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Response to Healthwatch d/Deaf Reports

Appendix A

Strategy Workstreams:

1. Improve patient access and administration (booking and scheduling) of care episodes.

Actions for the improving patient access and administration workstream include:

- Staff training and d/Deaf awareness to enable staff to meet the support needs of patients with additional communication needs.
- Continued work to ensure the digital special needs flags are working and fully utilised.
- Promoting and dealing with requests sent to the new generic AIS@nca.nhs.uk and dDeafappointments@nca.nhs.uk email address.
- Ensuring the standardised outpatient letter includes details of how a d/Deaf patient can:
 - Amend their appointment via Interpretation and Translation Service text/reply number.
 - Check a BSL interpreter has been booked for their appointment.
 - Book a BSL interpreter via the Interpretation and Translation Service text/reply number.
 - When no interpreter is available patients are communicated with in a timely way.

Future Recommendations:

- Widely promote the d/Deaf one-page pledge for patients which contains support resources.
- Ensure new improved patient appointment letter templates are used in all care settings.
- Explore other digital methods for d/Deaf patients to be able to amend / change their appointments.
- Create facilities to enable patients to be able to make and change their own appointments and request/change Interpreters.

2. Improve access to interpretation and translation services.

Feedback from our BSL interpreters highlights ongoing challenges for themselves as well as the patient. The interpreters have been invited to be part of the improvement work.

Implementation of this workstream will be overseen by NCA Interpretation & Translation Service and will include:

- Continued operation of BSL / text reply service allowing patients to book and confirm their own interpreters.
- Extending the duration of interpreter bookings.
- Training sessions to promote all aspects of Interpretation and Translation such as when a communication professional should be present, e.g. treatment and consent etc.
- Review, refresh, and promote new Interpretation and Translation posters, with clear and simple instruction for colleagues to access the service.
- Ensure only trained, qualified interpreters should be used—they have the right skills, follow strict professional guidelines, and are fully insured to carry out the work.

Eliminate the need for family interpreters. Family members should not be used as interpreters in healthcare settings. It is neither safe nor private and can place emotional strain on both the patient and the family member.

Future Recommendations:

- Approve SignLive business case.
- Ensure booking in system 'Zipporah' is as easy to use as possible.
- Explore new digital solutions to help reduce issues with booking of BSL interpreters.
- Continue to capture and record any issues with d/Deaf patient bookings.

3. Improve our colleague's awareness, knowledge, and skills so they can best support d/Deaf service users.

Alongside patient feedback, data from PALS/Complaints and results from a recent audit evidenced that 87% out of 295 staff that completed the survey said that they would like to receive training on effective communication and basic hearing aid maintenance.

Working in conjunction with the NCA Learning and Development and Audiology Team this workstream will include:

- A new intranet page containing information, guidance and support resources to aid colleagues supporting d/Deaf patients and service users with other additional communication needs.
- Clarification on incorrect assumptions such as the **"Two-Week Rule"**
- Roll out of education and training packages across the NCA:
 - The training will utilise readily available, expertly developed training content, sourced from national and local organisations. Where training does not currently exist, the strategy team will

work with expert colleagues and other subject matter experts, to develop bespoke training material.

- Patient Access & Administration have developed a robust training workshop around Effective Communication and will provide a good overview of how best to support service user additional communication needs.
- Maintaining key links with our deaf communities with support from Healthwatch to continue our close collaborative working.
- Continued audit of Hearing devices and testing of new devices

Future Recommendations:

- Hearing devices business case to be submitted and approved.
- Widespread promotion of Effective Communication training resources.
- Compliance with patient communication needs checklist in all care settings.
- Consider Hearing friendly environment accreditation.

4. Improve awareness and understanding for d/Deaf service users so they can independently advocate for their own care.

Improved education is required to ensure d/Deaf service users are aware of the improved changes allowing them the same level of equality as a hearing patient and advocating for their own health and social care.

Future Recommendations:

- Relaunch of My Communication Passport.
- Distribution of Interpretation & Translation Service BSL & PALS text / reply cards.
- Ongoing engagement with d/Deaf service user groups and GM Healthwatch.
- Improved patient information on NCA website.
- Sharing of best practice with colleagues in GM.

The PALS/Complaints text/reply service also allows service users to independently raise any concerns they may have regards their care (including BSL videos for Deaf people who use BSL as their first/only language).

5. Improved access and support when attending urgent and emergency care.

The following areas of work are underway:

- Reducing variation in access to Interpretation and Translation Services
- Pictorial resources to help bridge initial communication gap.

Future Recommendations:

- A defined pathway to clarify when BSL interpreters are needed.
- SignLive business case to be approved.
- Wi-fi coverage assessment to ensure adequate network so SignLive can be accessed.

6. Deliver improvements that result in more positive experience for d/Deaf service users using NCA services.

We know we will improve the health outcomes of d/Deaf service users when we remove communication barriers.

We should also see confidence return to service users who have had a previous poor experience with us, this should enable us to see a reduction in complaints and concerns. Complaints often result in effective action plans, but these are not widely shared.

We have created a route cause analysis tool so we can capture the issues and understand causes, which has yet to be properly embedded by relevant teams.

Recommendation:

- Ongoing recording of any issues related to d/Deaf patients care.
- All improvement action plans resulting from d/Deaf PALS / Complaints to be shared widely across NCA.
- My Communication Passport embedded to help reduce patients having to repeat themselves.
- All clinical areas to have effective ways to improve colleagues awareness of how best to support patients' communication needs.
- Ensure Friends and Family Test (FFT) feedback survey is accessible to all.

Appendix B

To answer your specific recommendations on both reports, not covered by the above, please be advised:

Installing visual alerts. For all healthcare settings to have digital boards that flash and show clearly the patients name when it is their turn, or to make use of the vibrating handheld devices that alert patients that it is their turn for their appointment.

We are testing 8 x of these waiting room TVs with “patient call facility” across the NCA Outpatient Depts. Rochdale has currently fitted 2 of these. This is being overseen by our Estates Manager and following an evaluation, a decision to install more will be made. for per CO.

Ensuring healthcare professionals wear transparent face masks to support lip reading. For healthcare professionals to wear facemasks with transparent mouth pieces- “Clear Window Face Masks”.

Staff have been provided with details on how to order the specially designed clear window face masks via the PPE link:

Clear Window Masks

Promoting effective communication

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Please order via SharePoint PPE link: 'Type IIR Clear facemask'

PLEASE NOTE:
Colleagues please only order as necessary and not to be worn by colleagues and patients where a standard type IIR would be sufficient.

Please consider sharing resources amongst several care settings, so they are easily accessible when required to remove any communication barriers

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imagine from function












Appendix C

Additionally a variety of support resources have been developed to help staff with their local provision :

1. Supporting d/Deaf Patients: Our Commitment to Accessible Care

Help us, help you

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<p>You can text in advance to check an interpreter has been booked</p> 	<p>You can text to raise a concern or complaint to PALS or send signed video</p> 
<p>My Communication Needs Passport allows staff to see your needs without having to explain</p> 	<p>Our staff have more awareness on supporting communication needs</p> 
<p>Improved communication training for staff</p> 	<p>Pictorial resources are available on request</p> 
<p>Guides on how best to support d/Deaf patients</p> 	<p>Posters to promote access to an interpreter during your care</p> 
<p>Working towards hearing loops in all our reception areas</p> 	<p>Window face masks available in our care settings</p> 
<p>Working to introduce Sign Live</p> 	<p>NCA internet page for patients and staff which contains support resources</p>

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2. My Communication Needs Passport

My Communication Needs

The Accessible Information Standard
(SCCI 1605 Accessible Information)

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My Communication Needs

This information can be made available in alternative formats, such as **easy read** or **large print**, and may be available in **alternative languages**, upon request.

Please contact the **service** or **clinic** you are attending to discuss your requirements.

My Communication and Information Needs Passport

In accordance with The Accessible Information Standard (SCCI 1605 (Accessible Information)) please accept the below as formal notification of my information and communication needs.

The language I communicate in is:

I need a BSL Interpreter: Yes* ☐ No ☐ *To make a BSL interpreter request, text your booking details to: **07966 003540** or Email: **service.interpretation@nca.nhs.uk**

I need access to a hearing loop system: Yes ☐ No ☐

Patient Advice & Liaison Service (PALS): Telephone: **0161 778 5665** / BSL Only Text Reply: **07812 775 905** / Email: **PALS@nca.nhs.uk**

You can support my communication by:

Removing background distractions/noise ☐

Using gestures ☐

Ask questions to check I have understood ☐

Give me time to respond ☐

Write down key words ☐

Other:

I need information in (e.g. braille, easy read, large print):

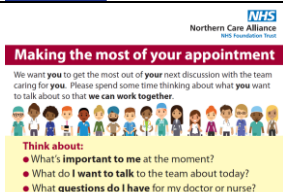
If you need to contact me the best way is (e.g. email, telephone):

By giving this information about your communication needs you are agreeing for these to be recorded and shared with other NHS and social care providers where necessary, to enable them to meet your communication needs and provide communication support

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3. Resources Pack

My Communication Needs Passport		These wallet size patient passports will be available in NCA from spring 2025
Reception Area Accessibility Checklist		2-page Accessibility check list for all reception areas to provide guidance on best ways to support
Accessible Information Standard (AIS) Poster		NCA AIS Poster The Deaf Health Charity Sign Health have created this poster to highlight the principles of the AIS.
Communication Needs Poster		Should be displayed in all main reception and clinical areas
I have a hearing loss communication tips poster		Recommended near bed boards of patients with hearing impairment
What is an induction loop system?		Essential guidance should be accessible for all staff who have an induction loop in their care setting.
Adult hearing aid service, Bury Oldham and Rochdale		An information guide for staff who are supporting hospital patients on the ward, in care homes and for housebound patients.
Hearing aid battery order codes		Quick reference guide on ordering batteries for hearing aids.
Staff guide for supporting d/Deaf service users		3 care setting guides available <ul style="list-style-type: none"> - Inpatient - Outpatient - Urgent & Emergency Care
The Hospital Communication Book		We recommend a copy of these pictorial resources is always available in all care settings
Small drinks communication cards		We recommend a copy of these are kept on the hydration trolley of all care settings. Hard copies available from Experience Team

Clear face masks		Stock information on how colleagues can order clear masks to help reduce communication barriers
Hidden Disabilities presentation		Information and guidance for colleagues on Hidden Disability Sunflower Scheme
Sunflower Staff Lanyards		Information on how staff can access a Sunflower Hidden Disability lanyard (please note these can not be worn in clinical areas)
Making the most of your appointment card		Can be printed or ordered from your stock catalogue now using code WZA581
Poster TV Screen Format		Making the most of your appointment Other formats
Making the most of your appointment Top 5 languages		Available as a poster to print or tv screen format
BSL Text / Reply Contact Card		Text / Reply service is now available for d/Deaf users to check on interpretation bookings directly with the Interpretation and Translation Team
BSL Text / Reply Poster		Poster created to promote this service
PALS Poster		New PALS poster includes text / reply number and email to help patients with communication needs

Healthcare sign videos for colleagues		<p>Bury People First project on 20 signalong signs</p> <p>NCA and Salford Deaf community with 20 BSL healthcare signs</p>
Access to an Interpreter Poster		<p>Poster in top 5 languages spoken in NCA which promotes the fact patients can ask for an interpreter to support them</p>
Interpretation & Translation Awareness Session		<p>Information slides on up-to-date practice for accessing the Interpretation and Translation Service</p>
How to request an interpreter		<p>New poster to highlight the correct way to book an interpreter</p>
Interpretation & Translation Flow Diagram		<p>Easy to use flow chart to help guide staff on requesting the correct support</p>
Telephone Interpretation quick guide poster		<p>Quick reference guide for colleagues</p>

Training

Deafness and Hearing Loss Awareness Training		<p>Concise effective training material to enhance the awareness and skills of colleagues on how best to support d/Deaf users</p>
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Appendix D

Healthwatch Rochdale - Barriers to Care - d/Deaf Residents Voices - RCO Action Plan v1.0							RAG
NOTE: Where feasible, these actions are Rochdale specific, however, many of the actions will be NCA wide and driven by specialist departments across the NCA							Not Started Underway/Ongoing Complete
No	Title	Findings	Action	Action Owner	Due Date	Status	RAG
OVERARCHING STRATEGIC RESPONSE							
1	NCA Strategic Response	The collection of findings during the focus groups and in the reports have highlighted the need for focused action in this specialist area.	Draft a bespoke d/Deaf Strategy addressing all of the findings and recommendation from which each Care Organisation should draft a 'local' action plan. This is due to be presented to/approved by the Board in July.	Head of Patient Experience	01/07/2025	Approved by the NCA Experience Group and NCA Quality and Performance Committee during May 2025	
PHASE 1 REPORT							
2	Lack of BSL Interpreters:	Despite legal obligations under the Accessible Information Standard, healthcare providers frequently fail to book BSL interpreters, leading to missed or postponed appointments. This affects GP visits, hospital care, urgent care, and maternity services.	Introduce a standardised outpatient letter that is a clear and as non complex as possible, that allows d/Dea patients to: - Amend their appointment via Interpretation and Translation Service text/reply number. - Check a BSL interpreter has been booked for their appointment. - Book a BSL interpreter via the Interpretation and Translation Service text/reply no.	Heads of Patient Experience; and Interpretation & Translation Service			
3	Communication Barriers:	d/Deaf patients often struggle with written correspondence, which may be complex or require reliance on family members to interpret. Additionally, reliance on telephone communication excludes many d/Deaf individuals, leading to missed appointments or miscommunication.	1. See Action 2 2. Ensure the digital special needs flags on patient details are working and fully utilised; and use these to trigger communications in written form (letter/text) rather than telephone.	NCA Interpretation & Translation Service			
4	Parking Difficulties:	Participants reported issues with finding suitable parking spaces, causing delays that sometimes resulted in being refused treatment.	The reports have been shared with our Estates colleagues and any actions will be reported on as we received feedback from them	Estates			
5	Lack of Flexibility in Appointment Scheduling:	Fixed appointment slots with limited flexibility make it challenging for d/Deaf patients to arrange their preferred interpreters or manage childcare and travel.	See Action 2	Heads of Patient Experience; and Interpretation & Translation Service			
6	Hospital and Urgent Care Challenges:	Incidents of interpreter absence at critical moments such as maternity care, urgent care visits, and hospital appointments were common. Patients experienced delays, distress, and poor treatment outcomes due to these gaps.	See Action 17				

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Hospital Appointments:						
7	<u>Waiting rooms – “Shouting” name</u>	Installing visual alerts. For all healthcare settings to have digital boards that flash and show clearly the patients name when it is their turn, or to make use of the vibrating handheld devices that alert patients that it is their turn for their appointment.	Rochdale currently have 2 TVs with “patient call facility” fitted. Need to undertake an evaluation to determine future provision.	Estates Manager		
8	<u>Face masks – for those who do lip read</u>	Ensuring healthcare professionals wear transparent face masks to support lip reading	Provide staff with the details of how to order the specifically designed and approved clear window face masks via the PPE Link	Comms		
9	<u>Having to “ring” for appointments as noted in letter correspondence</u>	Updating patient records to clearly identify communication needs	See Action 3	NCA Interpretation & Translation Service		
10	<u>Hospital Text service not always available to use to book/change appointments</u>	Providing text-based options for booking and changing appointments	See Action 2	Heads of Patient Experience; and Interpretation & Translation Service		
11	Other Barriers Hospital Setting	Not automatically booking an interpreter for the appointment at point of making it	See Action 2	Heads of Patient Experience; and Interpretation & Translation Service		
12		“Sign Live” Service – not available, freezes, digital barrier	Increase the accessibility of 'Wifi, etc to enable devices to operate more smoothly The reports have been shared with our Digital colleagues and any actions will be reported on as we received feedback from them	Digital		
13		If admitted (emergency) don't immediately know d/Deaf, and think it is part of the accident or head trauma etc	Educate UTC staff to be aware to watch for d/Deaf patients, particularly when attending with trauma. Practice Based Educator to undertake a bespoke session	UTC Lead/PBE		
14		Level of Sign language qualification of interpreter makes a difference to patients care especially around complex/health signed words and conditions	Ensure NCA only use qualified level 6 BSL interpreters who have experience in supporting patients with their health and social care needs.	NCA Interpretation & Translation Service		

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PHASE 2 REPORT							
15	Book Interpreters for Longer Time	d/Deaf patients need more time at hospital. Book interpreters for at least 4 hours. This helps if the appointment is delayed or takes longer than expected.	See Action 2	Heads of Patient Experience; and Interpretation & Translation Service			
16	Eliminate the mis-use of the "Two-Week Rule"	Some staff say interpreters must be booked 2 weeks in advance. This is not true. Emergency and short notice interpreters are available and should be used.	See Action 17, specifically: Train all front-facing staff (especially receptionists and triage teams) on how to quickly access on-demand interpreter services (e.g., SignLive, 999BSL).				
17	Train Staff in d/Deaf Awareness	All healthcare staff should receive mandatory training on how to support d/Deaf patients. This includes not shouting names, understanding communication needs, and not using family members to interpret.	<p>Work in conjunction with the NCA Learning and Development and Audiology Team to:</p> <ul style="list-style-type: none"> • Develop and launch a new intranet page containing information, guidance and support resources to aid colleagues supporting d/Deaf patients and service users with other additional communication needs. • Roll out of education and training packages across the NCA: <ul style="list-style-type: none"> - The training will utilise readily available, expertly developed training content, sourced from national and local organisations. Where training does not currently exist, the strategy team will work with expert colleagues and other subject matter experts, to develop bespoke training material. - Patient Access & Administration have developed a robust training workshop around Effective Communication and will provide a good overview of how best to support service user additional communication needs. <p>Train all front-facing staff (especially receptionists and triage teams) on how to quickly access on-demand interpreter services (e.g., SignLive, 999BSL).</p>	Heads of Patient Experience; and Learning & Development and Audiology			
18	Make Apps and Systems Accessible	Allow d/Deaf patients to request interpreters using the NHS App or online. Appointment letters should show if a patient needs support. Make sure systems help, not block, access.	See Action 2 & Action 12	Heads of Patient Experience; and Interpretation & Translation Service			

19	Do Not Use Family Members as Interpreters	Family members should not be used as interpreters in healthcare settings. It is neither safe nor private and can place emotional strain on both the patient and the family member. Only trained, qualified interpreters should be used—they have the right skills, follow strict professional guidelines, and are fully insured to carry out the work.	See Action 14 & Action 17				
20	Fix Digital Barriers	Show names on screens when it's a patient's turn. Give access to free Wi-Fi for apps like Sign Live. Use texts and emails, not just phone calls. d/Deaf patients need better digital support.	See Action 12				
21	Improve and Standardise Interpreter Booking Protocols	Recommendation: Establish a mandatory minimum booking time of 4 hours for hospital-based appointments involving d/Deaf patients, especially where delays or complex procedures are expected. Rationale: This allows for flexibility during extended waiting times or procedures and reduces the risk of interpreters leaving mid-care due to time constraints. Include: Clear advance information (appointment type, setting, expected length) should be shared with interpreters at the point of booking.	See Action 2				
22	Eliminate the Misuse of the "Two-Week Rule"	Recommendation: Dispense with the myth that interpreters require two weeks' notice across all services. Rationale: Emergency and short-notice interpreting is possible, and underutilisation of existing 24/7 interpreting services is leading to care gaps. Include: Train all front-facing staff (especially receptionists and triage teams) on how to quickly access on-demand interpreter services (e.g., SignLive, 999BSL).	See Action 16/17, specifically: Train all front-facing staff (especially receptionists and triage teams) on how to quickly access on-demand interpreter services (e.g., SignLive, 999BSL).				
23	Enhance Deaf Awareness and Frontline Staff Training	Recommendation: Implement mandatory deaf awareness training for all staff, including clinical and non-clinical personnel, with a refresher every 12-24 months. Rationale: Better understanding of d/Deaf communication needs (e.g., not assuming speech equals hearing, avoiding reliance on family members, not shouting names in waiting rooms) will improve patient experience and reduce clinical risk. Include: Role-play scenarios, training on reasonable adjustments, and use of communication tools (e.g., visual alerts or appointment displays).	See Action 17				
24	Embed Deaf Accessibility into Digital and Operational Systems	Recommendation: Integrate interpreter request options into appointment booking systems, including the NHS App and practice-level digital tools. Rationale: This allows patients to flag their access needs independently and ensures interpreter services are not omitted from booking workflow. Include: Update template appointment letters for d/Deaf patients to reflect known reasonable adjustments and visual alerts for staff.	See Action 2				

25	Protect Patient Privacy by Ending the Use of Family Interpreters	<p>Recommendation: Enforce a strict policy against using family members as interpreters in health and social care settings.</p> <p>Rationale: Family members lack formal training, present ethical concerns, and compromise both safeguarding and medical accuracy.</p> <p>Include: Educate staff on legal and professional boundaries, and always prioritise access to qualified, registered BSL interpreters with appropriate insurance and safeguarding training.</p>	<p>Strategy Workstream 2, bullet 6 states:</p> <ul style="list-style-type: none"> - Eliminate the need for family interpreters. Family members should not be used as interpreters in healthcare settings. It is neither safe nor private and can place emotional strain on both the patient and the family member. <p>This will be reinforced through effective comms and supervision</p> <p>See also Action 14</p>				
26	Address Digital Accessibility and Connectivity Gaps in Healthcare Settings	<p>Recommendation: Implement inclusive digital infrastructure and communication systems across all healthcare environments to remove technological barriers for d/Deaf patients.</p> <p>Rationale: Current practices—such as calling patients by name in waiting rooms without visual aids, lack of reliable Wi-Fi for digital interpreter services, and inaccessible communication methods—disproportionately exclude d/Deaf individuals from timely and equitable care.</p> <p>Include:</p> <ul style="list-style-type: none"> - Visual Calling Systems: Install screen-based or pager-style appointment calling systems in all waiting areas so that patients can visually confirm when it is their turn. - Wi-Fi Accessibility: Ensure stable and secure patient-accessible Wi-Fi across healthcare premises to support the use of tools such as Sign Live and the BSL 999 app. Prioritise Wi-Fi as an accessibility requirement, not a luxury. - Alternative Contact Methods: Ensure appointment booking systems and hospital correspondence include SMS, email, or text relay contact options, not just voice phone numbers. - App and Website Improvements: Work with NHS Digital and local practice software providers to integrate interpreter-request functions and visual communication alerts directly into digital tools (e.g., NHS App, online booking portals). 	<p>See Actions 7, 12, 2 and</p> <p>a "Future Recommendation within the Strategy, Workstream 4 is to "improve information on the NCA Website". This will form part of our future planning.</p>				