

Patient centred communication on hospital wards

Summary Report

October 2017



A) What we did and why

Healthwatch is the champion for users of health and social care in Coventry. We are independent of NHS and care services and decide our own programme of work. We have a role defined in law and this means we have the right to get a response to our reports and recommendations.

The Health and Social Care Act 2012 allows local Healthwatch Authorised Representatives to visit NHS and social care services to gather the views of patients, service users and family carers and to see how services operate.

The Healthwatch Coventry Steering Group agreed, after feedback from patients about how communication on wards met the needs of patients with communication support requirements, that Enter and View Visits to adult hospital wards at UHCW would form part of the 2016-17 Healthwatch Work Programme. The work was extended into the 2017-18 Healthwatch Work Programme so that a second phase of ward visits could take place.

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 can be found at **appendix 1**).
3. Promote the sharing of good practice and identify any gaps in provision or areas for potential development.

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.

We visited wards 21, 22, 23, 50, 35, 33, 32, 31 and carried out a pilot visit to ward 42.

During these visits we recorded observations and spoke to 72 patients, 24 staff and 11 relatives using guided interview techniques and distributed visitor surveys.

Out of the 72 patients we spoke to 21 patients had communication support needs and of the 11 relatives surveyed three were of patients with communication support needs.

B) Findings and conclusions

General

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).

C) Recommendations to UHCW and their response

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
<p>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.</p>	<ul style="list-style-type: none"> • 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. 	<ul style="list-style-type: none"> • Director of Communications and Associate Director of Quality Patient Experience • Associate Director Nursing Patient Experience • Associate Director of Quality Patient Experience • Head of Diversity

<p>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.</p>	<ul style="list-style-type: none"> • 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. 	<ul style="list-style-type: none"> • Equality and Diversity Executive Assistant and Communications Manager
<p>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</p> <p>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.</p>	<ul style="list-style-type: none"> • 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. 	<ul style="list-style-type: none"> • 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

<p>4) Build on existing training to develop and provide training for different grades of staff around learning disability awareness.</p>	<ul style="list-style-type: none"> • Work with the Learning and Development Team to identify skill sets. • Matrons to identify support and training needs of staff through appraisal process. 	<ul style="list-style-type: none"> • Associate Director of Learning and Development • Modern Matrons
<p>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</p>	<ul style="list-style-type: none"> • 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 • 	<ul style="list-style-type: none"> • Director of Communications and Associate Director of Quality Patient Experience • Director of Communications • Associate Director Nursing Patient Experience
<p>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</p>	<ul style="list-style-type: none"> • 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. 	<ul style="list-style-type: none"> • Associate Director Nursing Patient Experience • Equality and Diversity Executive Assistant and Communications Manager

<p>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.</p>	<ul style="list-style-type: none"> • Communications team run internal awareness campaign on current available resources. (linked to actions: 1,3,6) 	<ul style="list-style-type: none"> • Equality and Diversity Executive Assistant, ICT and Communications Manager
<p>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.</p>	<ul style="list-style-type: none"> • 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. 	<ul style="list-style-type: none"> • Associate Director of Nursing Operations

D) Acknowledgements

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

E) Copyright

The content of this report belongs to Healthwatch Coventry. Any organisation seeking to reproduce any of the contents of this report in electronic or paper media must first seek permission from Healthwatch Coventry.

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 folder¹

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

¹ <http://cds.co.uk/pictocomm/about-pictocomm/>



29 Warwick Road
Coventry
CV1 2ES
024 76220381

Email: healthwatch@vacoventry.org.uk
www.healthwatchcoventry.co.uk



Healthwatch Coventry is provided by Here2Help