

East Sussex Healthcare NHS Trust Deaf User Group

The first Deaf User Group took place at The Christchurch Methodist Church, Bexhill on Thursday 10th October from 3 – 4.30pm. Attendance was good with 25-30 attendees.

1. Background

In April 2019 Kim Novis (Head of Equality & Human Rights) attended an evening local Deaf community group called 'Our Space'. This was followed by a meeting at the Conquest Hospital in May 2019 with Pamela Morgan, the Director of DeafCOG and other patients. Those attending this meeting shared their experiences of the Trust and how the difficulties accessing services appeared to be ongoing for the wider d/Deaf community.

Concerns included;

- staff not knowing a person was d/Deaf
- not providing British Sign Language (BSL) interpreters at appointments;
- being asked to lipread and/or write things down when interpreters were not booked;
- d/Deaf people had attempted to make a complaint, but had found this too complex to navigate.
- Lack of Deaf Awareness at ESHT
- Confusion within the d/Deaf community regarding what services are provided by which Trust
- Not knowing who (ESHT, GP's, CCGs etc) is responsible for booking interpreters.
- Lack of provisions for d/Deaf people to contact the Trust.

It was agreed that ESHT needed to engage with the d/Deaf community to identify and address the issues and to ensure progress towards compliance with the Accessible Information Standard (AIS).

Kim Novis agreed to organise and facilitate a meeting with the d/Deaf community.

2. The First Deaf User Group

An invitation was created and circulated 4 weeks prior to the meeting. The invitation was sent to the local media, advertised on social media platforms and sent to several Deaf support organisations including:

- BSL Link for Communication
- DeafCOG
- Action for Deafness
- Action on Hearing Loss

One week prior to the meeting the attendees were provided with an agenda asking them to think about the following questions:

1. How can we make contacting the Trust accessible for d/Deaf people.
2. What can we do to improve literature (posters, publications and letters) to be more accessible.

The first meeting was used to identify how the Trust could reach the d/Deaf community and the most appropriate methods of communication. By obtaining this information we could ensure that future meetings and engagement events would be inclusive to the d/Deaf community.

A power point presentation was delivered by Kim Novis. The group engaged throughout the presentation providing information and feedback.

The overarching aims of the Group were explained at the meeting, being to:

- Restore trust with d/Deaf community to,
- Engage and involve the d/Deaf community to,
- Develop a strategy to deliver our aims to,
- Improve access for d/Deaf people and,
- Be the Healthcare Provider of choice.

Kim Novis explained that 'ESHT' and 'The Trust' were abbreviations of East Sussex Healthcare NHS Trust and services include:

- Eastbourne, Conquest & Bexhill Hospitals
- Community Services at Lewes, Rye, Uckfield, (and other locations)
 - Health visiting, Maternity, Sexual Health, Audiology, Podiatry, Community Nursing, Special Dental Care, Day surgery, Bladder & Bowel care plus others
- Not GP services, Psychiatry or Minor Injuries units at community hospitals.

Kim Novis acknowledged and apologised that ESHT doesn't always get it right.

Solutions will not always be immediate and ESHT want the d/Deaf community to help make improvements. First ESHT need to make sure we are reaching the d/Deaf community and engaging effectively. This will enable ESHT to capture wider challenges.

The Group were provided with examples of improvements made so far since meeting with DeafCOG in May. These included:

- Alerts created on patient records (BSL Users)
- BSL video interpreting on all ESHT owned iPads
- A poster created publicising BSL interpreters (face to face & video)

Kim explained that she wanted know directly from the d/Deaf community where the problems were so ESHT can truly identify solutions.

The primary concern identified by the d/Deaf community was lack of access to interpreters at appointments along with assumptions that d/Deaf people can lipread and 'get by' with writing things down.

Other issues included:

- Being called in the waiting room and missing appointments
- No interpreter being booked
- Not knowing if an interpreter is booked
- Not being able to contact the hospitals for simple queries
- No reasonable adjustments for raising a complaint

Feedback from one attendee felt that it was unacceptable to put the onus onto d/Deaf people to resolve the issues and that ESHT should be doing this as part of their Equality Duties. Kim explained that she was not aiming to put this onto the community, she wanted to know directly from d/Deaf people where it was going wrong so it could be put right and avoid assumptions. The group felt this was a good way forward and welcomed the opportunity to share their experiences.

It was felt that since the GPs and PALS stopped booking interpreters, the service had deteriorated. Kim explained that GP's do not make bookings and that requests for BSL interpreters had increased significantly in the last two years. Around 470 interpreters had been provided in the last two years, with only 2 or 3 unfilled bookings. Kim agreed there have been times where bookings had not been made and this is where ESHT needed to focus on improving awareness. Suggestions for improvements were made by the group. These are captured in the action plan.

Stewart Bailey – Director of BSL Link for Communication provided an overview of the process between them and ESHT for booking interpreters. This was welcomed by the group.

The group highlighted that the complaints process was not accessible to Deaf people. This is primarily due to English being most Deaf peoples' second language and the process being too complex.

An attendee from DeafCOG suggested that all comments, feedback and complaints should go to DeafCOG to raise a complaint collectively on behalf of the d/Deaf community.

Kim explained that whilst this was a very considerate offer, d/Deaf people should have the ability and feel confident to raise complaints directly with ESHT and feel supported through the process. ESHT want to ensure the complaints process is as accessible to d/Deaf people as it is for a hearing person. No d/Deaf person should feel they need to go through DeafCOG or any other organisation to raise an issue. Kim explained that she wanted the entire d/Deaf community to feel confident in knowing that raising a complaint is an accessible and straightforward process.

One attendee stated they have not used ESHT services as they come from Brighton. They have never had interpreters provided. They attended an appointment twice and were fed up with not having an interpreter so booked their own and invoiced the hospital.

Another attendee advised that they had attended appointments at ESHT and automatically interpreters arrive. They did not have to ask the interpreter was just there. This was felt to be good but not knowing if an interpreter would be there or not can cause anxiety. d/Deaf people need to know an interpreter had been booked.

Kim offered to email interpreter confirmations but not all d/Deaf people use email and text is better. ESHT do not offer this option currently but Kim will look into it. Included in the action plan.

An attendee shared an experience at Maidstone Hospital. Interpreters appear to be available in the hospital and seem to have a great system. They were asked if they needed an interpreter and then received an email saying it was booked. There was no consent obtained. Kim agreed to speak to Maidstone. Included in the action plan.

3. Video Interpreting

Attendees were provided a demonstration of the new Video Interpreting that is available at ESHT. Kim Novis answered questions and attendees provided feedback.

- What is it?
 - Video link to interpreters on iPad
- Who is it?
 - Qualified, registered BSL interpreters
- How does it work?
 - Secure ESHT Wifi and iPads
- When can it be used?
 - 8am – 5pm on demand
- What situations can it be used?
 - Whilst waiting for an interpreter / interpreter unavailable
 - Emergency (A&E),
 - Early childbirth (baby may arrive before interpreter!)
 - Drop in clinics (Audiology, Sexual Health)
 - Some patients may prefer it for intimate examinations (point the screen away from intimate area)
 - Any situation where an interpreter is unavailable.
 - Preference (your choice)



General Feedback on Video Interpreting

- Attendees would all be happy to use video interpreting
- Must not be used to replace interpreters
- It is a good option to providing a communication platform in the event of no interpreter present
- Good for emergencies and drop-in clinics
- Image is clear but can be juddery (issues with WiFi, or when moving around)
- Staff need to be aware of the Interpreter On Wheels' location and availability on department iPads

5. Future meeting dates:

- **Bexhill Health Centre, Bexhill Hospital, Bexhill, BN40**
- **5pm - 7pm (tea & coffee from 4:30)**
 - Friday 31st January 2020
 - Friday 27th March 2020
 - Friday 29th May 2020

ACTION PLAN

Key:

CAd – Clinical Administration

AI – Accessible Information

IT - Information Technology

KN – Kim Novis

TBC – To be confirmed

How can we make contacting the ESHT accessible?					
Challenge	Potential solution	Action	Lead	Timeline	Progress
Patient letters state 'please phone'	Option to contact by e-mail or text would be more accessible.	Discuss with CAd Manager - include feasibility of email / text for d/Deaf, HoH patients	KN	TBC	Arrange meeting.
Delayed responses; have to wait for letter, or come into hospital to ask questions, then there is no communication method	On-site interpreters (Maidstone example)	Speak with Maidstone Trust	KN	Nov 19	KN emailed JP. Awaiting response.
	Video interpreting	Explore vacancy within E&D for BSL Interpreter, Job share etc	KN	Mar 20	KN will review data ready for new budget in April 2020.
Never knowing whether Interpreter booked? Who is interpreter? Male / Female? No access to this information	Text message confirming booking	Explore text as option with Cad and IT	KN	TBC	KN to discuss potential to offer text service.
	E-mail asking if interpreter required and e-mail confirmation.	Explore electronic consent form via e-mail – linking to BSL video clips	TBC KN	Dec 19	KN to add consent form to webpage and circulate. AI Team email, consent from patient required.

What can ESHT do to improve literature? (Posters, letters etc.)					
Challenge	Potential solution	Action	Lead	Timeline	Outcome
Information in standard English is not understood	Make information available in BSL	Explore suppliers of English – BSL translators	KN	Nov 19	KN has identified a supplier. Identify and prioritise useful information to translate into BSL clips. Deaf User Group to review and prioritise what information should be translated.
Relevant information does not reach d/Deaf community	Share via DeafCOG and other d/Deaf community groups. Facebook, Twitter, Whatsapp	Video clips to be created and shared via social media and ESHT webpages	KN	Dec 19	KN to circulate next meeting via suggested social media platforms. KN to explore options for a whatsapp group for ESHT d/Deaf Community All information specifically aimed at d/Deaf community to be translated into BSL.
Publications/policies are too complex (language barrier)	Increase pictures, avoid lengthy text, provide BSL video clips	Review policies to improve accessibility	KN	Dec 2023	Review relevant policies as they are ratified on 3 year cycle. Aim to review all policies within 4 years.
Complaints process too complicated to navigate	Offer a simple process for d/Deaf people, translate process into plain English or BSL	Complaints team to explore making reasonable adjustments and translate to plain English / Easy Read version	KN	January 2020	Meeting planned with complaints manager and KN 18/11/19. Agreed to simplify process and provide a plain English version on Complaints, Compliments and PALS process