues

One patient who was in a side room said that it would be nice to *"have a bit of company*". The patient would like to have someone to talk to more.

3.4 Ward 22

Specialty	General Surgery - (SAU) Surgical Assessment Unit
Date & Time of visit	24 March 2017 and Re-visit: 10 May 2017
Authorised Representatives	1st visit: Amanda Whitlam; Gillian Blyth; Sue Ogle; Kerry Armitt Re-visit: Gillian Blyth; Samantha Barnett
Who we spoke to	1st visit: We collected our information by speaking to eight patients including one blind patient who was not able to recall information to answer our questions, six members of staff and two visitors. The seven patients interviewed said they were emergency admissions. Re-visit: we spoke to two patients

3.4.1 Communication needs

Staff described the main communication needs on the ward as language needs, reduced hearing and patients with dementia.

We spoke to two patients with a communication support need: one had autism and one did not specify.

Staff said that usually all patients come to the ward via A&E.

3.4.2 Information displayed

Information displayed or available around the ward included:

- A Pictocomm folder was kept at nurses station
- At patient beds there was a bed number and on some pictures indicating: end of life pathway (bird); falls (yellow); dementia blue pillow case and flower symbol; diet; catheter; finger spelling/Makaton, assisted eating (plate and cutlery symbol)
- Cleanliness charter
- Performance team photos
- White board with patient name and name of consultant/Doctor
- Welcome to the ward mats on some of the bedside tables - not all
- There was a white board outside the day room used for information about patients being brought from A&E for assessment: name; arrival time, nurse, review time, observations, MRSA swabs etc

We asked staff about patient bedside folders and there was one at the nurses' station.
Information about named nurses was not displayed (laminated sign was not filled in for the shift). This information was passed on verbally.

We did not see any information designed for visually impaired people or information in other languages

Green and red magnets system to indicate actions done and not done – but not being used because staff found it was not working and wasn't getting updated. The ward now use a tablet and notes for this purpose.

3.4.3 Patient centred communication

There was a mixed picture reported regarding staff introducing themselves to patients by name and this seemed to vary. Three patients said that all staff introduced themselves by their names; three said the nurses sometimes did and doctors always did; one said that nurses did not and doctors did and one said that nurses did and doctors did not. One member of staff said they always introduce themselves to patients by name.

Six patients felt they were being listened to on the ward and two did not. Five said they felt they were repeating information about themselves:

- *Staff ask the same questions*
- *Different staff from different departments ask everything – it should be centralised*
- *I have to repeatedly ask for my medication*
- *One particular medication which needs to be taken with food at set times. Keep telling staff about this*
- *Different people ask the same questions – feel like they don't look at my notes*
- *Staff all say something different ... different answers to my questions from doctors and nurses.*

The following suggestions were made by patients:

- *Centralise info re allergies etc*
- *When I ask a question an answer would be helpful. I know they are busy but a quick I'll find out for you, give me 10 minutes would be helpful"*

Six patients said that they felt they understood their treatment and care whilst on the ward and two said that they partly understood this.

Seven patients said they had not seen any written, printed information on the ward and one said they had about blood tests.

For the patient with learning disability, Autism, sensory deficit disorder easy read information was not provided and there was no hospital passport. The patient's relative said they stayed with the patient from 10 am until patient is ready for her to leave. This relative commented:

They have been amazing from paramedics to ward. They have explained everything eg I am going to put the needle here etc.

During the visit we observed:

- Nursing staff introducing themselves and explaining procedures and medical staff introducing themselves by name. However, there were times when staff did not introduce themselves by name
- There was good eye contact and speaking directly to patients by nurses and health care assistants with calm measured tone and having a good bedside manner. Observed several staff having a laugh with patients whilst doing observations
- Staff were speaking politely to patients eg calling them Mr, Mrs etc
- Staff pulled curtains around beds when talking to patients and were not talking loudly
- Most staff conversations were task orientated however there were some personal conversations taking place within hearing of patients

How staff identify communication support needs

The staff we spoke to said handover from A&E to the ward provided information about the patients. One indicated this was done by phone. Two said that the handover information covered needs such as language and extra support needs.

One staff member described the process as: greet new patient; complete admission form to establish needs checklist; senior nurse take handover in which sensory impairment is noted; senior staff will brief all other staff

One staff member indicated that there was some inconsistency in A&E handover and therefore they will also speak to patients directly to get further information and add to the written notes.

Staff said they would also talk to the patient if possible and to family or the staff of a patient's care home.

Where information is recorded:

Staff described the following places where information about patient's communication support needs were recorded:

- Healthcare admission booklet
- Nursing Cardex
- Admission booklet; Learning Disability communication passport; forget me not form
- In nursing notes for each patient

One staff member said how/where it was recorded depended who admits the patient.

We were told that the ward manager prefers not to put notes over patient's beds so information about communication requirement is communicated via handover verbally.

What is on the ward to help you identify communication needs?

Resources to help with communication described by the staff we spoke to were: A staff member who speaks Urdu, Punjabi, Hindi; a book on ward containing basic phrases; and use of Google translate.

3.4.4 Patients with Learning Disabilities

Four staff were aware of the Hospital Passport for people with Learning Disability. One said it was useful for patient likes and dislikes. One commented that this week a limited version of hospital passport came with a patient although not the official type.

Staff were not aware of the Making a Difference resource toolkit. Two staff members said they used the Pictocomm book.

One Health Care Assistant said they had completed Grapevine training and found this very helpful and thought more staff should do this course. Two other staff members were aware of this training and the others were not.

There was some awareness of the role of Learning Disability (acute) Liaison Nurse, one said they were on site, one said they could be bleeped.

Staff indicated that relatives and carers played an important role in communication either by their being on the ward or being asked for information/advice about communicating with their relative. One staff member gave an example of a patient with Downs Syndrome and asking the parents to help staff members understand them. Another said the ward *Rely on family a lot to help with communication.*

Two staff members thought that more training would be useful– especially for staff with no experience of people with extra support needs.

A relative of a patient with a learning disability – with a communication level described as childlike rated the level of communication as excellent: *Staff have picked up on communication.* Patient understands questions and can answer in his own way. *We feel confident in leaving him alone overnight.*

3.4.5 Patients whose first language is not English

Staff were aware of the availability of interpreters to help with communication and two mentioned Language Line. One staff member commented that interpreters could be available within an hour – depending on language. However, another staff member said '*Interpreters come in 24 hours – they cancel a lot and aren't reliable'*. One said it '*Would be better if we had our own interpreters in the hospital'*. Another said that an interpreter could be booked for when the Doctors did their ward round.

It was reported that there were staff on the ward who speak Polish who could help with interpretation.

Other methods to aid communication, which staff used were:

- Speaking a little slower as very few people speak no English at all
- Contacting family (4)
- Get relatives to write down things so patient can point
- Use Google translate (2)
- Use gestures and point to things (2)
- Picture book

One staff member said it would be useful to have picture books in different languages for common phrases.

3.4.6 Patients with a sensory impairment

Two staff members said that for hearing impaired patients they would use written words rather than shout. Another said they would draw pictures. One nurse on the ward was said to know sign language (BSL). A staff member told us they know the alphabet in sign language. One mentioned a visual book available on the ward.

None of the staff we spoke to were aware of the Sign Language Charter. No staff had tried to obtain a sign language interpreter. Staff were uncertain if there were any resources in Braille.

For patients with visual impairment staff described orientating patient around the ward. Staff noted that visually impaired patients seem to have less to support them.

One staff member said they would like to know more about what is available to help and another said it could be frustrating for staff – as they feel as if they are not meeting patients' needs.

There was a suggestion for a new resource of a picture and Braille book.

One relative of hearing impaired patient had not been asked to help communicate between staff and patient rated the level of communication as good because staff are patient and friendly.

3.4.7 Planning for discharge

Six patients were not aware of an estimated date for their discharge and two were. One patient said they had been involved in discussion about their home environment and another said there had been a little discussion with a physiotherapist.

One staff member said that patients usually move from this ward to another before discharge.

Staff talked about practical arrangement such as booking transport home and whether a patient has got their house key.

One staff member described asking the patient questions about their home environment such as:

- Anything at home we need to be aware of
- Do you have someone at home to look after you

Three staff talked about the input of physiotherapists or occupational therapists and the making referrals to Age UK Coventry.

One staff member said that if they were unsure a patient's home environment is suitable a first response team for discharge eg GP or district nurse would check up on patient. If being discharged to a nursing home it would be informed of changes to patients condition/needs.

Communication related to discharge

One patient, out of the eight we spoke to, said that their relatives had been involved in discussions about their care needs after discharge as they had *asked questions of a very helpful nurse*. Seven said that staff had not spoken to their family/carers about their estimated discharge date and one did not know if this had happened.

Staff stressed that the ward had open visiting and therefore relatives could talk to staff.

Different methods of communication regarding discharge were described; some staff said it was the role of doctors to have these conversations.

One said that conversations about discharges started when patients are admitted – what help is needed to get them home; other indicated patients passed on information rather than staff with one staff member adding that they offer to contact relatives if patient can't or don't want to.

3.4.8 Communication with family and carers

Two relatives of two patients who had been on the ward for two weeks spoke to us.

One said they found it easy to find a doctor to speak to about relative's care and that they have been kept informed enough. The other relative said they *Found it fairly easy to speak to a doctor after requesting to speak to one and that they have been kept informed enough about relatives care. Treatment was very complex and they made it easy for us to understand – layman's terms.*

Both relatives said they had not been involved in discussions regarding discharge or care needs post discharge.

Staff stressed confidentiality issues regarding talking to relatives of patients and checking with patients that they are happy for this communication. One indicated that relatives could see doctors on their rounds and other staff talked about talking with relatives on the phone. One said that they contact relatives via phone to let families know the discharge details and find out if they can they can collect relative or if an ambulance needed.

3.4.9 Other issues

Suggestions for improving communication included having translation Apps on an Ipad and asking patients more questions about their stay.

3.5 Ward 23

Specialty	Gynaecology, surgery and medicine
Date & Time of visit	22 March 2017 between 2pm and 6:30 pm and spanned the evening meal and the start of visiting time and re-visit: 10 May 2017
Authorised Representatives	1st visit: Gillian Blyth, Denise Blyth, Karen Keates, Ruth Light Re-visit: Gillian Blyth, Samantha Barnett
Who we spoke to	1st visit: six patients including one blind patient who was not able to recall information to answer our questions, four members of staff (two nurses and two junior doctors) and one visitor. Four of the patients we spoke to were emergency admissions, one was a planned admission and one could not remember. Re-visit: we spoke to three patients

3.5.1 Communication needs

Staff said patients with language needs and dementia were common on the ward, but that they had less patients who had a learning disability. Older people with hearing problems and (perhaps not wearing their hearing aids) patients with visual impairment (some were admitted without their glasses) were also fairly common.

3.5.2 Information displayed

Information displayed or available around the ward included:

- Place mats on patients' tables giving details of nurse's uniforms, ward routine, about your care, how we are doing in written and pictorial information
- A4 posters about the Care Quality Commission: 'we are listening' on bay doors
- White boards giving patient name and initials of their doctor/consultant
- Details of two named nurses for the shift
- Information on ward performance and staffing levels on a display board in the corridor

- Employee of the month display
- Information about Age UK Coventry support service for patient discharge on a staff notice board in the corridor.

We did not see any patient bedside folders and patients had not seen these. We saw a couple of menus on tables in bays – one was the special menu and one the standard one. There was an empty leaflet rack in bay two.
There were signs over the beds of some patients e.g. nil by mouth and fall; and blue pillow case cover to indicate patients with dementia

Staff were able to find and show us an A5 folder containing information in picture format for helping to communicate with people who had a communication difficulty such as little or no English, learning disabilities and hearing impairment. They said there were two of these on the ward.

3.5.3 Person centred communication

All the patients we spoke to said that staff, both nurses and doctors, introduced themselves by name. We observed staff introducing themselves and explaining what they were doing and why, throughout the visit.

Four people said they understood their treatment and one person said they did not.

Four patients felt they were repeating information about themselves and this was because:

- Different staff are on duty at different times
- Latex allergy – patient had to keep repeating this
- For purposes of double checking information about patient

One patient observed that they had to ask for things a couple of times *'as nurses are not around'*.

One patient had received written leaflets (in English) and information from a MacMillan Nurse related to their condition/treatment.

One patient was concerned that staff had removed their medication they had brought from home. She said she had not been given an explanation for this and said she had wished she had not handed them over.

One patient said they saw doctors every other day and good information was provided.

One patient reported that a Doctor had been asking patients if they have got 'tits' – he meant anti thrombosis socks/tights.

During the visit we observed:

- Some staff were using one to one rooms for communication with patients/relatives
- A member of staff constantly reassuring patient they were dealing with, giving clear instructions and making sure instructions were understood
- Staff were observed speaking in a clear calm manner
- Staff pulled the curtains around patient beds and spoke clearly but not overly loud
- Nurse checking on status of patient in the toilet and asking if they were ok
- Most conversations between staff related to tasks they were carrying out
- A nurse who dispensed medication interacted well with patients.

We saw some staff initiating conversations with patients and a relative reported that staff did initiate conversations with her elderly mother.

There was one instance when a conversation with patient in side room could be heard down the corridor.

How staff identify communication support needs:

- Initial assessment ask questions e.g. about language spoken
- Pre-operative assessments for surgical planned admissions provide information about patients communication requirements
- Handover from A&E or other wards – 99% done by phone or through notes from A&E
- Sometimes information passed to ward is not accurate for example patients who are confused/have dementia are not identified. Staff said these patients should not be on a medical ward and should be admitted to a different ward.
- If emergency admission this is documented before the patient comes to the ward
- Utilise members of staff team who speak different languages

What is on the ward to help you identify communication needs?

There was some uncertainty in the answers to this question by staff. Things staff identified were: help desk; information from relatives; a learning disability link nurse should be on each ward.

Where information is recorded:

There was also some uncertainly from some staff regarding how information about communication needs was recorded and staff provided the following information about this:

- In initial assessment booklet – every day write in the comments sheet
- *'Something in the medical notes I think'*
- Document so next person is aware – in medical (paper) records - will say if able to communicate or not plus what action taken

- Information kept in nursing Cardex – on admission patients are asked questions
- Information passed on at staff handover
- Blue pillow cases for dementia – however one staff member said there were some issues getting these used.

3.5.4 Patients with Learning Disabilities

None of the staff we spoke to were aware of training provided by Grapevine about learning disability as part of effective care training but all were potentially interested in receiving this.

One staff member said they did not have many patients with learning disability and if they do their carers stay with them. Two other staff said carers were helpful and for some patients their support workers.

Two staff members were aware of the Hospital Passport, but had not seen one recently. The others thought they should be used more to help staff understand people's likes and dislikes.

Two staff members were aware that Acute Liaison Nurses were available and one described using one three to four months ago to support a patient who was autistic. Another staff member said that they had not found the Acute Liaison Nurse very helpful for the process of discharge and/home needs.

One staff member said it was helpful if there were familiar people around patients who had learning disabilities. The facility for more one to one support would be helpful.

3.5.5 Patients with a sensory impairment

We observed a staff member asking a blind patient if she needed help with her food. The patient declined and the nurse asked again and patient said she is ok and fed herself. The patient dropped her knife on the floor. Healthwatch informed a nurse as this would not have been noticed if Healthwatch had not mentioned it. Nurses spent time at the nurses' station rather than in the bays with patients.

We observed when the tea trolley came around with a Healthcare assistant conversing with a blind patient and giving her tea with two sugars.

We did not see any specific information produced for sensory impaired patients.

One staff member said they had not needed to seek a sign language interpreter and so did not know if this was possible.

None of the staff we spoke to were aware of the Sign Language Charter the Trust had recently signed up to.

Methods for communicating with blind or sight impaired people included liaison with family; and liaison with other staff including those who come to the ward so they are aware. Two staff members said they were not aware of any specific support that was available to help them with communication with patients.

Initial assessment would identify if the patient used Braille. A staff member said they had not seen any information in Braille.

One staff member said they would write information down if patient was deaf.

One staff member described how they would support someone who was blind to navigate about around the ward, to the toilet, putting items in reach and ensuring there were no obstacles around.

A staff member suggested it would be useful to have some subtle over bed signs to highlight patients with sensory impairment.

3.5.6 Patients whose first language is not English

Staff said the most common languages were Polish, Romanian and Asian Languages.

We did not see any written information in other languages and staff were not aware of any written information in other languages. One said menus were translated.

One staff member thought that some written, translated information in Polish and Romanian would be useful.

One patient could only understand a bit of English and they said they needed an interpreter to help them communicate with staff. They said there had not been any support to help them communicate with staff. They had not had an interpreter (they had been on the ward for two days).

This patient was not aware of when they might be going home or been involved in discussions about their home environment related to discharge planning, although their relatives had.

Two staff members described the process for using a language helpline and two others did not know if this facility existed. One staff member said that the interpretation and language line service was ‘good’ and easy to use and that they would sometimes phone if they cannot come out.

Two staff members explained that interpreters can be booked to go down with patients for surgery (relatives would not be allowed to go down with patients for surgery), so this would be planned in advance. Two staff said interpreters needed to be booked 24 hours in advance and gave the example of patient who had become frustrated because they could not communicate with/understand staff.

Staff also said that most patients who did not speak English came with family, who would interpret. One staff member said that two cleaning staff spoke Asian languages and therefore could help with translation.

One staff member said the ward did not have a travelling phone so patient would need to be taken to the nurses' station in order to speak to interpreter on the phone. There is a travelling phone in emergency assessment unit.

One staff member said they would use the Pictocomm folder to help communication with people who do not speak English.

3.5.7 Planning for discharge

One patient said they knew when they would be discharged and the rest did not. However two were still undergoing investigations into their condition. One patient was staying an additional night as they were not very well. One patient had been given three different dates for discharge by different staff members. They had caring responsibilities and so planning was important. One patient said planning for discharge was very good and another that it was poor.

One patient said their family/relatives had been involved in discharge planning.

Communication related to discharge

Staff reported that patients are asked the following types of questions in preparation for discharge:

- About home environment
- Whether live on their own
- Are they coping at home and do they need any support
- One staff member was aware that some patients may not answer accurately and therefore it was important to speak to relatives.

One staff member said they would ask a patient advocate/key worker for input into discharge planning if necessary.

One staff member said these conversations began once patients were medically fit for discharge. Another described estimated discharge dates set when patient are admitted. This was said to be more accurate for gynaecological patients but not for medical patients. Six patients on the ward were described as medically fit for discharge at the time of the visit. They were awaiting care packages. All staff described liaison with the discharge team and this team was said to liaise with relatives.

Every morning (Monday to Friday) a ward round of multi-disciplinary team including physiotherapist; occupational therapist input. Occupational therapists go out to assess people's homes if need to – and we were told that most were done within a day.

Staff said they ask relatives about home environments.

3.5.8 Communication with family and carers

Three staff members said the relatives usually ask for information – and staff would check for patient permission before giving this. Another said they can't give a lot of information over the phone, so relatives have to come in. They can organise meetings with medical staff and make appointments.

One visitor said their relative was partially sighted and had been on the ward for one day and in hospital for five days. They had not been asked to help communicate with their relative. They felt that the level of communication with them about their relative's care was 'ok' and commented that there was no obvious person to talk to and that they did not feel able to ask to speak to a doctor.

A relative commented that: *No one approaches me whilst visiting* and *'No ward sister apparent'*. They had been involved in discussions about discharge but did not know an estimated discharge date.

3.5.9 Other issues

One staff member said that doctors tend to communicate via notes rather than with nurses.

Issue of doctors giving patients bad news without letting nurses know that they will be doing this was flagged up by staff.

Two patients raised noise on the ward at night – noise of bin lids clanging and nurse/staff talking at nurses' station. One had asked a nurse to close the bay door and felt the nurse '*took umbrage*' about this.

A patient asked for water to take with her pain relief – staff said they would bring it but did not and therefore patient can't take her tablets. The Healthwatch volunteer spoke to nurse who said patient had been 'nil by mouth' and she got the water when asked

A patient said that last night patient in next bed cried all night but no one came to comfort her.

Patient said staffing levels are high but *'they don't care'*.

Sometimes it seems to take ages before pain relief comes – e.g. of another patient who had appendix out waiting for 1½ hours for pain relief after coming back from surgery.

When we revisited the ward 10 May 2017 we spoke to a patient who raised concerns about communication prior to their coming into hospital for a procedure

as they did not feel it gave them enough information to be prepared for the reality. The original appointment letter said to be at UHCW for 7.30am although the procedure may not take place until later on in the day. This patient had waited all day and had not brought anything to read or do. They said that the waiting area is not very comfortable for people who need to wait all day i.e. chairs not comfortable, no TV, no magazines to read. Depending on the procedure some patients are fasting whilst others aren't which means some patients will be eating and drinking in front of patients who cannot. This caused the patient stress before their procedure.

3.6 Ward 50

Date & Time of visit	18 March 2017 and re-visit 10 May 2017
Specialty	Renal
Authorised Representatives	1st Visit: Tom Garraway, Sue Ogle, Kerry Vieira, Sue Kavanagh Re-visit: Gillian Blyth, Samantha Barnett
Who we spoke to	1st visit: Gathered information from seven patients, five members of staff and two visitors All but one patient had been on the ward for a week or longer and one patient had been on the ward for over two months Re-visit: We spoke to two patients and spoke to one staff member when we were going through the observation checklist

3.6.1 Communication needs

Staff told us that the majority of patients with communication needs coming onto ward 50 had age related hearing impairment or did not speak or understand English. Staff had less experience of dealing with patients who had a learning disability.

Three of the patients we spoke to needed additional communication help due to sight impairment or hearing impairment.

3.6.2 Information displayed

Information displayed or available around the ward included:

- Red hand sign by the side rooms displayed to inform people that they are not allowed to enter unless approved by Ward Sister

- Signs above patient's bed with a star and colour coded to indicate if they are at risk of falling
- Welcome to the ward board which included information about how many staff should be on the ward, number of complaints received in the month, you said we did section
- FREED[2] sign which gives information about the 'Perfect Week'
- Fire action
- Think sepsis sign
- Patients names and bays they are in

On the leaflet rack there was a sign about being able to use the translation service. This was given in a number of languages, although the sign was quite high up so some people may not see it.

We observed a nurse talking to a patient who did not want to go back to his room trying to understand what he wanted to do. The nurse was talking in a calm manner and responding to patient.

We observed the catering staff talking to the patients in a cheerful way asking them if they want tea, coffee etc.

When we spoke to one patient the Doctor asked us to leave as they needed to discuss a patient's care with them showing they are mindful of privacy.

We asked a nurse if she knew where the "Making a difference" toolkit was but she had not heard about it.

We asked a nurse if there was any information on the ward in pictures and easy read. The nurse found a Pictocomm book at the nurses' desk.

We asked a nurse if there is any information available which is designed for the visually impaired. The nurse said that they would refer the patient to a specialist nurse who will be able to obtain further resources as required.

3.6.3 Patient centred communication

Staff said they always introduce themselves and six patients agreed. One patient said that nurses sometimes introduce themselves and one said that doctors sometimes introduce themselves.

Six patients felt they understood their treatment and care, and one said they partly did. Six patients had seen printed information during their stay on the ward and one said they had not.

[2] FREED message: Facilitate effective discharge. Right person, right place. Early specialist input. Eliminate unnecessary tests. Daily senior review.

Six patients felt that they were being listened to on the ward and one said they were not being listened to all the time. Two patients said they felt they were repeating information about themselves; one commented that '*Sometimes they do not understand what I am saying'* and the other talked about needing to repeat information about being diabetic to remind staff that they needed to have meals as soon as possible after taking insulin.

One relative rated the level of communication as good and said they had spoken to a doctor and found this easy to do. But felt they were not informed/involved enough as they felt they could have been updated more when things were not going as well as expected.

One relative had been sitting with and communicating for their deaf relative who was a patient on the ward. They felt that the level of communication about their relatives care was good but said they had had to request meetings and chase results otherwise they would not know. They also said they did not feel able to speak to a Doctor. They felt they had only sometimes been kept informed and involved enough.

One relative suggested staff arranging patient meetings for updates and planning as and when circumstances change.

How staff identify communication support needs:

Staff described methods of identifying communication support needs when a patient arrives on the ward. This centred on handover from other areas of the hospital such as A&E and patient notes/records.

One staff member said that handover covered diagnosis, language, mobility. One said the notes were electronic and one described doctors passing on information about patient needs in person.

Two staff members said there was no difference between planned and emergency admissions other staff member thought there could be a difference for example one staff member noted that doctors handover mainly medical information.

Staff also stressed the importance for them of talking to the patient and their families/relatives to find out more information about communication needs eg

- *'Talk to patient. If they aren't understanding we communicate with a relative. Relative can answer on their behalf if they don't understand'.*
- *'Ask family members why they are talking for the patients and if there is speech or hearing impairment'.*

One staff member noted it was difficult to avoid conflicting information being passed on if patients do not speak English.

What is on the ward to help you identify communication needs?

Staff all referred to using a Pictocomm folder (or a book on the ward) to help with communication and that this was useful.

One staff member said that some patient hospital wrist bands have a code on them to enable staff to find patients electronic records.

One staff member said they would call a relative and ask them to come in and help with communication or any other staff who speaks the patient's language and another said they rely on relatives/visitors to assist patients to make meal choices.

Where information is recorded:

Staff described information about patient communication support needs being kept in

- Doctors/patient's notes – clipboards on beds
- Handover notes; care plan
- Forget me not form for patients with dementia.

3.6.4 Patients with Learning Disabilities

Staff did not have much experience of patients with learning disability. Staff were not aware of the Making a Difference Toolkit (a toolkit the trust produced for staff). Four staff were not aware role of the Hospital Passport scheme and some would like to know more.

One member of the staff we spoke to was aware of training provided by Grapevine about learning disability as part of effective care training; others were potentially interested in receiving this training.

There was some reference to the learning disability Acute Liaison Nurses although we received some mixed information with some staff referring to link nurses on the ward or co-ordinators organised by the sister and others saying they had no direct experience of liaison nurses. Therefore, we felt that staff were not clear about the role of the liaison nurses.

3.6.5 Patients with a sensory impairment

One member of staff had not had experience of sight impaired patients. None of the staff we spoke to were aware of the Sign Language Charter. One member of staff said they had basic sign language knowledge.

Three staff mentioned use of portable white boards and markers as a communication aid; however one staff member said that a personal white board had been used by one patient rather than this being something available on the ward.

One staff member said they would speak clearly and maybe a bit louder to communicate with hearing impaired patients.

Staff described issues whereby patients come onto ward without their hearing aids and that they dealt with this by speaking to family to get them brought in. If hearing aids were not working then we will contact the hearing aid clinic in the hospital for assistance.

Staff did not have experience of organising a sign language interpreter.

Two staff members described orientating visually impaired patients on the ward and ensuring patients had their call bell.

3.6.6 Patients whose first language is not English

Staff said that language barriers affect a lot of Asian patients and happens quite often. Staff said they would speak to family/friends or use interpreter. One staff member we spoke to spoke several languages and had used this skill on the ward

Methods described to support communication included:

- Use key words
- Some staff speak other languages
- Use expressions and body language
- Get family member to come in
- Pen and paper – write it down
- Relatives
- Pictocomm book
- Leaflets available in other languages on the ward
- Use family; resources in hospital and link nurses

Four of the staff members we spoke to said they did not have direct experience of organising an interpreter for patients – some said this was the role of a nurse, the ward sister or the ward clerk. The others said that to get an interpreter they contacted switchboard.

Staff indicated that the wait for an interpreter varied with some saying it was: *quite quick – same day within hours* and another saying it can be a couple of days wait, depending on language availability, often longer at the weekends.

An example of struggling to get an interpreter for a patient who spoke Portuguese was given.

One staff member said it was better not to get the family involved in interpretation in order to ensure the right information is being transferred. The other staff all talked about using relatives to interpret information.

We had some discussions with staff about the potential usefulness of Translator Apps as one had been used by a staff member on another ward. However, another staff member felt it might cause more confusion as their experience of Google Translate was that it was not reliable.

3.6.7 Communication related to discharge

Five patients were not aware of how long they would be in hospital and two were aware of estimated discharge dates. Two patients said that they had been involved in conversations about their home environment and five said they had not although one commented that '*this was all in place*'.

Five patients said that staff had spoken to their family/carers about care needs when leaving hospital; one said they had not and one did not know.

Three patients said that staff had spoken to their family about when they would be discharged; three said not and one did not know.

One relative said they had been involved about discussions related to discharge but not about care needs post discharge and rated preparations as good

Another relative said they had been involved in both discussions regarding discharge planning and in assessment of relatives care needs after discharge and rated the preparations for discharge as good.

Three patients rated preparations for discharge as good.

Staff explained preparations for discharge as including questions being asked about the patient's home during the hospital stay. Two staff members said that nurses, Doctors, physiotherapists and Occupational Therapists (OT) all ask questions. One staff member mentioned continuing health care referrals. One staff member described working together with physiotherapist and OT – to establish if the patient can wash, dress etc; use stairs. Two mentioned OT and physiotherapist assessments and one said that home visits could be carried out. One staff member said that the Fire Service can do home check. One said it would be helpful if staff know more about Age UK Coventry service.

Two staff members said they talk to relatives about discharge.

3.6.8 Communication with family and carers

Two staff members stressed that a password was needed on notes in order to speak to family on the phone and other staff said that patient consent was needed.

It was unclear how proactive staff were at communicating with family and carers - some staff comments focused on responding to when family approached the nurses' station for information; for example the comment from a staff member that '*if a need will discuss patients communication needs with family*'.

One staff member said they would speak to next of kin if patient has dementia to get an idea of their 'usual' behaviour.

3.6.9 Other issues

When we revisited the ward one patient said she had requested the cultural menu but felt that all patients should be offered the choice of all the menus as assumptions should not be made by staff about what a patient would like/can eat.

4.0 Visits Part Two

Visits took place between 26 July and 22 August 2017.

4.1 Ward 35

Specialty	Oncology
Date & Time of visits	26 July 2017 1.00pm to 3.00pm 8 August 2017 2.30pm On 26th July when there were lots of visitors to the ward. Some of the patients were resting and did not want to talk to us
Authorised Representatives	Mary Burns, Malcolm Gough, Ruth Burdett, Karen Keates, Elsie Beaumont
Who we spoke to:	We collected our information by speaking to seven patients two members of staff and received one returned visitor survey

4.1.1 Communication needs

Of the seven patients we interviewed five did not have an additional communication requirement. Of the two people who identified themselves as having a requirement, one person was partially sighted and another person spoke little English.

A staff member identified the biggest issue for communication difficulty was in relation to people who had had brain cancer.

4.1.2 Information displayed

Information displayed or available around the ward included:

- A large wipe board displaying a chart with the names of all patients in squares alongside the staff who were working in each ward area, early and late shifts as well as all staff on duty
- Each bed had a wipe board with space for name of patient, consultant and any special information, but not all of these were completed
- We did not see any posters or information in different languages
- There were clear signs on the walls for trips and falls by patient beds
- A staff uniform card was displayed by patient beds

- Staff asked at the nurses' station had heard of Making a Difference Tool kit but did not know where it would be found.
- Staff asked had not heard of the Red Cross Booklet of common languages, but had heard of accessibility tool kit, but could not locate it.
- We saw posters giving advice on hand washing.

4.1.3 Person centred communication

Five of the seven patients interviewed felt that they were able to understand their treatment; two of those interviewed partly understood their treatment.

When asked about the resources for communicating with people with additional requirements one member of staff was not aware of any.

Three staff were unaware of Red Cross handbook for language, one had "*heard*" of the Making a Difference Toolkit and they were also "*aware*" of the Pictocomm book.

One member of staff said that the Pictocomm book and Google translate were the most useful resources in terms of working with people who have a communication requirement. Some staff said they would use the translation service and Internet to find information

During the visit, we observed:

- Staff addressing the patients by name and introducing themselves to patients by name when carrying out care activities
- Staff explaining treatment and care to the patient in a quiet and clear way
- Staff having discussions about issues away from patients
- Some occasions were observed where the staff members did not close curtains while discussing patient's treatment with them
- We observed a nurse who introduced herself and a student to the patient and draw the curtain around before discussion and treatment
- A doctor carrying out a treatment with clear and quiet language however, the curtains were not closed and everyone in the ward would have been aware of the treatment
- A member of staff discussing a patient's care and treatment with them, without the curtains closed. It was felt that the communication was matter of fact and lacked sensitivity
- A member of staff bending down to a patient lying down so that they did not tower over them to communicate effectively with the patient
- Staff asking patients how they were and whether they needed any help or a drink
- Staff speaking professionally to each other

How staff identify communication support needs

Staff said that they found out about additional language needs at handover meetings – and information was in patient files and hand over sheets.

They also said that they would ask the patient, families and carers if there are any communication needs; look at the care plan if patient has come from a care home; and if the patient was unable to speak English look for interpreter.

Where information is recorded:

- On the admissions form
- In patient folders contained in area two cupboard (for this nurse)

4.1.4 Patients with Learning Disabilities

The staff member we spoke to said that she had only experienced working with one person with a learning disability and therefore the staff member said they had not worked with the acute liaison team. The staff we spoke to said they had not received training through Grapevine H Team.

We did not speak to any patients who had learning disabilities.

4.1.5 Patients with a sensory impairment

A member of staff said that they were not aware of how to get a sign language interpreter or what communication support was available for hearing impaired patients. A staff member said that they used *"flip cards and smiley faces"*.

We spoke to one person who had a severe sensory impairment. They felt that everything was *"okay communication wise"*. The person also felt because they could walk back from the bathroom unaided that staff perceived their eyesight to be better than they actually felt it was. The person said that sometimes they would have to ask staff who they were. It was important to them because they could not recognise people's faces. They said Most of the time people said their name.

4.1.6 Patients whose first language is not English

We asked one staff member about communication with patients who do not speak English. They would use the information in the admissions pack to get an interpreter – but often families interpret, or they can ask cleaners or catering staff to interpret.

Staff said that they found out about additional language needs at handover meetings and information was in patient files and hand over sheets.

One person we interviewed on our second visit to the ward, whose language is not English, said *"Sometimes they can't understand me and sometimes I can't understand them"*. The patient said they had not seen any printed materials and

were not offered any additional support in terms of language. When asked do you need extra help to talk to Doctors/nurses the person said *"Sometimes yes"* but was not willing or able to expand on this. This person was relatively new to the ward, and was being assessed.

4.1.7 Planning for discharge

Of the five people who responded to these questions three said that they were aware of the length of time they would be in hospital, the same people also having an estimated date of discharge. However, all three had said that their family had not as yet been involved in discussions.

Two patients were not aware of their estimated date of discharge, this may be related to continuing assessment of their condition on ward.

One person who had little sight identified a previous experience they had of discharge where they were notified of a care package being in place for when they returned home, which once they returned home had been cancelled leaving the person *"in a terrible mess"* and relying on their elderly relative to care for them. The person said that they would rather staff were honest with them and had let them know.

4.1.8 Relatives and carers

We gave out two questionnaires for family and carers to complete, but had no immediate discussions as people wished to spend time with their relatives.

A postal response from a relative gave a rating of *"poor"* for communication around their relative's care, they said *"Every time you ask someone they are not looking after them, Nurse on break or not on shift at the time of visit or too busy"*.

This postal respondent ticked yes to both whether staff had involved them in their relative's discharge from hospital and had staff spoken to you about any changes to your relative's care needs and what they will be after they leave hospital.

4.2 Ward 33

Specialty	Gastrology and Urology
Date & Time of visits	8 August 2017 11:00 -12;30 22 August 2017 1-3:30
Authorised Representatives	Ruth Burdett and Elsie Beaumont. 22nd August: Tom Garroway, Ruth Burdett and Amanda Whitlam participated in this visit
Who we spoke to:	We collected our information by speaking to five patients including one person with little or no English, one member of staff and received two visitor surveys from relatives present on the ward

4.2.1 Communication needs

Over the two visits four patients were interviewed – one being hearing impaired, and one person's main language was not English. Two carers/ relatives completed questionnaires on the ward, one for a relative who was very hearing impaired.

4.2.2 Information displayed

Information displayed or available around the ward included:

- Boards above beds – names of patient and doctor
- Symbols to indicate patient's condition
- Patient folders in bays on table or cupboards
- Notice on ward toilets – ward information – men or women only
- Wipe boards with names written on
- Large wipe board with all patients, doctors and any special requirements
- Wash hands react to red posters
- Notice on office door: name of Matron
- Boards outside each ward area: patients' names and symbols
- Day room – list of language line numbers for interpreters
- Office door had shift managers name on it as well as names of two ward sisters
- No information in different languages was seen displayed

4.2.3 Person centred communication

We were unable to interview senior staff but other staff said that the interpretation line was used, alongside materials in large print and pictures (Pictocomm folder). Staff said they also used their own language skills in terms of body language, eye contact and voice.
An Authorised Representative asked two staff for their understanding of the symbols on the main board and neither knew what they meant

During the visit, we observed:

- A very busy ward with nurses and care staff interacting with patients – bringing different types of equipment
- Nurses introducing themselves to patients before discussing why they were there, the patient's medication or procedure
- Professional discussions around medical needs at main ward reception in professional, quiet manner
- One nurse having a conversation with a patient but curtain not pulled closed - there were three other patients in the bay at the time
- Nurse leaning down to speak to someone (not standing over them) and speaking quietly and slowly
- No signs were seen in different languages
- The ward *"felt very busy but friendly"*
- The ward manager showed an Authorised representative where the translation telephone numbers list was in the day room

We asked staff asked at the nurses' station where the Making a Difference Toolkit, Red Cross booklet of different languages and Accessibility Toolkit were kept and they had not heard of these resources.

How staff identify communication support needs

A staff member informed us that they were told at handover meetings about communication support needs for patients and this information was also recorded on the handover sheet. There was also information provided on the board near the patient's bed.

Where information is recorded:

Information is recorded in patient folders and where appropriate on wipe board above beds.

4.2.4 Patients with Learning Disabilities

We did not speak to any patients who had learning disabilities and we were unable to have a full interview with a member of staff due to low staff numbers on the day and unavailability of staff.

4.2.5 Patients with a sensory impairment

We spoke to two people with hearing impairments. One person had hearing aids and found it difficult as they had left their hearing aids at home as they had to keep taking hearing aids in and out for tests/observations.

One patient with hearing impairment said there was useful information on the table, and on ward; but would find name badges more useful than lanyards as

lanyards move about and are hard to see (especially as the person finds it difficult to remember names).

One patient with hearing impairments told us *"they understand my situation and what problems I've got – bits and bobs"*

One patient said "*the caring matters – they haven't just forgotten about me"*

4.2.6 Patients whose first language is not English

Staff said that they found out about additional language needs at handover meetings and information was in patient files and hand over sheets.

We spoke to one person whose language was not English who said that all of their language support was provided through some doctors who were able to speak their language. Also a member of the family would act as an interpreter. A member of their family would always be present.

The patient had not used the hospital translation service. If the person didn't understand anything the patient's relatives would always ask the nurse for them.

4.2.7 Planning for discharge

Three people said that they had not been told how long they would be in hospital or when they might be discharged.

Three people said that staff had spoken to them about their home environment and what care needs they might need at home

Five people said that staff had not spoken to their family/carers about when they will be going home.

Two relatives and carers surveys were returned: -one relative questionnaire said that plans for discharge were "very good", whereas the other said that plans were "*poor*" due to *"lack of proactive responses"*.

One person interviewed said that they were informed that following a blood test they would be ready to be discharged, but the negative results of the blood test meant that they could not be discharged were not relayed to them. This left them unable to tell family what was happening.

4.2.8 Relatives and carers

From the two sets of responses, one set of relatives said *"Communication is quite good we get to know what is happening and the treatment that ( ) is receiving. The doctors/ nurses make her understand in ( ) own language"*

This relative survey said the preparation for discharge is very good and they felt involved in discussions regarding the relative's discharge

The other relative's survey said (communication) is okay as long as you "*chase*" a member of staff for information, *"they don't come to you, not forthcoming*". They said that they have not been involved in discussions regarding their relative's discharge.

4.3 Ward 32

Specialty	Head and Neck surgery (ear, nose and throat)
Date & Time of visit	17 August 2017 11.00am to 12.00 noon and 1.00pm to 3.30pm
Authorised Representatives	Gillian Blyth, Simon Day, Ruth Burdett, Ravinder Kundera Elsie Beaumont
Who we spoke to:	We collected our information by speaking to 11 patients, one member of staff

4.3.1 Communication needs

We interviewed one person with a mild learning disability, two people with hearing impairments, two patients who spoke little or no English, one person who was partially sighted, one person who considered themselves blind due to their current situation and one person who had a mental health condition.

Staff identified that as some patients have had tracheostomies it means they are unable to communicate verbally. The ward also treats patients with little or no English.

4.3.2 Information displayed

Information displayed or available around the ward included:

- Each patient had wipe board with bed number, their name and name of consultant above their bed
- Pictures next to board with any special requirements: risk of falls – red and yellow, eye with lines through it, forget me not for people with dementia
- Ward board with names of all patients
- "Welcome to Ward 32" on main information board
- You said – we did
- Clearly labelled toilets and bathrooms
- Think Sepsis poster
- Day room: "do you look after someone" poster

- Wash hands signs and posters
- We did not see any posters or information in different languages

4.3.3 Person centred communication

A senior staff member showed us a large, clean box containing resources and other resources eg:

- Devices for partially sighted people to drink from a cup.
- Hearing help with speakers and a device for plugging in a USB (although staff member said they did not know how to use it)
- A large diagram of a dinner plate to show where different foods would be placed on the plate for a partially sighted person, and which way to face the plate when presenting it to the patient
- A Pictocomm book
- A Red Cross languages book

Staff were aware of the Pictocomm, and the Red Cross languages book. One staff member was not aware of the Making a Difference Toolkit.

A staff member said that interpreters were available for people with little or no English and these were used well if the person was having an operation. If people were unable to speak then they were able to use a pen and paper and if writing was an issue then the Pictocomm book could help.

Staff said there was a focus on involving patient's family and relatives wherever possible. A relative of a patient who spoke little or no English provided translation.

During the visit, we observed:

- Two doctors introducing themselves to patients
- One nurse introduced herself and explained very clearly and quietly what she was going to do
- A member of staff drawing curtain before treatment/discussion – using appropriate quiet tone of voice
- One doctor introduced himself by name, however, the patient asked the doctor to repeat his name as they did not hear the name
- Lots of chatting and giggling between patients and staff
- A student nurse introducing themselves to two patients separately, told patients what she was there to do, put them at ease and used a polite, calm voice
- A nurse helping a patient with phone call in reception. They asked what person needed then left them to make call in privacy
- We did not see any posters in different languages
- Staff said that menus were available in different languages

How staff identify communication support needs

Staff said that they were "flagged" at handovers and also verbally communicated. Patients often have a patient passport "this is me" as they are sometimes from a nursing home.

Where information is recorded:

Information is recorded in patient folders on the end of the bed and where appropriate on wipe board above bed.

Staff mentioned a nursing card, which is updated, with evaluation carried out and recorded daily.

4.3.4 Patients with Learning Disabilities

Staff said they work with *"learning disability team and they help out"* if there are learning disability requirements. Learning Disability Support nurses will come in and give support especially where there is planned surgery for the patient.

Staff member said *"We talk to family members of people with learning disabilities who can stay as much as they want"*

4.3.5 Patients with a sensory impairment

One person we interviewed was partially sighted and said *"nurses are really good and I'm an independent person"*.

One partially sighted person used their family members to help fill in forms.

One patient said that they had to repeat themselves to doctors – *"find it frustrating"*

One partially sighted patient had information and menus read out to them.

If one patient with slight hearing impairment has difficulties understanding information due to voice or accent, they will ask and "*cross reference"*.

One person who has significant sight loss says that everything communicated to him is aurally delivered and that their partner sits in with any meetings with doctors/consultants where possible. They used a special/ large case phone with a special text messaging feature.

4.3.6 Patients whose first language is not English

Staff said that they:

- Use the telephone translator

- Use signs and Pictocomm booklet where possible
- Use facial expression and body language – to tell nurse if in pain
- Use another member of staff who can speak the language

We observed positive non-verbal communications and rapport building, between patient and staff.

We spoke to two patients whose first language was not English:

- For one patient because they could not understand procedures and give consent for surgery, the surgery was delayed until someone could explain the situation to the patient.

- One patient said that they were able to talk to doctors who could speak their language to explain what was happening to them "nicely", they also said their relative could speak good English so they also explained what was happening to them.

4.3.7 Planning for discharge

Of the patients who felt it appropriate to answer the questions around discharge, five people said that staff had spoken to them about their discharge, three people said that staff had not spoken about their discharge and one did not know whether this had happened.

Two people said that staff had spoken to them about their home environment, two said staff had not spoken about home environment and one person did not know.

Four people said that staff had spoken to family/carers about home environment two people said they had not and one person said they did not know

Four people said that staff/carers had spoken to family carers about when they were going home, two said staff had not spoken to families and carers about home environment and one person did not know

Four people had an estimated date of discharge, one person said they did not have an estimated date of discharge and four people did not know.

Four people said that staff had spoken to them about their home environment and care needs, two people said staff had not spoken to them.

Comments from patients included:
- *"I have been able to take part in conversations"*
- *"A1* very good"*

A patient said that there was a miscommunication between consultants and paperwork needed by ward therefore there was a delay in persons discharge *"admin mess not communication"*.

The senior staff member interviewed provided the following information:

- Once patients are fit for discharge, staff contact relatives and family – get in touch to discuss – "sooner rather than later"

- Look at home - who's at home whether OT and physio will be required – whether any care would still be required eg administration of medication. Speak with family to ensure that it would be a safe discharge.

- Staff work with the patient and their family as well as other agencies such as Age UK, social services, and occupational health to ensure that patients are supported at home after they are discharged if there is a need to do so.

4.3.8 Relatives and carers

We did not receive any surveys from relatives and carers.

Staff said that relatives and carers are involved at admission stage especially if the person has dementia or needs support with meal times. The patient can phone up and talk to relatives and carers. Nurses will also talk with them about the patients care needs.

4.3.9 Other issues

One patient said that people needed to be told when they were going to have a blood test, as they missed it and the person had to wait until the next day to have their blood test.

One patient said that they had to repeat themselves about their medication times and side effects. They said "it gets annoying when they have to repeat themselves – there should be a sheet where they should record things"

One patient explained about the previous time they were taken into hospital, referred as an emergency by their GP. They were discharged and returned to the GP. The following week became very unwell, had a stroke - returned to hospital. Following discharge patient was supposed to have an appointment with outpatient clinic, which didn't happen. Had another appointment, the clinic was running late - missed by 20 minutes and told to go away. Now reluctant to come to hospital as the experience has created a lack of trust in services.

Person with mental health issues said that while they feel depressed and not listened to they also said the staff had "good understanding" of their condition.

One patient said that junior nurses or nurses from other areas are sometimes left with the responsibility to deliver difficult honest messages around care eg length of time in hospital.

4.4 Ward 31

Specialty	Cardiology and Respiratory
Date & Time of visit	22 August 2017 1.00 to 3.30 pm
Authorised Representatives	Tom Garroway, Amanda Whitlam, Ruth Burdett, Denise Blyth, Ravinder Singh Kundra
Who we spoke to:	We collected our information by speaking to five patients, one senior member of staff and had one survey for relatives and carers returned.

4.4.1 Communication needs

Of the five people we interviewed one person had a sensory impairment and three had English as a second language and spoke little or no English.

The staff member we spoke to said that most of the communication requirements come from people who are experiencing alcohol withdrawal who may be experiencing anxiety. Other requirements are from dementia patients who may be confused and exhibit challenging behaviours.

4.4.2 Information displayed

Information displayed or available around the ward included:

- Welcome to ward 31 on main information wipe board
- Wipe boards above patients beds with names and information about personal needs - food, nil by mouth etc
- Cleaning rota
- Staff list
- Patients on the ward list
- Patient folders on tables in each bay
- “Drink more to beat the heat” poster
- Map of four areas – how they were set up
- Bed plans for areas with patients’ names written on them
- We did not see any posters in different languages
- We were shown an ISS book on menus for patients with different languages
- Pictocomm book in bay area

4.4.3 Person centred communication

A staff member presented a “Forget me not” file that had information about patients requirements, likes, dislikes, interests and so on. They said that they were able to access dementia nurses for support.

If there were language barriers translators would be booked to come to the ward, as over the phone contact was less effective for needs of patients.
Picture books (Pictocomm) are available in each 4/6 bed ward.

We were advised that the Accessibility Tool Kit may be held in ward 30 as they share resources. Staff had not seen the Red Cross languages booklet.

Families and carers are actively encouraged on the ward – as can support patients – they are encouraged to bring equipment to support patients eg hearing aids and batteries. On this ward relatives and carers are always welcome on the ward.

The staff member said "the most useful resource is family and friends especially for helping to settle a patient".

How staff identify communication support needs

The staff have a hand over from admission downstairs and receive a card with information about communication needs documented on it. This is discussed verbally at handover meetings. The staff also talk to family and friends/carers to work together.

Where information is recorded:

We were advised that information is recorded in a nursing cards system and updated in patient files.

Staff showed us the handover paperwork and where communication was mentioned.

During the visit we observed:

- A doctor introducing himself by name and explaining what was happening
- Nurses and care staff being very "chatty" to patients and showing patience.
- A nurse checked a patient's cannula but did not introduce themselves by name
- A Health Care Assistant who did not know where the blue pillowcases are but said there was a shortage
- A doctor mentioned Google App for translation
- We did not see any posters or information in different languages
- Patients folders on tables in wards – we observed staff writing in them
- ISS catering book for people who speak another language
- A doctor trying to waken a patient who was asleep with the curtains open
- Nurse looking at someone's dressing with the curtains closed – but communication audible.

A nurse said that she knew of Pictocomm book, but not of the Accessibility Tool kit or the Red Cross book – if there was a problem they would speak to the Senior nurse.

A Healthcare Assistant showed her handover notes with language requirements information on it.

4.4.4 Patients with Learning Disabilities

We were not able to speak with any patients who had learning disabilities.

Staff said that the Learning Disability team are very useful. They can advise about specific needs, especially if the patient has been known to them before.

Staff said they operated the "traffic light system" about getting to know you – but ward 40 tends to use the system more.

Health Care Assistants cover learning disability as part of their induction around effective care.

Patients with a sensory impairment

The Staff we spoke to had not needed to use a sign language interpretation service.

We were advised that if a patient has a hearing impairment the staff will book them an appointment with the hearing department to get them an outpatient appointment, otherwise they can be isolated if the hearing issue is not addressed.

One patient interviewed said that *"they repeat very carefully until I understand"*

One patient said that have had to repeat their self and that *"they have to explain several times about medication - but they don't tell me everything"*

One person who is registered blind, said that they cannot read Braille – so usually gets things read to them, including e-books. They also said that they had problems with eating food. They can feed themselves but if the food is not cut up and placed in the right way they *"end up with food down their front"*. The staff help clean up and assist if *"I need it";* nevertheless, the person felt that their food needs should be in their notes or displayed above the bed so their *"requirements are adhered to"*. The person had a notice stating partially sighted above bed, but felt they are "blind". They also said that sometimes they had to repeat information about allergies to new members of staff.

A patient who was partially sighted and hearing impaired said that staff speak to their family members who then repeat it to them.

4.4.5 Patients whose first language is not English

Staff said that they use the translation line to book a translator. The ward encourages translators onto the ward as this is better for the patients' needs. Families, relatives and carers are welcome and are able to translate for patient.

Staff said the translation service is normally quite good and are able to come on same day. For some languages it may take longer – a day or two – for example Polish. Some staff are able to translate.

Patients we spoke to said:

- Doctors talk to friends who feedback to him
- One patient said that they were able to tell staff *"how they are feeling so that they are getting better"* the patient said *"communication was very good and they organised things"* this patient was talking to family members via text and phone to discuss issues
- One person said they *"find it hard to speak sometimes"*

4.4.6 Relatives and carers

The staff members said that relative's phone every morning, and there is an *"invite to come in whenever they like"* the ward is flexible with visiting times. If relatives want to participate in the care of their relative they would be welcome eg washing or helping. The ward wants patients not to feel "isolated". *"Family knows their relative's needs best"*.

A relative who returned their survey form said that in terms of communication *"sometimes a quick response, but can be a long time"*.

4.4.7 Planning for discharge

Staff said that next of kin, relatives and carers are contacted. This is considered on admission to the ward - staff would speak to patient's carers/relatives to find out information about what they do for the person and look at how the person would manage and who needs to be involved to support them.

The patient would not be discharged without checks in place. Ward staff work with: district nurses, other members of community teams ensuring to talk to everybody needed eg Macmillan, Help the Aged (Age UK) ensure integrated discharge and have Health Care Assistants and package of care if needed, including Physio and Occupational Therapy.

Of the five patients we spoke to, two were aware of their discharge and their families had been spoken to and were involved with discussion with nurses and consultants.

One person said that they were unaware of how long they would be in hospital or when they would be discharged, however they said that staff had spoken to their families and carers about their care needs and condition when they leave hospital

One patient said they have received *"All the help I've needed – can't fault the hospital"*

One person who was new to the ward said that staff had spoken to them about discharge, but not yet spoken to family/carers about home environment and care needs.

4.4.8 Other issues

One patient said that they had an issue around their oxygen, which they said they needed continuously. When a nurse took the oxygen *"off me and I panicked because I have difficulty in breathing"* (evening staff). Nurse replied *"it says on notes to try without oxygen (that wasn't her decision to make)"*.

5.0 Additional visits to wards

5.1 Ward 23

Specialty	Gynaecology
Date & Time of visit	17 August 2017 1.30pm
Authorised Representatives	Elsie Beaumont Ruth Burdett on 17 Aug 2017 and Elsie Beaumont, Malcolm Gough
Who we spoke to:	We collected our information by speaking to four patients and one person who spoke little or no English. One relatives survey was completed

5.1.1 Findings from patient interviews

Comments from the four patients:

- *"too much information - need it in layman's terms"*
- *"Lots of printed information provided beforehand"*
- *"full transparency"*
- *"An assistant shouted at me"*

We spoke to one patient who spoke little English with support from a Healthcare Assistant. The patient said that they used their brother to provide translation. The hospital had not provided a translator for them. The patient implied that they were frustrated at not being able to communicate except through their brother.

Staff said that patient also used their mobile phone to provide translation

Staff said that they and the patient uses Google to find pictures of things eg food, fish and chips and so on, on the patient's phone

Of the four people interviewed with no communication requirements, all were aware of how long they would be in hospital and their estimated date of discharge, one person said that staff had not spoken to family and carers about discharge.

5.1.2 Other findings

Healthwatch Authorised Representatives saw two people waiting at the Gynaecology reception area when they first went onto the ward at 1.00ish, one was a patient's family member. When we left at 4.00 pm they were still waiting at reception area. A relative who was waiting at the reception area and who returned their survey form said there was there was *"no communication between staff and visitors. Waiting around for 20 minutes"* receptionist is needed on ward 23. Appointments not being kept by consultants. Clinic is always running late *"the worst department in the hospital in my opinion".*

5.2 Ward 21

Specialty	Gerontology
Date & Time of visit	17 August 2017 1.30pm
Authorised Representatives	Ruth Burdett on 17 Aug 2017and Elsie Beaumont,
Who we spoke to:	We collected our information by speaking to one relative of a patient who also spoke little or no English.

5.2.1 Feedback from relative

The patient and the carer spoke very little English, when asked what support have you had to enable you to communicate with staff while in hospital they said "sometimes good, sometimes bad, and asked if there was anything they could use to understand, they said "no books no leaflets"

The person was uncertain whether an interpreter had been provided or not.

The person said that their relative *"speaks no English, but they understand"*
The person's relative was not aware of a date for discharge – but was waiting for test results, and knew that they already had support at home. The person said *"its alright".*

6.0 Conclusions

These enter and view visits identified a lot of person centred-communication by ward staff. The recorded observations, feedback we gathered from patients and information from staff highlights the challenges of communication in a busy ward environment and its importance.

We found:

- Most staff introduced themselves to patients by name, had good communication skills and communicated with patients well

- There was evidence that patients' communication needs were well documented and ward staff were aware of the needs of patients through handovers and notes that were taken

- There was different practice on wards regarding notices above beds to highlight patients communication needs (signs/symbols)

- The use of different systems on different wards to highlight the communication support needs of patients - such as over bed notices/symbols, display boards, paper notes etc may lead to confusion for visiting staff such as Physios, Occupational Therapists who need to understand where to look and what symbols mean

- Staff valued the input of patients' family members to provide help with communication support. However, there was a lot of reliance on relatives and indications that where patients did not have this support, communication was more difficult for staff and patients

- There was variation in awareness amongst staff of the resources the Trust has developed to support communication with those who have additional communication support needs

- The Pictocomm booklet was the most frequently mentioned resource used to help with communication – there was good awareness and seemed to be a good level of use of this resource. Some staff also commented that this was the most useful resource

- The Red Cross booklet of common phrases in different languages, Making a Difference Toolkit and the Accessibility Toolkit were not in wide usage and not all staff were aware of them

- During the second round of visits in August some staff were keen to take us to see resource toolkits. However some of these looked in a pristine, unused condition

- There were some instances when staff did not close bed curtains when treating or communicating with patients

- Most patients felt listened too, with some frustrations regarding having to repeat information eg patients with allergies and dietary requirements having to repeat themselves to staff

- Healthwatch identified an issue regarding communication about patient's own medication, ensuring medication is taken at correct time and in correct way - for example on Ward 22 and Ward 50

- Some relatives felt fully involved in their relative's care. However, others felt some frustrations as they had to seek out information; or did not know who to speak to on the ward

- Some wards/staff members had used their own initiative to develop resources e.g. a Ward 22 staff member had printed out some common phrases to help with translation. Ward 42 had translated information about the translation support available. Ward 32 was creating a plate diagram to show how food could be put on a plate and the way it should be presented to partially sighted patients to enable them to eat more easily. It should be possible, and would be desirable, to share these resources across wards in a co-ordinated way. The resources described on Ward 42, provided by occupational therapy could be more widely useful as a support tools for communication with a range of patients with communication support needs.

Language needs

- Staff from a variety of different roles within the Trust were called on to help with translation including domestic staff and staff from the kitchen in one instance (Ward 21). The use of such a broad range of staff for translation is not good practice as translation requires more skills than fluency in a particular language

- There were some delays in accessing language translation services highlighted to us, with impacts for both patients and staff. This is likely to be because the interpretation service cannot meet the immediate communication requirements of patients in the ward environment for all of the languages required. Staff said that booking interpreters for events such as going for surgery worked

- There were some issues in use of Language Line due to the location of information about language Line, and location of phones on the ward. A possible solution is the use of patient bedside phones or portable phones. Language Line could meet the more immediate translation needs experienced on wards with booked interpreters being used more for specific 'events' eg going to theatre etc

- There was evidence of different phone Apps being used by patients and staff (including Google translate). As there are mixed views and experiences about use of Language Apps and their reliability, we believe further thought is needed about this. The use of a hospital app or phone to inform people via text may be worth considering

- We did not see many translated information resources aimed at patients on the wards

Sensory impairment

- Staff described approaches to supporting people who were visually impaired to help them be familiar with ward surroundings

- Whilst some resources were available, support for communication with deaf patients seemed to be weak, especially considering the number of patients who are deaf or partially hearing who are treated on wards

- Staff did not always know what resources were available or how to use them

- There was no knowledge of the fact the Trust had signed up to the Sign Language Charter and no obvious impact for patient-centred communication

- Some wards/staff proactively made links and appointments with the hospital hearing department to deliver solutions such as hearing aid batteries and this should be encouraged and made normal practice on all wards. Patients cannot understand or participate fully in their care if they cannot hear.

Learning disability

- Staff said they had less experience of communicating with patients who had learning disabilities

- Staff who had attended the Grapevine H Team training for Healthcare Assistants on learning disability rated this highly

- Other staff expressed an interest in similar training

- Knowledge of the role of Learning Disability Acute Liaison Nurses varied and there was mixed feedback about the helpfulness of the role. There may be some misunderstanding about what the Acute Liaison Nurses are expected to provide. This should be looked at in conjunction with CWPT and there should also be consideration of how well the role is providing support, if there is sufficient resource and if something additional is needed.

Discharge communication

- We found less patient and relative/carer involvement in planning for discharge was evident than we expected given the recent focus within the Trust on initiatives to encourage this

- There is more work to do regarding communication about estimated dates of discharge and conversations in preparation for discharge (eg Ward 22 a patient who had been told she would be going home the day before and then told on the day she would not be, but was uncertain why).

7.0 Recommendations and response from Trust

This report has described an investigation into current Patient Centred Communication practices at UHCW. Observations and information from staff, patients and carers/relatives were recorded from many ward visits.

In the light of the evidence we have gathered Healthwatch Coventry makes the following recommendations for response by the Trust:

Healthwatch recommendation	Trust Agreed Actions in response to Healthwatch recommendations	Trust Owner
1) Address variation in availability and awareness of resources to support communication with patients. A small number of accessible and useful resources are more likely to be identifiable and used by ward staff than many different resources. Utilise good practice examples from individual wards making these more widely available on different wards.	• Communications team to run an internal awareness campaign on current available resources, linking with the Learning and development work stream on Trust values. • Modern Matrons to agree a central place for communications support resources to be kept on each ward, and this to be communicated to all staff. • Introduce and annual audit of resources available on each ward. • Develop peer learning approach and shared learning of additional ward based resources that have been developed across the Trust.	• Director of Communications and Associate Director of Quality Patient Experience • Associate Director Nursing Patient Experience • Associate Director of Quality Patient Experience • Head of Diversity

2) Review policy and guidance on patient interpretation and translation within the Trust. Look at the appropriateness of current practice on who is doing translation and in what circumstances. We found staff of many roles and relatives doing translation. It was unclear the extent to which this was for day-to-day communication or for clinically related communication. The aim should be a patient focused approach, which is consistent, safe, and workable.	• Use The Trust Intra net (TrustNav) and The Trust internal bulletin (In Touch) to refresh awareness around the current interpreting policy (section 6) which provides guidance on who the Trust deems appropriate to provide interpreting and in what circumstances.	• Equality and Diversity Executive Assistant and Communications Manager
3) Develop the support for patients who are hearing impaired, this is a significant number of patients (from our findings the majority are older people with hearing loss) and the Trust needs to consider and resource how to address these needs consistently and effectively on a day to day basis Review the Sign Language Charter, what it should be achieving and if this is useful for direct patient care and to ensure that ward staff are aware of it. Evidence this.	• Develop a flag for patients with Hearing loss as part of the Accessible Information Standards (AIS) implementation to ensure that needs are picked up. • Audit AIS in 2018 to establish impact it is having on patients with identified needs. • Presentation at the Matrons and Wards Managers meeting on AIS and best practice for working with people with hearing loss. • Equality and Diversity team regularly meet with members of the Deaf community and Coventry Deaf Club and will review Charter early next year as already timetabled. • Develop a communications week on raising awareness of AIS and the resources to support it.	• Associate Director of Quality Patient Experience • Associate Director of Quality Patient Experience • Associate Director of Quality Patient Experience • Head of Diversity • Director of Communications and Associate Director of Quality Patient Experience

4) Build on existing training to develop and provide training for different grades of staff around learning disability awareness.	• Work with the Learning and Development Team to identify skill sets. • Matrons to identify support and training needs of staff through appraisal process.	• Associate Director of Learning and Development • Modern Matrons
5) Work with CWPT to review the role of the Learning Disability Acute Liaison nurses by gathering input of ward staff and the Acute Liaison nurse team to assess how this is working; if this support is meeting the needs of wards and if this service has sufficient resource to meet needs	• As part of the AIS week raise awareness of the Learning Disability Acute Liaison nurses. • Include a section on the Learning Disability Acute Liaison nurses in the Trust's in touch publication • Include a Learning Disability Acute Liaison nurses. session at the Matrons and Wards Managers meeting	• Director of Communications and Associate Director of Quality Patient Experience • Director of Communications • Associate Director Nursing Patient Experience
6) Work with ward staff to establish the best resources to provide simple translated information in other languages and make this available on every ward. This may be the British Red Cross book if awareness of this resource amongst staff is raised/promoted	• Refresh the ward staff understanding of resources available for translation through Ward Manager's Forum meetings. • Use The Trust Intra net (TrustNav) and The Trust internal bulletin (In Touch), Matron and Ward Manager meetings to promote the use of and the availability of Red Cross translation books.	• Associate Director Nursing Patient Experience • Equality and Diversity Executive Assistant and Communications Manager

7) Promote greater access to the Language Line interpretation service for patients on wards when it is difficult to organise a face-to- face interpreter in a timely way. To build on the work already carried out on how better access to phones can be provided on wards including travelling phones so that patients are not restricted to accessing a phone at a desk or fixed point.	• Communications team run internal awareness campaign on current available resources. (linked to actions: 1,3,6)	• Equality and Diversity Executive Assistant, ICT and Communications Manager
8) Improve the quality of communication with patients and relatives regarding planning for discharge, working for this to begin earlier and be clearer to patients and relatives. The key is the culture and leadership around this. As new approaches around discharge are adopted, gather evidence to see if improved communication is resulting.	• The Trust currently has a discharge work stream, this action will be addressed through this work stream, work focuses on accurate and timely discharge planning but includes new transfer of care documentation, discharge letter and discharge passport.	• Associate Director of Nursing Operations

8.0 Acknowledgements

Thanks to UHCW matrons and quality team for facilitating these visits and to all the staff and patients we spoke to.

9.0 Copyright

Appendix 1: Schemes at UHCW to promote patient centred communication

Schemes at UHCW to promote patient centred communication:

General

- 'Hello my name is' – staff introducing themselves by name
- Display Boards on wards
- Patient information place mat
- 'Looking after you' boards trialled on the 1st floor

Learning Disability

- Grapevine (H Team) training for healthcare assistants and support staff
- Getting to know me form
- Hospital passport scheme
- Making a Difference Toolkit
- Acute Liaison Nurses work for CWPT and work Mon-Friday 9am -5pm
- Pictocomm folder[3]

Sensory impairment

- UHCW has signed up to the Sign Language Charter
- Team member of Equality and Diversity - is British Sign Language trained and provides support and basic communication support
- The Equality and Diversity team maintains links with Coventry and Warwickshire Association for the Deaf
- Provide equipment on loan to wards (Hearing Aid storage boxes; IPad; Pocket Talk (amplifier); portable Hearing loop; Finger spelling charts

Language needs

- Wards have a Red Cross Phrase Book (36 languages giving 62 phrases both clinical and non-clinical) This was produced in conjunction with the British Red Cross and funded by UHCW voluntary services

- Interpreters for language needs:
  - Staff go to a link via the UHCW intranet and call a number if they need help to communicate with a patient who does not speak/understand English and staff and family are not allowed to be used as interpreters.
  - Staff on the ward can access an interpreter via the telephone "there and then" or book one to come into the hospital

Discharge

- 'Red to green project' – patient should know diagnosis, know treatment and know estimated date of discharge

[3] http://cds.co.uk/pictocomm/about-pictocomm/

Appendix 2: Questionnaires and checklists

Guided interview questionnaire for patients on hospital wards

Interviewers' Introductory information:

Healthwatch works to give local people a say in NHS services. We are gathering information on patient centred care and communication when in hospital. Healthwatch is independent from NHS services. We would like to ask you some questions to find out how well hospital staff are communicating with patients and what they do to help patients to communicate and understand things while they are receiving care on a ward.

We are not able to do anything today to change things on behalf of your individual circumstances but the answers you give us will help us to build a picture of what needs to be improved and what is working well on this ward.

Ward number		**Date**	
Name of Authorised Rep			
Known communication need?			
Is patient planned or emergency admission?			

1. Have you been able to understand about your treatment and care whilst on the hospital ward? ***(please tick in the space underneath your answer)***

No 	**Partly** 	**Yes** 

2. Have you seen printed information in the hospital that you could understand? ***(please put a tick in the space underneath your answer)***

No 	**Partly** 	**Yes** 

3. Do nursing staff and Doctors introduce themselves by name?

Which staff	**Yes**	**No**	**Sometimes**	**Don't Know**
Nursing staff				
Drs				

4a. Have you had to repeat information about yourself to staff?
E.g. about food; allergies; medication; etc
Yes **No**

If **yes…**

4b. Can you tell us an example of when this has happened and tell us how you feel about that?

5. Do you feel that you are being listened to by staff in the hospital?

Yes **No**

6. Do you need extra help to talk with nurses and doctors and understand things whilst you are in hospital?

Yes **No**

Do you have any of the following issues?
Interviewer: Please talk to the patient more about what these needs are …

Support need	Tick	Details
Learning disability		
Sensory impairment		
Language need		
Other (say what)		

Interviewer note:
If the patient has a learning disability go to Part 2
If the patient has a sensory impairment go to Part 3
If the patient has a language need, ask if they are happy to provide details so that we can arrange to speak to them in their first language.
If other or none go to part 4

Part 2: Learning disability related questions for relevant patients:

7. Have staff provided any 'easy read' information for you?

Yes **No** **Don't know**

8. Do you have a hospital passport which tells the hospital all about you?

Yes **No** **Don't know**

9. Did staff at the hospital ask to see your hospital passport?

Yes **No**

10. What support has been provided to enable you to talk to and understand staff during your stay in hospital?

Part 3: Sensory Impairment – for relevant patients

11. Are you registered deaf or have some hearing loss?

Yes **No**

12. Are you registered blind or have some sight loss?

Yes **No**

13. What support has been provided to you, to enable you to talk to and understand staff during your stay in hospital?

Part 4: For All

Information:
Hospital wards usually start planning for discharge (when you can go home) as soon as a patient arrives /is admitted.

The next few questions are related to communication about when you leave hospital.

14.

	Yes	No	Don't know
Have staff told you how long you will be in hospital?			
Have any staff talked to you about your home environment and discussed your care needs for when you go home			
Have staff spoken to your family/carers about your condition or what your care needs will be when you leave hospital ?			
Have staff spoken to your family/carers about when you will be going home?			

15. How would you rate the preparations hospital staff have made for your discharge/going home?

Very poor ☐ poor ☐ Good ☐ Very good ☐

16. Time in hospital 

How long have you been a patient on this ward?	

17. What other comments or suggestions would you like to make about communication on the ward...

additional interviewer notes:

INTERVIEWER: ***Please explain what we will do with the information collected***
The information we are gathering from this survey will be used by Healthwatch Coventry. The information you provide will be used anonymously. Personal contact details will be treated as confidential and will not be passed on to third parties without your consent. In all cases if you choose to share your personal contact details these will be detached from the information you have shared in the questionnaire.

Equal opportunities monitoring information

Completing this section will help us to check that we are including a wide range of people from across Coventry in our survey.

Disability
Do you consider yourself to be disabled?

Yes ☐ No ☐

Gender

Male ☐ Female ☐ Transgender ☐

Please indicate your age

Under 16	☐	25-34	☐	45-54	☐	65-74	☐
16-24	☐	35-44	☐	55-64	☐	74+	☐

Are you?

White
British ☐
Irish ☐
Traveller/Romany ☐
Eastern European ☐
Other White (please say)

Mixed
White and Black Caribbean ☐
White and Black African ☐
White and Asian ☐
Other Mixed (please say) ☐

Asian or Asian British
Indian ☐
Pakistani ☐
Bangladeshi ☐
Other Asian (please say)

Black or Black British
Caribbean ☐
African ☐
Other Black (please say) ☐

Chinese or other ethnic group
Chinese ☐
Other ethnic group (Please say) ☐

Healthwatch Coventry
Website: www.healthwatchcoventry.co.uk
Email: healthwatch@vacoventry.org.uk
Phone: 024 7622 0381 (option 5)

Guided questionnaire for ward staff

Healthwatch works to give local people a say in NHS services. We are gathering information on patient centred care and communication when in hospital. Healthwatch is independent from NHS services.

We would like to ask you some questions to establish what is in place to enable staff to communicate effectively with patients if they have additional communication requirements. Our focus is on patients who have learning disabilities, sensory impairments or who speak little or no English.

Ward number		**Date**	
Healthwatch Volunteer Name			
Grade of staff member interviewed			

Part one

1a. When a patient arrives on the ward, how do you or other staff establish what their individual communication needs are (e.g. language needs, sensory impairment, learning disability, other)?

1b. If this information has not been made available on admission but you are unsure whether you are able to communicate effectively with a patient for any reason, what do you do?

Prompts:

- What is available on the ward to help you?
- Where would you go for help?

1c. Does the information available to you differ between planned and emergency admissions and how?

2. Where do you record information you gather regarding patient's communication support needs?

Prompts: learning disability; sensory impairment; language

3. In your experience what are the main groups of patients who have an extra communication support needs coming onto this ward?

PART 2: Communicating with patients with learning disabilities

4. What resources and support are available to help you communicate with patients who have a learning disability?

5. Have you worked with any patients who used a Hospital Passport?

Yes **No** **Don't Know**

If yes how useful did you find the Hospital Passport and why?

6. What experience have you had of the Acute Liaison Nurses working with patients?

7. Have you had training from Grapevine's H team as part of the effective care training?

Yes	No	Comments:

8. Is there anything that you think would help you to communicate better with patients who have a learning disability?

PART 3: Communicating with patients who speak little or no English

9. What do you do if you need to communicate with a patient who does not speak fluent English and is struggling to understand you, or you are struggling to understand them?

10. What literature, tools or equipment is available on the ward to help you communicate with patients who speak little or no English?

11a. How would you get an interpreter if needed and how easy it this?

11b. How long do you have to wait for an interpreter?

12. Is there anything you can suggest which would help support communication with patients when there is a language barrier?

PART 4: Communicating with patients who are hearing or sight impaired

13. What is available to help you communicate with patients who are profoundly deaf or hearing impaired?

14. What do you know about the sign language charter?

15. How easily can you get a sign language interpreter if needed and how long does it take?

16. What is available to help you to communicate with patients who are blind or sight impaired?

17. Is there anything else that would help support communication with patients with a sensory impairment?

Part 5: Communication with families and carers

18. How do you involve and inform a patient's relatives and family/ carers about a patient's care?

19. Do you discuss the patient's communication needs with their family and carers and how do you do this?

PART 6: Communication regarding patient discharge

20. What questions do you ask patients when trying to establish whether it is safe for them to return home?

21. How are families and carers involved in discharge planning?

22. What action do you take if you are unsure whether a patient's home environment will be suitable? E.g. Are there other agencies you can refer to who can provide support or adaptations?

Part 7: other comments

23. Do you have any other comments or suggestions regarding patient centred communication on the ward?

Interviewer's additional notes:

Survey for relatives and carers about communication with patients on hospital wards

Healthwatch works to give local people a say in NHS services. We are gathering information on patient centred care and communication when in hospital. Healthwatch is independent from NHS services.
We would like your views on communication between staff, patients and relatives on this ward. We have a particular focus on communication with patients who have learning disabilities, are blind, partially sighted or hearing impaired or who speak little or no English.

Part 1:

1. Please tell us about your relative's hospital stay:

Date	

Number or name of ward	

Approximately how long has your relative been a patient on this ward	

How long has your relative been in hospital overall	

2. Does your relative have any extra communication needs?

NO	☐
YES -Hearing impaired or deaf	☐
YES -Partially sighted or blind	☐
YES- Unable to speak/understand English	☐
YES -Learning disability	☐

YES Other (please say)	

3. Have you been asked to help with communication between your relative and nursing staff or Doctors whilst they have been a patient on **this** ward?

Yes ☐ No ☐ N/A ☐

4a. How would you rate the level of communication with you about your relative's care whilst on **this** hospital ward?

Very poor ☐ Poor ☐ Good ☐ Excellent ☐

4b. please tell us why you have given this rating:

5. Please tick to indicate the most accurate statement for your experience of the following:

	Tick one
I did not feel able to ask to speak to a doctor	☐
I asked but did not manage to speak to a doctor	☐
I spoke to a doctor but found it difficult to find one	☐
I found it fairly easy to find a doctor to speak to	☐
I managed to speak to a doctor and found this very easy	☐

6a. Do you feel that you were kept informed and involved enough by staff during your relative's time on the ward?

Yes ☐ No ☐

6b If no, please say why?

Part 2: Preparing for Discharge

7. Hospitals wards usually start planning for discharge as soon as a patient is admitted.

Please tell us…	Yes	No	Don't know
Have staff involved you in any discussions regarding your relative's discharge from hospital?	◯	◯	◯
Have staff spoken to you about any changes to your relative's care needs and what they will be after they leave hospital?	◯	◯	◯

8. How would you rate the preparations hospital staff have made for your relative to be discharged/sent home?

Very poor ☐ poor ☐ Good ☐ Very good ☐

Part 3: Comments and suggestions

9. Please give any further comments and suggestions for how the hospital could improve communication with relatives on the ward

Thank you for taking the time to complete our survey – we really appreciate it

Please return the form to:

Freepost RSZB-RKRJ-KSKK
Healthwatch Coventry
Voluntary Action Coventry
29 Warwick Road
Coventry
CV1 2EZ
Survey closes: 3rd May 2017

F) Observation checklist

Ward number	Date and time	Healthwatch Volunteer Name

Spend some time observing communication between staff and patient on the ward and note down what you see about the nature and tone of this communication

	Yes	No	Notes:
1. Are nursing staff and healthcare assistants introducing themselves to patients by name when they go to carry out care activities?			
2. Are medical staff (Doctors & Consultants) introducing themselves to patients by name?			
3. Are nurses and health care assistants initiating any conversations with patients?			
4. Are staff showing patience and speaking politely to patients?			
5. Are staff mindful of privacy when having conversations with patients?			

	Yes	No	Descriptive notes:
6. If staff are having conversations between themselves in earshot of patients are they talking to each other in a professional manner?			
7. Are patient bedside folders clearly available for patients?			
8. Do patients have a named nurse allocated / attending to them? How is this information displayed?			

9. What information can you see displayed on the ward notice boards – please describe what and location?

10. Information in different formats:

a) What information is displayed on the ward in different languages – please describe?	
b) What information is display in pictures and simple easy read or pictorial language?	
c) Is there any information available which is designed for the visually impaired?	

11. What information can you see displayed by patient beds?

12. Ask staff if you can see a copy of the "Making a Difference" health tool kit
(This kit should be accessible to all staff and contains 'easy read' information for patients and tools to enable patient's with a learning disability to understand and communicate with staff.)

Did staff know what the "Making a Difference" health tool kit was and where to find it?

No, staff had not heard of it or told us there was not a tool kit available	Staff had heard of it and attempted to show us but did not locate it	Yes, staff located it straight away	Yes, staff found one after consulting other colleagues to locate it

13. Ask staff to show you how they identify if a patient has been 'flagged' as having an additional communication requirement.

- **P**lease note down what procedure staff followed.
- Was information clearly available for staff?

Your additional notes and observations:

Appendix 3: Findings from service users using Gilbert Richards Day Centre

Healthwatch volunteers carried out two 90 minute sessions at the day centre and completed 6 questionnaires with service users about their recent experiences during their stay on a ward at UHCW.

Three of the participants had been a planned admission to hospital and 3 had been emergency admissions.

None of the participants could remember which ward they had been admitted to and not all could confirm how long they had stayed, but all said that they felt listened to by staff during their stay. One person said *"if I was in pain I would ask for painkillers and they would give it to me"* another said that '*staff were very good and caring*'.

Of the 6 people interviewed, 1 told us they had a learning disability and 4 told us they had a hearing impairment. 1 told us that they did not identify having any additional communication needs.

We asked if nursing staff and doctors introduced themselves by name.

	Yes	No	Sometimes
Nursing staff	3	1	2
Doctors	4	1	1

The service user who had a learning disability was very complimentary about communication on the ward and said that everything had been communicated to their mother and told us *"I needed someone there so I can understand what's going on, my mom was there"*. They did not remember everything about their stay so answered don't know to some of our questions but told us they were admitted as an emergency. When we asked if they had a hospital passport they said they *"don't know"* but that staff had not asked to see their hospital passport.

One participant told us that staff, *"came and explained to you everything that they were going to do to you"*. Not all participants felt that they understood about their treatment and care whilst on the ward. All participants said that they felt staff listened to them. One person said, *"My hearing aids were not very good so the staff got them sorted in hospital"*.

Only one of the six participants told us that they felt involved and communicated with regarding their discharge from hospital. One person told us *"no, they (doctor) just came and told me, 'you are going home' "*

All participants told us that they felt the staff on the ward communicated well with their family/carers during their stay in hospital. One said, *"They were wonderful!"*

Other comments made, *"Nurses were overworked and couldn't give enough attention to individuals."*

Appendix 4: Revised questionnaires

PATIENTS Guided interview questionnaire visits part 2

Healthwatch works to give local people a say in NHS services. We are gathering information on patient centred care and communication when in hospital. Healthwatch is independent from NHS services. We would like to ask you some questions to find out how well hospital staff are communicating with patients and what they do to help patient's to communicate and understand things while they are receiving care on a ward.

The answers you give us will help us to build a picture of what needs to be improved and what is working well on this ward.

Ward number		**Date**	
Name of Authorised Rep			
Known communication need?			
Is patient planned or emergency admission?			

1. Have you been able to understand about your treatment and care whilst on the hospital ward?

No 	**Partly** 	**Yes** 

Comments:

Prompts -information from nurses information from Drs

2. Have you seen printed information in the hospital that you could understand? ***(please put a tick in the space underneath your answer)***

No 	**Yes** 

2a. Comments eg can you tell us what you have seen

3a. Do nursing staff and Doctors introduce themselves by name?

Which staff	**Yes**	**No**	**Sometimes**	**Don't Know**
Nursing staff				
Drs				

3b. Your comments about this?

4a.Have you had to repeat information about yourself to staff?
E.g. about food; allergies; medication; etc

Yes **No** (please draw a circle round the answer)

If **yes…**

4b.Can you tell us an example of when this has happened and tell us how you feel about that?

5. Do you feel that you are being listened to by staff in the hospital?

Yes **No** (please draw a circle round the answer)

5b. Comment – what does this mean for you?

6a. Do you need extra help to talk with nurses and doctors and understand things whilst you are in hospital?

Yes **No** (please draw a circle round the answer)

6b. What help has been given?

Do you have any of the following issues?
Interviewer: Please talk to the patient more about what these needs are …

Support need	Tick	Details
Learning disability		
Sensory impairment		
Language need		
Other (say what)		

Interviewer note:
- If the patient has a learning disability go to Part 2
- If the patient has a sensory impairment go to Part 3
- If the patient has a language need use Patient Survey 2: LANGUAGES

Part 2: Learning disability related questions for relevant patients:

7. Have staff provided any 'easy read' information for you?

Yes **No** **Don't know** (please draw a circle round the answer)

Part 2: learning disabilities

8. Do you have a hospital passport which tells the hospital all about you?

   Yes **No** **Don't know** (please draw a circle round the answer)

9. Did staff at the hospital ask to see your hospital passport?

   Yes **No** (please draw a circle round the answer)

10. What support has been provided to enable you to talk to and understand staff during your stay in hospital?

Part 3: Sensory Impairment – for relevant patients

11. Are you registered deaf or have some hearing loss?

    Yes **No** (please draw a circle the answer)

12. Are you registered blind or have some sight loss?

    Yes **No** (please draw a circle the answer)

13. What support has been provided to you, to enable you to talk to and understand staff during your stay in hospital?

Part 4: For All

Information: Hospital wards usually start planning for discharge (when you can go home) as soon as a patient arrives /is admitted.

14. The next few questions are related to communication about when you leave hospital	**Yes**	**No**	**Don't know**
Have staff told you how long you will be in hospital?			
Do you have an estimated date of discharge?			
Have any staff talked to you about your home environment and discussed your care needs for when you go home			
Have staff spoken to your family/carers about your condition or what your care needs will be when you leave hospital?			
Have staff spoken to your family/carers about when you will be going home?			

15. How would you rate the preparations hospital staff have made for your discharge/going home?

    Very poor ☐ poor ☐ Good ☐ Very good ☐

16. Time in hospital

How long have you been a patient on this ward?	

17. What other comments or suggestions would you like to make about communication on the ward...

Equal opportunities monitoring information

Completing this section will help us to check that we are including a wide range of people from across Coventry in our survey.

Disability
Do you consider yourself to be disabled?

Yes ☐ No ☐

Gender

Male ☐ Female ☐ Transgender ☐

Please indicate your age

Under 16 ☐ 25-34 ☐ 45-54 ☐ 65-74 ☐
16-24 ☐ 35-44 ☐ 55-64 ☐ 74+ ☐

Are you?

White
British ☐
Irish ☐
Traveller/Romany ☐
Eastern European ☐
Other White (please say)

Mixed
White and Black Caribbean ☐
White and Black African ☐
White and Asian ☐
Other Mixed (please say) ☐

Asian or Asian British
Indian ☐
Pakistani ☐
Bangladeshi ☐
Other Asian (please say)

Black or Black British
Caribbean ☐
African ☐
Other Black (please say) ☐

Chinese or other ethnic group
Chinese ☐
Other ethnic group (Please say) ☐

Healthwatch Coventry
Website: www.healthwatchcoventry.co.uk
Email: healthwatch@vacoventry.org.uk
Phone: 024 7622 0381 (option 5)

WARD STAFF Guided Questionnaire visits part 2

Healthwatch works to give local people a say in NHS services. We are gathering information on patient centred care and communication when in hospital. Healthwatch is independent from NHS services.

We would like to ask you some questions to establish what is in place to enable staff to communicate effectively with patients if they have additional communication requirements. Our focus is on patients who have learning disabilities, sensory impairments or who speak little or no English.

Ward number		**Date**	
Healthwatch Volunteer Name			
Grade of staff member interviewed			

1. In your experience what are the main groups of patients who have an extra communication support needs on this ward?

2a. When a patient arrives on the ward, how do you or other staff find out what their individual communication needs are (e.g. language needs, sensory impairment, learning disability, other)?

Prompts
- is there any difference for planned and emergency admissions

2b. Where do you and other ward staff record information you gather regarding patient's communication support needs?

Prompts: learning disability; sensory impairment; language

3. What resources and support are available to help you communicate with patients who have different communication needs?

Prompts: learning disability; language; hearing or visual impairment

Check if staff are aware of and are using the following:

Resource	**Y**	**N**	**D/K**	**Staff comments**
Pictocomm booklet				
Red Cross booklet of common phrases in different languages *(Emergency multilingual toolkit)*				
Accessibility Toolkit				
Making a difference toolkit				
Other please give details				

5. What is the most useful resource?

Learning Disability

6. Have you worked with any patients who used a Hospital Passport?

Yes **No** **Don't Know**

If yes how useful did you find the Hospital Passport and why?

7. What experience have you had of the Acute Liaison Nurses working with patients?

8. Have you or other ward staff had training from Grapevine's H team as part of the effective care training?

Yes **No** **Don't Know**

Comments:

Patients who speak little or no English

9a. How would you get a language interpreter if needed and how easy it this?

9b. How long do you have to wait for an interpreter?

Patients who are hearing or sight impaired

10. How easily can you get a sign language interpreter if needed and how long does it take?

11. Is there any other support available to you for communication with hearing impaired patients?

Part 2: Communication with families and carers

12. How do you involve and inform a patient's relatives and family/ carers in a patient's care?

13. How do you discuss the patient's communication needs with their family and carers?

PART 3: Communication regarding patient discharge

14. What questions do you ask patients when trying to establish whether it is safe for them to return home?
15. What action do you take if you are unsure whether a patient's home environment will be suitable? E.g. Are there other agencies you can refer to who can provide support or adaptations?

16. How are families and carers involved in discharge planning?

Your suggestions

17. Is there anything which would help communication around discharge planning?

18. Is there anything that you think would help you to communicate better with patients who have communication support needs? What would help you?

Appendix 5: Analysis of patients we spoke to

Gender	Count part 1	Count part 2	TOTAL
Female	19	14	33
Male	16	16	32
Did not answer	4	3	7
Total	39	33	72

Age	Count part 1	Count part 2	TOTAL
16-24	2	0	2
25-34	3	3	6
35-44	3	7	10
45-54	5	3	8
55-64	3	5	8
65-74	10	7	17
74+	7	8	15
Did not answer	6	0	6
Total	39	33	72

Ethnicity	Count part 1	Count part 2	Total
White British	27	20	47
Black, Asian and other Ethnic minority group	5	11	16
Other	2	0	2
Did not answer	5	2	7
Total	39	33	72

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Healthwatch Coventry is provided by Here2Help