



# Enter & View Report

**Audiology Department**  
**The James Cook University**  
**Hospital**  
**March 2019**

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## **Healthwatch South Tees**

There is a local Healthwatch in every area of England. We are the independent champion for people using local health and social care services. We listen to what people like about services and what could be improved and share their views with those with the power to make change happen. We also share them with Healthwatch England, the national body, to help improve the quality of services across the country. People can also speak to us to find information about health and social care services available locally. Our sole purpose is to help make care better for people.

In summary - local Healthwatch is here to:

- Help people find out about local health and social care services.
- Listen to what people think of services.
- Help improve the quality of services by letting those running services and the government know what people want from care.

As of 1 April 2017, Healthwatch Middlesbrough and Healthwatch Redcar & Cleveland are working together to deliver activities across Healthwatch South Tees.

## **What is Enter and View**

The Health and Social Care Act 2007 gives Healthwatch the legal power to visit publicly funded and delivered health and social care services and see them in action. This power to *Enter and View* services offers a way for us to ensure services meet their statutory functions and allows them to identify what is working well with services and where they could be improved.

The *Enter and View* visit is to collect evidence of what works well and what could be improved to make people's experiences better. We can use this evidence to make recommendations and inform changes both for individual services as well as system wide.

This is done through a variety of different methods:

- Observing how people experience the service through watching and listening.
- Speaking to people using the service, their carers and relatives to find out more about their experiences and views.
- Observing the nature and quality of services.
- Reporting their findings to providers, regulators, the local authority, NHS commissioners and quality assurers, the public, Healthwatch England and any other relevant partners based on what was found during the visit.

### **Purpose of the visit**

During 2017/2018 we carried out a consultation with the deaf community and produced a report summarising the key issues raised. We identified a potential lack of implementation of the Accessible Information Standard by NHS providers and Social Care Services, a lack of emergency provision of interpreting services, lack of deaf awareness with health professionals and little opportunity for deaf people to give feedback or make a complaint.

This year we have continued this work by asking organisations how they comply with the Accessible Information Standard. In addition to this, we carried out a visit to the Audiology Department at James Cook University Hospital, under our Enter and View Capacity, to see how patients with hearing loss are supported.

## **Methodology**

We arranged with the Audiology Department to carry out an announced Enter and View visit on Monday 18 March 2019. The visit was conducted by Authorised Representatives which comprised of two Healthwatch staff members and a volunteer. We were also accompanied on the visit by a representative from Action on Hearing Loss along with their support worker to assist with any British Sign Language (BSL) communication needs, as well as the Principle Relationship Manager from NHS Digital.

A survey for patients was produced for them to complete during the visit which focused on their communication needs and general experience. The Authorised Representatives spoke to patients in the waiting room prior to their appointment and supported them where necessary to complete surveys. In addition, we interviewed two Audiologists within the department and made several observations during the visit. A copy of the patient survey can be found in Appendix 1.

## **Disclaimer**

Please note that this report relates to findings observed on the specific date set out above. Our report is not a representative portrayal of the experiences of all service users and staff, only an account of what was observed and contributed at the time.

## Results of visit

### 1. Observations

The department has two reception desks, Audiology and ENT/Cochlear Implant. On entering the department, the Audiology reception desk is in the recess to the left and can be easily overlooked when first entering. There are two seating areas, but patients are not directed to any particular area for Audiology or ENT. The first seating area has a play area for children and seemed to be the most popular one. We therefore could not determine which were Audiology patients and ended up with responses from patients from both areas.

There is no electronic self-check in at reception nor call system for appointments. Patients are called to their appointment by staff and as there is no designated area for specific patients the staff sometimes have to look around the department to find them. At busy times the department can be quite noisy and for patients with hearing loss it could be difficult to know that they are being called for their appointment.

There was also no indication how long you would be expected to wait. There was very little information on the walls, no leaflets and no magazines to help distract patients whilst they are waiting. There were no signs indicating whether there was an induction loop for people with hearing aids and nothing to say there was a drop-in clinic.

However, the interaction between staff and patients was excellent. On several occasions staff were observed to be offering reassurance and chatting to patients in a friendly manner even though they were extremely busy as they were short staffed on the day due to sickness leave.

## 2. Patient Survey

We gained survey responses from 16 service-users on the day, providing us with experiences of a range of hearing loss, from mild to profound. All respondents indicated that they had had a positive experience, based on their appointment process so far.

### What Worked Well

When asked about what worked well in the service, there were common themes; firstly, about the quality of the appointment, which had been described as “good” and “first-class” and that their “needs [were] met”. Service-users’ experiences were also described as “OK so far” and “Fine”. The waiting time was also highlighted in a positive way as “not [a] long wait”, “fairly quick” and “efficient”, with one user describing his “15 mins wait so far” as “no problem”. Reflecting the observations of staff that were made by the Healthwatch South Tees team on the day, they were described as “always polite” and Peter Craggy was specifically praised by one service-user for the “skill... to explain... hearing loss”.

### What Could be Improved

For people’s experiences to be improved, three service-users suggested more visual resources would be beneficial in the department, for example a screen to alert people of their appointment. Four people raised issues with their appointments, with two of these wanting more “punctuality”; another’s experience could be improved if they were “able to make [an] appointment” after having to attend a walk-in appointment. Nine people didn’t have any suggestions as to how their experience could be improved or felt that it couldn’t.

### Alerts for Appointments

The need for more visual resources was highlighted again when the service-users were asked about how they were alerted for their appointment. 81% of the respondents, across a range of levels of hearing loss, noted how they had been “called” by a “member of staff” and that their name hadn’t been

“signed”. A reliance on family was also evident; one service-user’s husband alerted her, and another’s “family need to come”. Three of these had mild hearing loss, five had moderate, four had severe and one had profound. From this, it was again suggested that a “screen/visual would be good”.

### **Services and Communication**

An important aspect of the Audiology Department for patients, is to have a range of services that are available within the facility, for example, having BSL-trained staff, a Hearing-loop and an Interpreting Service so it was accessible to everyone no matter what their level of hearing loss is. Other things that were noted as important within the department, were to have “helpful staff” and to have a screen to alert patients for their appointments and any other relevant information e.g. support groups etc.

When given a choice for method of communication, between BSL Language and Face-to-Face speaking, there was general consensus of those we spoke to on the day, that the preferred method was face-to-face speaking, for all levels of hearing loss: mild, moderate, severe and profound.

### **Appointments- Booking and Checking-In**

Most of the service users had had their appointments booked by letter or through their GP. These were preferred methods, although one service-user questioned as to whether a letter is the only option. One respondent had booked their appointment by telephone, however, would have preferred this to have been booked via a letter; although no explanation was given, it could be suggested that this was influenced by their severe hearing loss. As part of the Accessible Information Standard, preferred methods of communication should be recorded and kept as an alert for correspondence with the patient.

All respondents had checked-in through reception, and no other method was preferred, which reflects the service-users’ preferred method of face-to-face speaking. Four service-users made note of their letter, (three of these had moderate and one had mild hearing loss), showing a visual resource.

### **Additional needs and support**

Of the six people that required additional support, five people were not provided with these needs which included, a hearing loop, a visual display (required by four people) and a wheelchair-user relied on family for access to their appointment, but otherwise would require the Patient Transport Service.

Only three people had been told of other available support they could access, this included a support group and a hearing aid; although some respondents noted that they didn't need this additional support.

### **3. Staff Interviews**

We interviewed two Audiologists within the department, both of whom were long serving. We asked what they liked about working in Audiology, they said that it was busy, they get to meet lots of patients with varying issues and find it satisfying to resolve them. They often get complimented on the high quality of service provided by the department.

We asked if patients with hearing loss were asked about their preferred method of communication. They said they enquire if interpretation is need for hearing loss and language both of which require advance notice, which is usually 4-6 weeks.

Staff confirmed that they have received deaf awareness training in the department. We asked if they encounter communication difficulties with patients once they have removed their hearing aids. They said that needs greatly differ and try to enquire beforehand. However, they did say that they need to improve written information given to patients, especially in other languages. Information is sometimes in too small a print, but they are currently working on these issues.



We enquired how they get feedback from deaf patients. The staff said they do have satisfaction surveys and carry these out by telephone and face to face. When asked if they felt there was anything that would improve patient experience, they said that ideally, they would like to spend longer with each patient.

## **Conclusion & Recommendations**

The overall feedback from patients using the Audiology department was very good with all patients rating their experience as positive.

Staff were also highly praised by patients which was reflected in our observations on the day.

To further enhance patient experience within the department we recommend the following;

1. The introduction of a visual system to alert patients to their appointments would be beneficial for service-users. Experiences of the Audiology department have involved staff calling out people's names and patients relying on their family members. This has made service-users uncomfortable in the waiting room and could be prevented by a visual alert that is visible in all parts of the department.
2. An indication of how long patients have to wait for their appointment would be useful. While a patient attending the drop-in had been told of his position on the waiting list, some patients attending their audiology appointments, hadn't been told this information but had had to spend a considerable amount of time in the waiting area. If they had known on arrival to expect a lengthy wait, they could have left the department for a short time to seek refreshment, etc.

3. Our observations highlighted that there was very little information on the walls within the department. We recommend that information regarding the drop-in service be prominently displayed and also if there is an induction loop for people with hearing aids. We also feel it would be beneficial for patients if they could access information on support services available within the area and information on specific conditions.
4. The department has two reception desks and although the Audiology desk does have a sign above it, it is the Cochlear/ENT desk that is first visible when entering the department. For patients who are new to the department this could be confusing, and we recommend that each desk is clearly signed.

### **Acknowledgements**

We would like to thank the following for their contribution to the Enter and View programme of activity;

- The NHS South Tees Foundation Trust, patients, visitors and staff within the Audiology Department.
- The Healthwatch Authorised Representatives.
- Razza Hussain, Action on Hearing Loss and his support worker who assisted with British Sign Language (BSL).
- Glenn Collett, NHS Digital Principle Relationship Manager.

## **Response Summary**

### **Audiology Department James Cook University Hospital - 11/07/19**

*In receipt of our Enter & View report, the Audiology department provided us with a detailed response, which has taken our recommendations into account and explained how these would be affected by their current status.*

*We would like to thank the department for this thorough response.*

#### **Peter CRAGGY - PRINCIPAL AUDIOLOGIST, CLINICAL LEAD - ADULT AUDIOLOGY**

On behalf of staff within the Adult Audiology service, firstly, can I thank the Healthwatch team for their approach and their fair report? All of the team were friendly, approachable and a pleasure to deal with.

My team and I are committed to providing the best possible experience to our patients and staff and readily welcome and positively encourage “fresh eyes” on our service.

Prior to giving our response and without wishing to be overly defensive, my team and I wish to report that as a department we have historical and current pressures. We are well aware that as a service we are in no way unique regarding such pressures within the Trust, however, we believe Audiology particularly, has been through a very difficult period recently. Suffice it to say that we did explain these pressures to the Healthwatch team when we met, as we felt that such pressures needed to be recognised in order to provide some mitigation for our current position.

Having said that and in answer to the report, I will follow the same format of headings within the Healthwatch Enter and View report and give the Audiology explanation/response.

1. A visual alerting system and/or informational tele-visual systems are being explored with our links to manufacturer services and the likes of ‘Friends of South Tees’ etc., but due to the explained siting issues, this will have to be agreed with other stakeholders.

2. See above - as this information can be incorporated into the above systems.
3. Again, with charitable funding and hearing aid companies we will endeavour to improve patient communications.
4. The 2 reception desk system is confusing. I believe there are moves post the hospital wide Admin Review to streamline such service provision, but we recognise the department could give better instructional appointment letters.

**The full response is also available to download via [Healthwatch Middlesbrough](#) and [Healthwatch Redcar and Cleveland](#) websites.**

## #ItStartsWithYou

### Share Your Experience of Audiology Services Page 1/3

#### About You

1) Have you visited the Audiology Department at James Cook University Hospital before?

- No, this is my first time
- Yes, I've been ..... times
- Yes, I'm a regular user of this service.

If yes, please rate your overall experience:



2) Please indicate your level of hearing loss:

- Mild
- Moderate
- Severe
- Profound

#### Booking your appointment

3) How was your appointment for today booked?

4) Is this your preferred method? Yes  No

If no, what is your preferred method of booking appointments?

#### Reception

5) How did you check in to your appointment today?



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## Share Your Experience of Audiology Services Page 2/3

6) Is this your preferred method? Yes  No

If no, what is your preferred method of checking in to appointments?

7) What services do you feel are important within the department?

- Interpreting Service
- Hearing Loop
- BSL Trained Staff
- Other

### Your appointment

8) How were you alerted for your appointment?

9) Do you require any additional support for your appointment? Yes  No

If yes, was this provided? Briefly state the nature of additional support required:

### Communication

10) What is your preferred method of communication?

- Face to face speaking
- British Sign Language
- Other



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## Share Your Experience of Audiology Services Page 3/3

12) Have you been informed of any other support available to you, e.g. support groups?

13) What has been good about your experience today?

14) Is there anything that would improve your experience?

15) Have you engaged with any other service for support with your hearing loss?

Yes  No

Name of Provider:

16) How satisfied are you with this service?



Thank you for taking the time to complete our questionnaire today.

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Help people find out about local health and social care services

Listen to what people think of services

Help improve the quality of services by letting those running services and the government know what people want from them

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