

## Deaf/BSL Community HTP Focus Group

Held on Monday 26<sup>th</sup> September 2024  
 14:00 – 16:00hrs via MS Teams

### QUESTIONS/ANSWERS

#### Deaf/BSL Community Focus Group

#### **Team responding to public questions:**

Julia Clarke – **(JC) Director of Public Participation**

Aaron Hyslop – **(AH) HTP Engagement Facilitator**

Hannah Morris – **(HM) Head of Public Participation**

Ed Rysdale – **(ER) Emergency Medicine Consultant and Clinical Lead for HTP**

Rachel Webster - **(RW) HTP Nursing, Midwifery and AHP Lead**

**Supported by: Two BSL translators**

#### Q&A's FOLLOWING PRESENTATION

**COMMENT:** The barrier on the car park at SECC was difficult to use due to the intercom system. I had to scream into it just for the person on the other end of the intercom to recognise that I was deaf. At Derby Hospital they use a text machine on the barrier, which is much easier.

**A: (JC)** - I will feedback that back to the team at the Conference Centre (SECC), as this building does not belong to the hospital and is run separately. With hindsight we should have been more prepared for this group and had somebody at the barrier until everyone had arrived, my sincere apologies for this. The rest of the Trust does not have barriers to enter carparks so you this would not be an issue. Within the new HTP building car parking plans there will also be more disabled and children/parent parking spaces.

**Action:** Julia Clarke to feedback to SECC and suggest the addition of a text machine to supplement the intercom for those visitors with hearing/speech difficulties.

**Q:** Could there be special parking bays for deaf people arriving at the hospital.

**A: (JC)** – The hospital does have disabled spaces which are available to any visitors who have a Blue Badge. At any future meetings that we hold at SECC for groups with hearing loss we will make sure that there is someone at the barrier to assist them.

**COMMENT:** There does not seem to be any fire alarms suitable for deaf or hard of hearing people within the Trust. At Manchester Hospital these fire alarm facilities are everywhere. I think it is very dangerous for deaf people to not be correctly alerted to any kind of fire.

**A: (JC)** – The Trust Fire training provided annually to all staff includes safely evacuating patients and visitors from all areas within the Trust and taking them to the appropriate muster point. This would include checking public toilets.

**ACTION:** Julia Clarke will check with the Estates team to check what facilities and alarms there are currently in the Trust public toilets.

**COMMENT:** The public toilet doors open in; an assistance dog would have to manoeuvre round before the recipient could go in. Morrisons is the only place where the door opens outwards and its always at the end of the cubicles.

**ACTION:** Julia Clarke to discuss with HTP about accessible toilets in the new building for assistance dogs to manoeuvre into

**Q:** Will there be access for disabled people to the new Emergency Department (ED) and will it be clearly labelled? Also, what happens if we drive around the car park and all the disabled places are full?

**A: (ER)** - During the building work we know parking will be difficult. The entrances are narrow at the moment and that will not change until near completion. There will be a new entrance for the new build and for the emergency department with a drop off area and disabled parking close by. Anyone coming to the hospital in their own car could be dropped off by the new entrance and then parking would be nearby. We have seen an increase in staff using the park and ride scheme on both hospital sites which is improving parking for patients and visitors.

**Q:** Will there be labelling for the parking in certain areas directing access to different areas?

**A: (ER)** – There will be more blue badge parking in the future and drop off areas. If you are having any problems with car parking, please talk to our car parking attendants who will try and help. All car parks are now very clearly labelled either “public” or “staff” parking and there are directional signs on the hoarding. We are also keeping our website updated around parking facilities during the construction phase.

**COMMENT:** Coming into A&E at the moment seems quite random. I have seen incidents where hospital staff deal with an injured patient there and then, but children and the elderly can be kept waiting. My mother is 102 yrs old, and she was kept waiting 12 hours in A&E.

**A: (ER)** - The patients are seen on clinical priority, not age, so this does mean some patients will wait longer than others because their presenting condition is potentially more serious.

We cannot separate out the elderly when they present to ED, but there will be an enlarged frailty area, and we now have Frailty Units on each site who reach into ED to see and assess frail patients. Within the ED currently we are separating out children and adults. In the new HTP ED there is going to be a new children’s emergency area. As you enter the Department there will be a separate and closed off children’s waiting area which will be much larger than what is currently available, this will be separate to

the adult's waiting area. Hopefully the waiting times to be seen will come down, which is one of the reasons why we are doing this as our waiting times are too long.

**COMMENT: When we are going in to have a scan, I had to take out my hearing aid and I was asked by the radiologist if I would like some music, which was pointless as I am deaf. I have suggested with new technology is there a possibility there is a cartoon or a little story that could be shown so we can read/see something rather than just offer music for 20-30 minutes to keep us entertained. When I went for a scan, I wasn't told anything I just heard banging noises which was a little worrying.**

**A: (ER) – I'm not a radiologist but the specific scan when music is offered is an MRI scan as they are very noisy. It isn't offered for other scans. An additional visual screen is not something we can add as it would need to be designed in by the manufacturers but a leaflet explaining the MRI process would be helpful and we will check with radiology if this is possible**

**ACTION: Julia Clarke will contact the radiology department to identify what support is currently available. It may in the department be helpful for a simple poster to be displayed informing patients that they may experience noise and that this is a normal part of the process.**

**Q: What services will be available for emergency and delivery services for a deaf woman in their pregnancy? What are the chances of maternity staff learning British sign language?**

**A: (JC) – If it's a planned visit to the hospital we do provide translation and interpreter services, whether that's BSL or a foreign language. There is an option for staff to learn BSL but it's not mandatory. We have a Patient Experience Team who oversee our offer for patients with disabilities. Also, we have a 24/7 on-call contract with VISS for BSL services which works very well**

**Q: If I was being admitted to the Trust and all the beds were full, what would happen?**

**A: (ER) – Our plans are designed to try to make sure that we don't have the problems we have with beds availability that we have at the moment. With the HTP clinical model you would have about three days in an acute bed at RSH and then if you no longer need acute care, you would be transferred onto a planned clinical pathway of care provided at PRH (to make sure that we always have enough capacity at the RSH emergency site). We are not closing any beds or knocking anything down so we should have enough space. Patients will not need to worry about where they will be admitted as this will all be planned as part of their pathway. SaTH also needs to work together with the community to provide the best process and care for patients.**

**Q: Sometimes I have attended hospital and there have been two sign language interpreters who have turned up, one through VISS and another from somewhere else. I was then asked to choose which one I wanted, which would always be the VISS interpreter. VISS have the contract for this area, so why are other interpreters being brought in?**

**A: (JC) – I suspect that VISS are notified as we have a contract with them and possibly someone else may be unsure as to whether contact has been made so they might**

contact someone else. It shouldn't happen, it should be VISS as they do hold the contract. It would be helpful to inform the team if that happens again as this can then be tracked back to find out what had happened, so we can prevent it in future. In the Trust we also have the Patient Advice and Liaison Service (PALS), if there are any issues or additional support, PALS will try and help to sort it out much quicker for you, rather than making a complaint.

**COMMENT: Sometimes VISS is not available 24-hours, so I can understand if outside interpreters would need to be called in.**

**A (BSL translator):** I work for VISS; we do have a 24-hour service, but it depends on interpreter availability. If someone calls in the early hours and there is no one available, we will always try our best to get somebody. It does happen where a call comes through last minute. I only live a 3-minute drive away from the hospital at RSH and I can normally get here within 15-minutes even in the early hours. It doesn't work all the time, but we do try our best.

**Q: If you live the other end of the county what is available for transportation with someone pregnant?**

**A: (ER) –** If it's a planned delivery then you have time to plan your transport either to RSH or PRH. For emergency patient transport there is the 999 ambulances. For patients who meet the criteria we have planned patient transport which is funded by the ICS (Integrated Care System), our system partners, with national criteria about who can access non-emergency patient transport.

**A:(JC) –** The hospital does not provide transport services; we provide the clinical care. The emergency ambulances are provided by West Midland Ambulance service or the Welsh Ambulance service. If you are in the hospital and you need transferring on discharge that is arranged through the non-emergency transport provider which is provided through the ICS if you meet the national criteria. SaTH does not hold the responsibility for transport provision.

**COMMENT: For those of us who live far North of the county, we are only 2-3 miles from the Welsh border. It is quicker and easier to get to Wrexham than to get to Shrewsbury.**

**A: (ER) –** If you ring 999, it is then a decision for the ambulance service to make on which hospital to take you to. We find we get quite a few patients from Oswestry area, because often the Wrexham delays are sometimes worse than the Shrewsbury delays.

**Q: If someone is injured or disabled, how would they manage to exit the building in an emergency?**

**A: (JC) –** We have very strict fire regulations and regular training. Our staff on the ward block are regularly trained and practice evacuating patients from the top of the ward block, even if the lifts are out of order. Every area has a fire warden and staff are trained to evacuate people safely. We know and plan for the fact that the people who come to hospital are likely to be less mobile than the general population. We would not be allowed to open the hospital if we had not taken all that into account. Within the hospital there are two types of fire alarms, there are constant alarms (which means the fire alarm is being raised in that area so staff will need to evacuate visitors) and intermittent alarms (which means the alarm is in an adjacent area and there is presently no need to evacuate. We have mandatory training in fire drills for all staff.

We also have automatic emergency shutting fire doors which are checked on a weekly basis as well as the fire alarms.

**A:(RW)** – We are planning a live drill simulated evacuation trial for ED on 10<sup>th</sup> October in readiness. We will be doing live drill evacuation plans for all the departments and all the floors.

**COMMENT:** If a deaf person comes into the emergency department, there needs to be a procedure set in stone so as soon as that person comes in, straight away they can get an interpreter the moment they arrive. Each reception area will need the correct information.

**ACTION:** Ed Rysdale will confirm with all departments the correct information is held within the reception areas.

**Q:** What if there was a bomb scare, how would people get out if there was a bomb?

**A: (ER)** – We have an Emergency Planning team who have arranged emergency plans for all areas of the hospital.

**A: (JC)** – The key is practice and training of our staff. We also have a Security team so in the event of a potential terrorist or bomb attack we have a policy/ of protocol that is regularly rehearsed. It's a critical importance for our staff as well as our patients, so it is taken very seriously.

**Q:** What if there is an emergency and my partner is in a different area of the hospital, how will I know my partner is safe?

**A: (JC)** – Staff instructions will need to be followed by you and your partner as staff are trained in evacuation. There will be another member staff looking after your partner wherever they are. You will then go to a 'Muster Point' where you will be reunited.

**Q:** You mentioned two types of sounds for fire alarm danger, is it possible they are sent to Deaf People Headquarters, because it is the sounds we use to train the dogs for danger, and we put them on our phones so we can practice at home? The fire alarms in the hospital are different from the alarms in the supermarkets.

**ACTION:** Julia Clarke to liaise with the Trust engineers to check if the two sounds for the fire alarm is part of a national alarm system.

**Q:** If one of the lifts break down or gets stuck, how are we able to raise the alarm?

**A: (RW)** - In the new build the lifts will be state of the art for modern services. They will have all the modern technology and facilities that is available, to cover any eventuality of lift failure and how you can communicate and be communicated with. Most modern lifts now have display units in them.

**ACTION:** Julia Clarke to check with Adam Ellis-Morgan in HTP around lift display units.

	<p><b>Q: When we are in hospital how do we keep our family/friends involved on how we are getting on, as the Wi-Fi connection is normally not very good, is there going to be Wi-Fi across the hospital?</b></p> <p><b>A: (ER) –</b> Yes, the whole building will be entirely Wi-Fi compliant throughout the Trust. We also need it to work for electronic patient records etc, the Wi-Fi will be essential.</p> <p><b>COMMENT: If you know you're coming into hospital, please let the hospital know in advance if you have any special needs and we will always try to accommodate them.</b></p>