

Report on the Changes and Current Issues at Royal Cornwall Hospital around Patients with Hearing Loss. Wednesday, April 9, 2015.

This piece of work came about after Healthwatch Cornwall (HC) was informed of changes being made at RCHT to improve experience for patients that have hearing loss. At the same time a volunteer for Healthwatch Cornwall, Jamie Hanlon, raised issues that prevent him and his family members receiving equality of care at RCHT. A meeting was set up with Debby Lewis (Human Rights, Equality and Inclusion Lead) from RCHT to discuss these issues, see what could be implemented to improve the situation and discuss the recent changes that have been made.

Changes that have been made and current issues are shown below:

- 50 new personal hearing sets have been placed around the hospital. These allow people who are hard of hearing to communicate with health professionals, friends and family. Healthwatch Cornwall saw one of these units on the Medical Admission Unit, which had been recently used by a patient. The 50 sets are designed for people who are hard of hearing and are without hearing aids. A simple hearing loop could be added so that people with hearing aids could access this equipment. Four suggestions are listed below:
 - Increase staff awareness of personal hearing sets. This will hopefully be achieved through the Link staff (see below). At the very least every ward clerk should be aware of the equipment.
 - Option to use a hearing loop to make the equipment more inclusive.
 - Consideration of cross contamination and infection control of the personal hearing sets.
 - Map of where these personal hearing sets are based around the hospital for staff and patients.
- 14 Link staff members are based around the hospital. They have received training from Hearing Loss Cornwall on how to carry out maintenance on hearing aids. The link staff are aware of the personal hearing sets (mentioned above) and can advise staff where they are.
 - A map of where these 14 Link staff members are based around the hospital would be a useful resource for the website and the hospital reception.
- Treliske has recently updated its loop system at a number of locations around the hospital. HC tested the loop system at the main reception (Trelawney) and found the system to be working but not as well as it should be. Due to the microphone being a lapel type (clip on microphone), the quality of sound that the patient pick up through their hearing aid is poor. This is a similar issue at the outpatients department. With the amount of background noise the loop system almost becomes useless. The signs for the hearing loop system need to be bigger and clearer. The sign for the loop system in the outpatients department was not visible as it was hidden behind a box. It was also evident that the staff behind the 2

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reception desks that HC visited were not suitably trained to understand how to use the loop system. Suggestions are listed below:

- For the lapel microphone to be clipped to the reception staff member so that communication is clear. If this isn't an option a different microphone needs to be used.
 - Bigger labels to indicate the hearing loop system is in place and with the labels in a more prominent place.
 - Training for all staff members behind any reception desk about the hearing loop system and how to use it.
- Issues raised around staff calling for patient in a waiting room who are hard of hearing. At GP practices there are screens where names come up. At Treliske, this isn't currently possible and therefore can lead to patient being unsure and anxious as they wait for their appointment.
 - Label on the top of patient's notes to indicate that the patient is deaf (picture of an ear) so that when health professional looks at notes this is clearly evident.
 - Implementation of screens so that patients names and room number are displayed when they are being called.
 - Issues around patients or visitors who are hard of hearing being able to access a ward where there is a buzzer entry system. Can push the buzzer but won't be able to hear the health professional reply.
 - Suggestion of making people who are hard of hearing aware that if they push the buzzer 3 times a staff member will meet them at the door and communicate face to face.
 - Issues raised around access to the MRI unit and being able to receive suitable treatment while having an MRI. At the reception, which isn't staffed, patients are asked to use the phone and ring into the MRI unit. A patient who is deaf will ring the number but won't be able to respond to any of the commands from the MRI staff. MRI staff has had issues with deaf patients not being able to use the phone. Patients have also raised issues that during a MRI procedure that they are unable to hear staff commands such as "breathe in" or to "not move", similarly with CT scan. Suggestions are listed below:
 - Change the phone so that it has loop capabilities which will make it more inclusive for patients with hearing aids.
 - A volunteer or paid staff member to man the reception desk.
 - Electronic booking system so that patients can book in independently. Understand there is a cost implication to this.
 - Having a coloured light system in the scanning room; this is explained to patients so they know what the colours mean, e.g. red means breathe in.

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- Issue raised around being able to communicate to health professionals while staying in hospital that individual is hard of hearing. JH has experienced this first hand with consultants speaking with him at the bedside and them not realising he was unable to hear. This was resolved simply with a piece of card taped to the white board next to the bed stating the patient was deaf.
 - Improve communication to all staff involved with the patient including doctors, nurses, catering, cleaners etc. This can be simply done by utilising the white boards next to the patient's bed. This can display important information like whether the patient is deaf or has a food allergy. In most cases this is already happening.

Summary

This visit only looked at 2 receptions, 1 ward and 1 diagnostic facility. The hope would be that HC, in partnership with RCHT, would be able to look at all aspects of RCHT to ensure that patients with hearing loss are getting the best quality of care. HC is aware that RCHT has undergone its own audit to ensure that they are providing equality of care for all. HC is pleased to see the progress that RCHT has made in implementing improvements for patients who suffer with hearing loss in the past 6 months. There are still a number of issues that have been raised through this visit and HC would hope that RCHT react and implement these changes to improve patient equality.

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