

Welcome to the National Deaf and Hard of Hearing NHS Staff Network

20 September 2024

Queen Elizabeth Hospital Birmingham

We start at 10.00 checking our Communication Needs

social media #DHOHnetwork

House keeping and ground rules

Fire/bathrooms

dog area

breakout room

respect and confidentiality

photos

Comfort break 10.45 to 11.00

Lunch 12.30 to 1.30

Comfort break 2.45 to 3.00

Our thanks to those who are supporting our 2024 Gathering:

NHS Employers / NHS Confederation

SignVideo

University Hospitals Birmingham NHS Foundation Trust

Kent and Medway NHS and Social Care Partnership Trust

Black Country NHS Foundation Trust

Introducing the Leadership Group

Purpose of the day –

**to celebrate our networks growth, to connect and learn about
how more networks are grow,
to support ourselves when at work (onboarding and reasonable
adjustments)**

What the network stands for – next slide

National Deaf and Hard of Hearing NHS Staff Network – what we stand for

MISSION

Transform the culture of the NHS so that members of the deaf and hard of hearing workforce receive the best support and work in an inclusive environment in which they can thrive.

PURPOSE

To build a social movement of deaf and hard of hearing people and their allies who see themselves as having a leadership role in the NHS – to influence change across the system.

To build a social movement of deaf and hard of hearing people who will as members, connect with others like themselves and be empowered.

OBJECTIVES

To develop a network that supports members to advocate for deaf and hard of hearing inclusion and equality.

To improve the experience of deaf and hard of hearing staff and patients by advocating for change and amplifying under represented voices.

To increase numbers and visibility of deaf and hard of hearing staff in all positions/roles.

WHAT WE WILL DO (3 years)

Support systems

1. Propose awareness of the network to attract members
2. Recognise the range of challenges/requirements of DHOH staff and set examples that help us better understand what is available to the staff (i.e. Access to Work/technology)
3. Influence policies to represent the views of our network members so their voice is amplified
4. Propose a charter/guidance of best practice for NHS

Education/wellbeing

1. Host conversations and thematic discussions
2. Profile DHOH training available for all staff/managers/leaders
3. To develop confidence and effective allyship in Deaf and Hard of Hearing

Workforce development

1. Influence and support plans for widening learner participation
2. Guidance on positive onboarding for new DHOH starters
3. Capture the development needs of staff in Deaf services
4. Influence constructive links with WDES and ESR disclosure



Matthew James (he/him/his)

Head of EDI and Retention at NHS England, North East and Yorkshire, and Chair of the NHS England Deaf and Hard of Hearing Network (a subgroup of DAWN)



Emily Nicol (she/her/hers)

Corporate Policy Lead in the Health and Justice Children Programme at NHS England



Emmanuelle Blondiaux-Ding (she/her/hers)
IT and Clinical Systems Trainer at Leeds
Dental Institute, and Staff Dignity at Work
Advisor and Equality and Diversity Champion
at Leeds Teaching Hospital



Emma Mendes da Costa (she/her/hers)
Workforce Equality, Diversity and Inclusion
Lead and LGBTQIA+ Staff Network Co-Chair
at Sussex Partnership NHS Foundation Trust,
and founder and Chair of the Southern
Disability Support Network



Dr Fizz Izagaren

Paediatric Emergency Medicine ST8, Frimley Health NHS Foundation Trust



Asha Hylton

Sister at Thomas Cook Children's Critical Care Centre, King's College Hospital NHS Foundation Trust, and founder of the UK Deaf Healthcare Professionals Facebook group



Dr Helen Grote (she/her/hers)

Consultant Neurologist at Chelsea and Westminster Hospital NHS Foundation Trust and Imperial College Healthcare NHS Trust, and Chair of the Disabled Staff Network at Chelsea and Westminster Hospital NHS Foundation Trust – Now moved to Glasgow



Janaki Chitsabesan

Pharmacy Technician within Specialised Commissioning at NHS England, and co-founder of Pharmacy Technicians of Colour, PToC

The Planning Group for this Gathering has had amazing support from:

Marie Crowley (She/Her) Children's Strategic Commissioning Manager
(Physical health) - NHS Derby and Derbyshire Integrated Care Board

Nicky Parry (She/her) Associate Reasonable Adjustment Adviser, EDI Team,
Strategy, Education & Culture Directorate - East of England Ambulance Service

Tina Hatton Clinical Nurse Specialist, national Deaf CAMHS – Central England

Madeline Harris Head of Business Operations, Data & Analytics – NHS
England

Claire Wilson (She/her) Principal Forensic Psychologist - Kent and Medway
NHS & Social Care Partnership Trust

Covid-19 and deaf healthcare workers: lessons from the power of collective action

Dr Helen Grote
Consultant Neurologist

Introduction

- Introduction of masks during Covid-19 presented a huge challenge for Deaf people
- The lack of ability to lipread particularly affected deaf healthcare workers due to communication challenges x with the need to ensure safety in a pandemic
- Initially: no transparent masks, and little recognition of the problem by health protection bodies

Raising awareness - newspapers



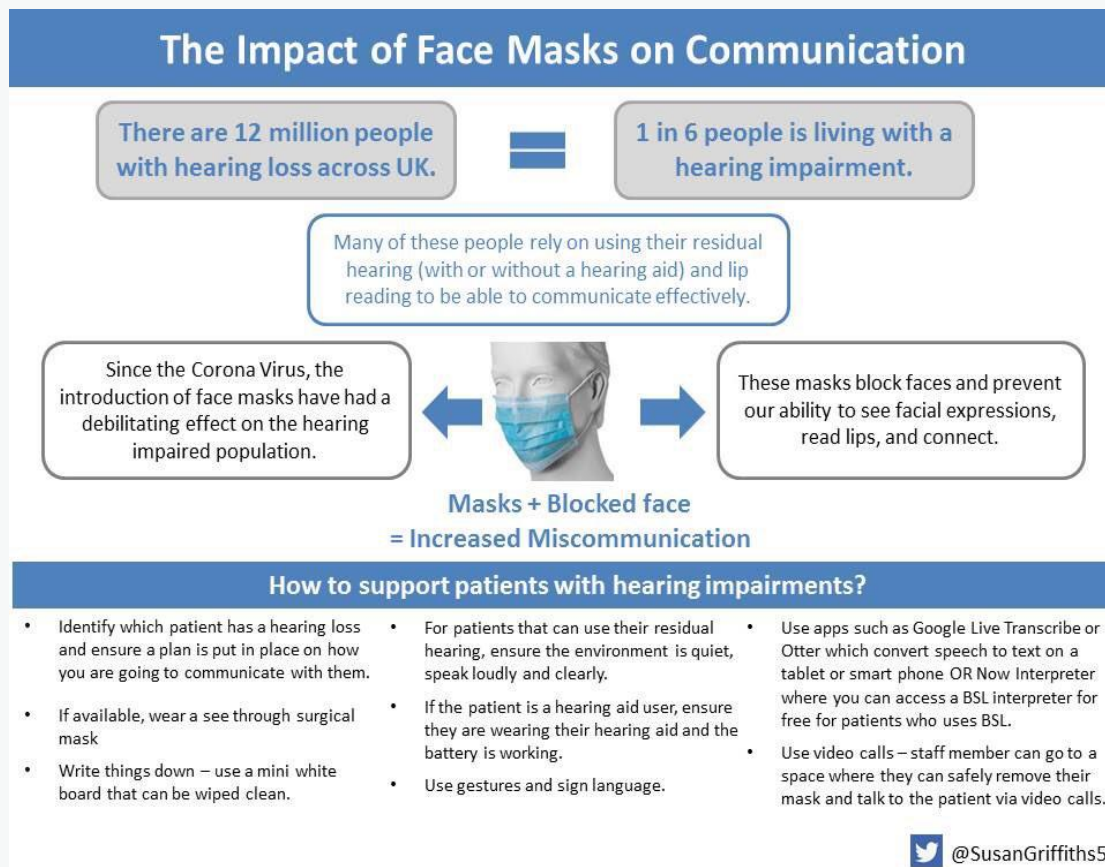
‘In the debate as to whether the public should be wearing facemasks... the deaf community has been overlooked.

..I am a deaf doctor.. Only one manufacturer in the world, based in the US, produces surgical-grade transparent masks, and we are unable to obtain them in the UK.

Despite involving organisations including the BMA and NHS England, we still do not have access to transparent masks.’ Dr. Helen Grote Letter to *The Times* Newspaper, 22 April 2020



Social media campaigns



Infographic/ poster from SusanGriffiths, Paediatric Occupational Therapist
This was displayed in a number of hospitals and healthcare settings during the pandemic

Blog article for BMJ -> publication

thebmjopinion

Latest

Authors ▾

Topics ▾

Covid-19: The communication needs of D/deaf healthcare workers and patients are being forgotten

May 7, 2020

We need to ensure that in our response to covid-19, the rights of those with hearing loss are not forgotten, say Helen Grote and Fizz Izagaren

We are two deaf doctors, who rely on lipreading in our daily work. The debates around personal protective equipment (PPE) during this coronavirus outbreak have revolved around [adequate supplies](#), and [whether the fit testing and face masks supplied by hospital trusts provide adequate protection](#). The communication needs of those who rely on lipreading have been completely overlooked.

At present, we have found only one company in the world that produces [transparent face masks](#) approved for use in healthcare settings. These are currently unavailable, and despite involving our respective hospital trusts, the British Medical Association, and NHS England, there are no transparent masks available for use in healthcare settings in the UK at all.

On a practical level, this means participating in discussions on ward rounds is all but impossible—aside from reading entries in patient notes, and the pre-and post-round discussions in non-clinical settings where masks can be removed. In a medical emergency that requires PPE to be worn, and where safe and effective communication is essential, this difficulty is a substantial concern.

Similarly, the effect on patients has been hugely overlooked. [Around one in six people in the UK](#) live with hearing loss—and in people over the age of 70 an estimated 71% have hearing loss. The use of masks has made communication with healthcare professionals harder for many of these patients, and yet the General Medical



Involving media

Screenshot from Fizz' TV interview

Dr. Fatin Izagaren, paediatric emergency medicine registrar



Involving media

News > UK News

NOT SO CLEAR Thousands of clear face masks 'not safe' to protect frontline workers from coronavirus after 'not being tested properly'

Britta Zeltmann

Published: 11:39, 13 Sep 2020 | Updated: 14:05, 13 Sep 2020



THOUSANDS of clear face masks have been deemed unsafe to protect NHS workers from coronavirus after "not being tested properly", it was reported today.



Asha Hylton,
senior
critical care
nurse
Quoted in
the sun
newspaper,
September
2020

'NOT SAFE AT ALL'

Asha Hylton, a critical care nurse who is deaf, was told by King's College London Hospital Trust that the new masks cannot be used on her ward.

She said: "We could potentially get Covid patients so we need a mask that is suitable to a surgical level to protect us and it's not.

"It's really frustrating because... I want to be with my patients doing the job that I'm trained in, but (the Trust) said it's not safe at all."

The Department of Health now claims the masks were bought as a "pilot" and feedback will influence any future purchase.

The Royal College of Speech and Language Therapists (RCSLT) said they are "really worried" about what tests the masks have gone through before approval.

Kamini Gadhok, CEO of RCSLT, asked: "Can this mask be used by a health practitioner if they're within two metres, or will it not protect the patient if that person has got Covid?"

Ms Gadhok said the RCSLT were not informed of the pilot and that it is not the responsibility of users to work out how effective they are.



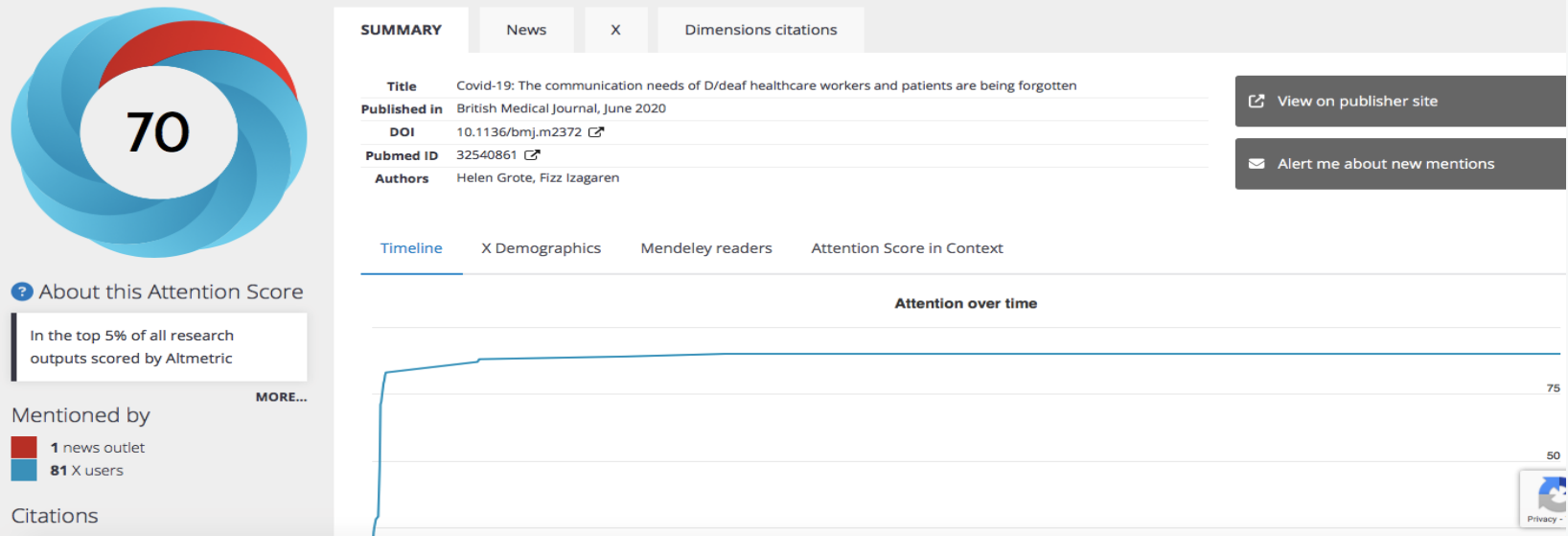
Response from UK government

- UK government eventually ordered 250000 Clear mask™ masks for UK NHS and social care.
- Inadequate for a population of ~ 68 million, where ~ 11 million individuals have some degree of hearing loss.
- Also: Health and Safety Executive stated these did not offer equivalent protection as Type IIR, so several infection control teams refused permission for deaf HCW to use these in clinical settings

Impact of publishing in journals

Covid-19: The communication needs of D/deaf healthcare workers and patients are being forgotten

Overview of attention for article published in British Medical Journal, June 2020



In the top 5% of all research outputs scored by Altmetric
Over 16,500 downloads of the paper



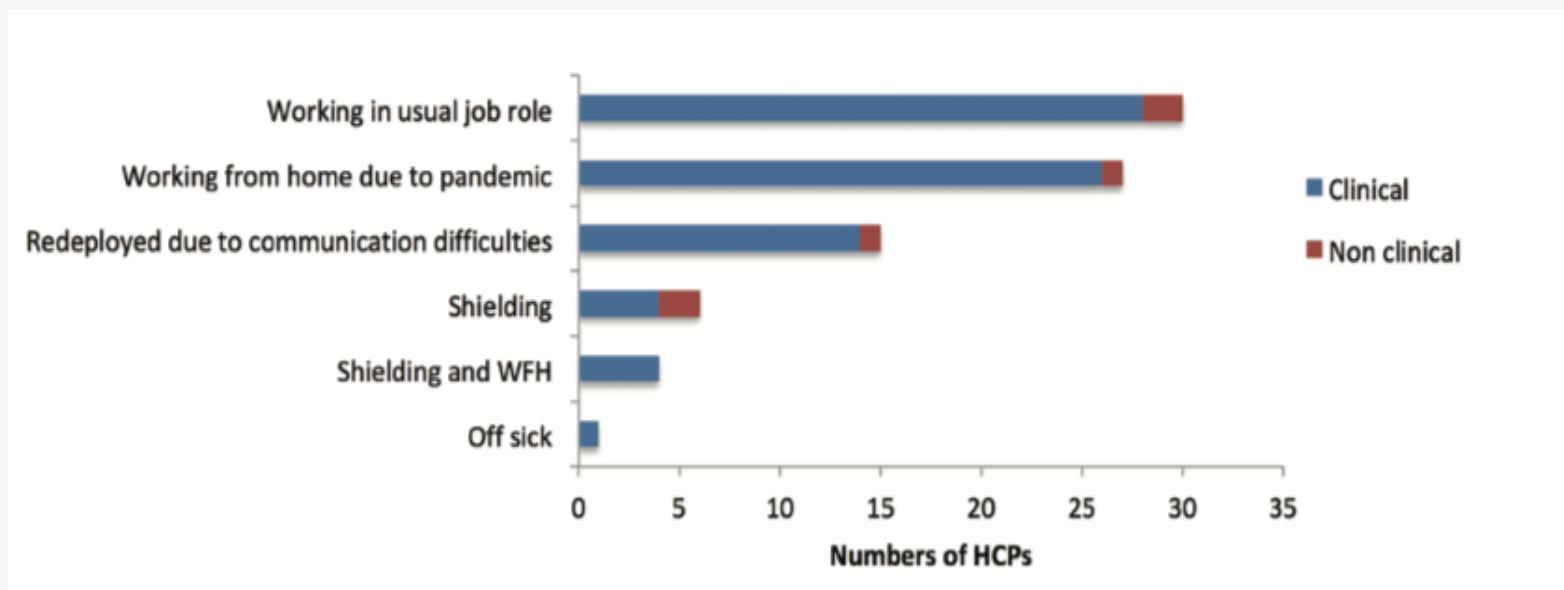
Need for clear data

- Decision taken to survey members of the UK Deaf HCP group on facebook
- Survey promoted on social media
- NHS research ethics sought (not needed as all study participants were healthcare workers)
- HRA approval not required as participants were recruited in view of professional capacity, not connection with a particular organisation

Demographics of study participants

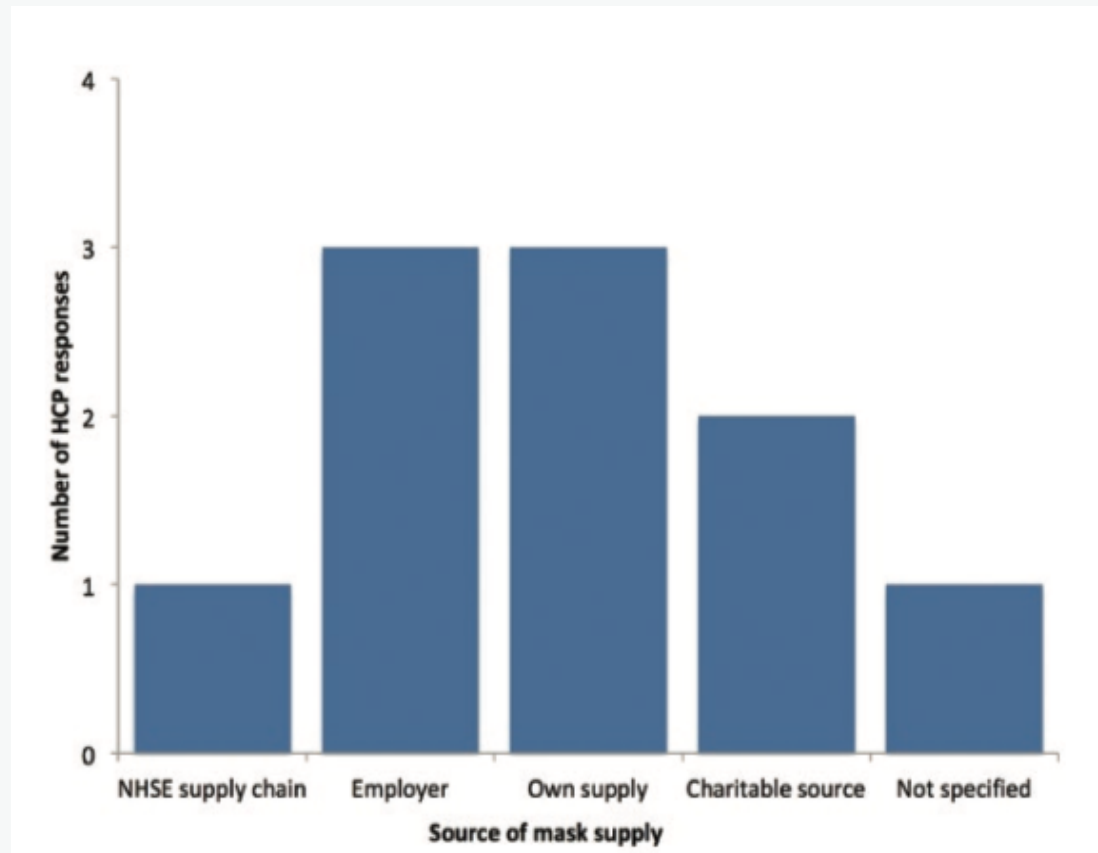
- 83 responses received
- Most (74%) were working in the NHS
- 68% had severe/ profound hearing loss
- 31 different healthcare professions represented
- Eighteen (22%) were doctors and 14 (17%) were nurses
- Majority (87%) reported reliance on lipreading.
- Seventeen respondents (21%) used sign language and had interpreter support

Roles of Deaf HCW during the pandemic



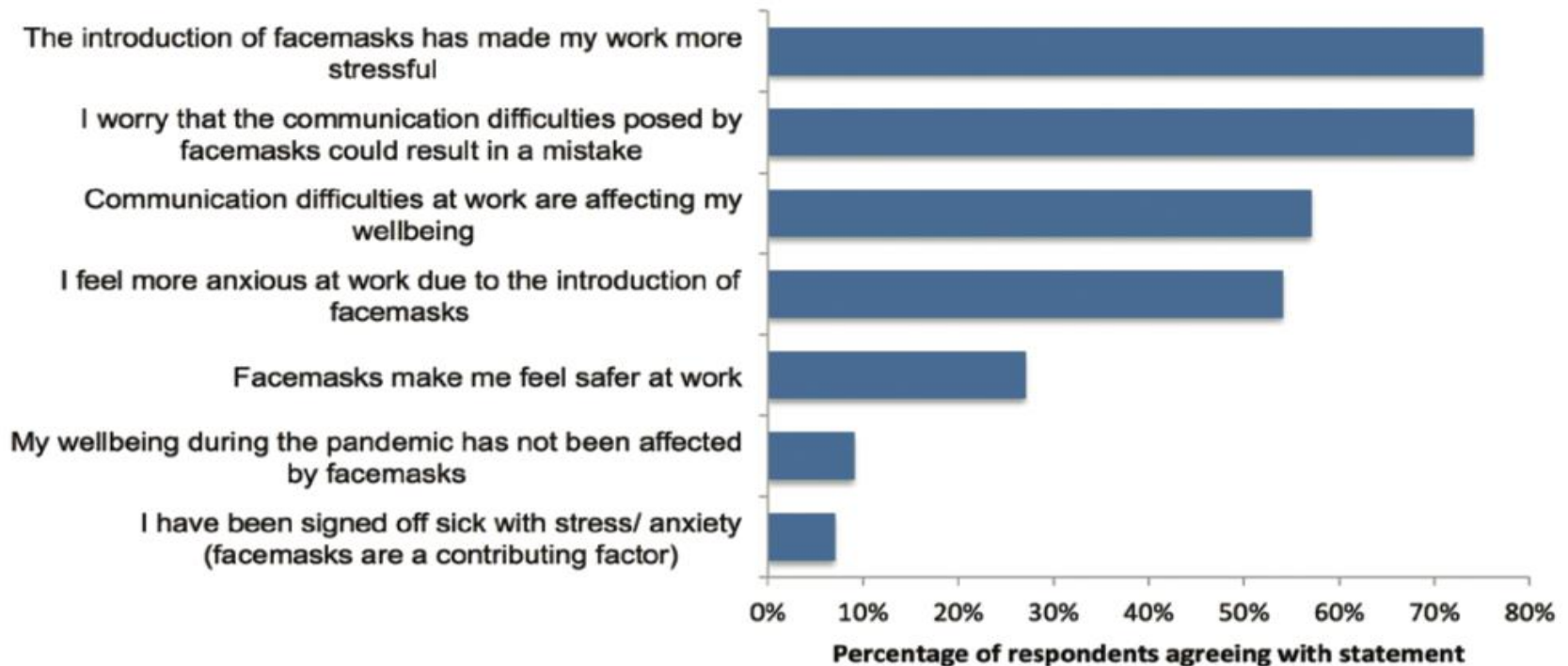
- 14 (18%) clinical staff were removed from patient-facing roles as a direct result of communication difficulties caused by masks and a lack of reasonable adjustments
- Some were redeployed to administrative duties, including death certification, clinical governance and quality improvement projects.
- However, not all were provided with work to do

Clear masks in the workplace



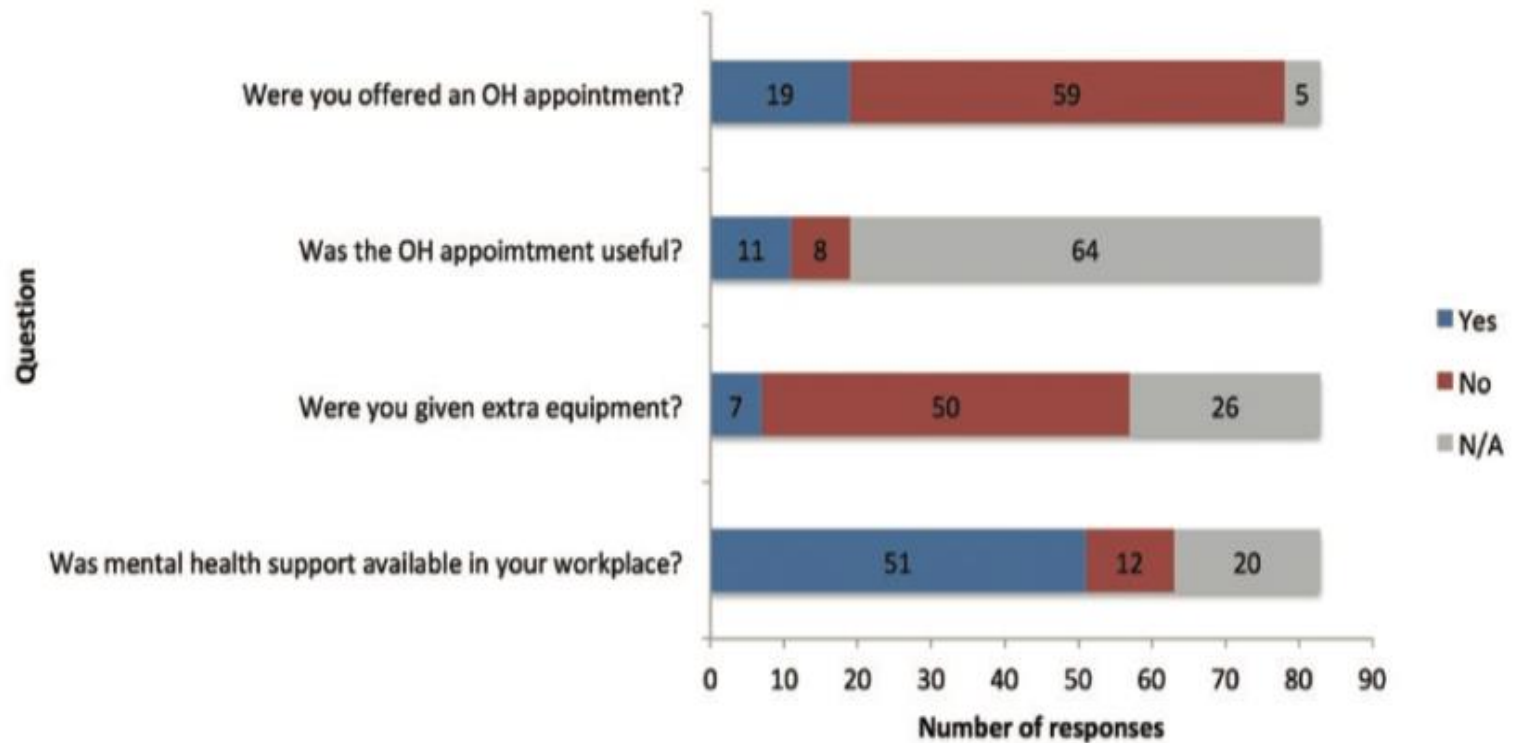
- 24 HCP did manage to obtain a supply of the ClearMask™ brand
- However, in 20/24 cases the HCW was not permitted to use the mask in clinical settings due to lack of compatibility with Type IIR

Effect of Facemasks on wellbeing



$\frac{3}{4}$ survey respondents found work was more stressful and were worried about making a mistake at work due to communication difficulties

Lack of OH involvement



- Most had to rely on informal support from colleagues
- Only 19 Deaf HCW were offered an occupational health (OH) assessment during the pandemic to discuss reasonable adjustments
- Those who were redeployed were not more likely to be offered an OH assessment ($P = 0.35$).

Impact on morale and career

- Over half were worried about the impact of masks on their future career
- One-third felt that they would need to look for an alternative career if trans- parent masks or alternatives were not made available.
- Majority (78%) felt the communication needs of Deaf healthcare workers had not been considered during the pandemic.

Final publication

Occupational Medicine
doi:10.1093/occmed/kqab048

The experience of D/deaf healthcare professionals during the coronavirus pandemic

H. Grote¹, F. Izagaren² and E. Jackson³

¹Department of Neurology, Chelsea and Westminster Hospital NHS Foundation Trust, 369 Fulham Road, London SW10 9NH, UK, ²Department of Paediatric Emergency Medicine, Guys and St. Thomas' NHS Foundation Trust, Westminster Bridge Road, London SE1 7EH, UK, ³Cambridge University Hospitals NHS Foundation Trust, Hills Road, Cambridge CB2 0QQ, UK.

Correspondence to: H. Grote, Chelsea and Westminster Hospital NHS Foundation Trust, 369 Fulham Road, London SW10 9NH, UK. Tel: +44 (0)203 315 4004; fax: +44 (0)203 315 8040; e-mail: helen.grote@nhs.net

Background	The coronavirus pandemic, in particular the introduction of masks, presented a huge challenge for the UK's D/deaf community, many of whom rely on visual cues in lipreading and sign language. This particularly affected D/deaf healthcare professionals (HCPs), who faced significant communication challenges at work due to the lack of transparent masks or other reasonable adjustments.
Aims	To determine the impact that a lack of transparent masks and reasonable adjustments had on communication, confidence at work and well-being among D/deaf HCPs during the coronavirus pandemic.
Methods	A survey was sent to all members of the 'UK Deaf Healthcare Professionals Group' on Facebook, the 'Healthcare Professionals with Hearing Loss' listserver and promoted on Social Media.
Results	Eighty-three responses were received. Nine (11%) individuals had access to transparent masks. Over three-quarters of respondents reported feeling anxious and fearful of making a mistake due to communication difficulties. Fourteen (17%) were removed from clinical roles due to a lack of reasonable adjustments. One-third felt they would need to consider an alternative career if improvements were

Downloaded from <https://academic.oup.com/occmed/advance-article-abstract/doi/10.1093/occmed/kqab048>

NEWS

Check for updates

The BMJ
Cite this as: *BMJ* 2021;373:n1365
<http://dx.doi.org/10.1136/bmj.n1365>
Published: 26 May 2021

Covid-19: D/deaf healthcare workers faced "widespread, systemic discrimination" during pandemic, study finds

Elisabeth Mahase

Deaf healthcare workers have faced "widespread, systemic discrimination" during clinical practice and through pandemic policies, researchers have found.¹

The situation left one GP partner, who is profoundly deaf, "demoralised and depressed" and on the brink of quitting the profession. It was not helped by delays in the UK's acquisition of clear face masks, which then failed infection control tests.

The term "D/deaf" includes people who are "Deaf," which typically refers to those who use British Sign Language as their first language, and people who are "deaf"—those who have hearing impairment but use spoken English and lipreading. People in either group may wear cochlear implants or hearing aids to help them hear environmental sounds and speech.

A research team from three NHS trusts in England

The researchers said that while efforts were made during the pandemic to produce other required protective gear, the need for healthcare standard transparent masks was not prioritised. This was despite 89% of respondents reporting that opaque masks made it harder or impossible to communicate with patients and colleagues.

Six months after the pandemic began the UK did finally order ClearMask face masks, but they were not deemed suitable by infection control teams for use in clinical areas or where FFP3 masks were required.

The researchers also found that just 19 D/deaf healthcare workers were offered an occupational health assessment to discuss reasonable adjustments during the pandemic. Only 33 (39%) were given the

BMJ: first published as 10.1136/bmj.n1365 on 26 May 2021.

Citation:
The experience of D/deaf healthcare professionals during the coronavirus pandemic
April 2021
Occupational Medicine 71(4-5)
DOI: 10.1093/occmed/kqab048

 **SignVideo**
by  Sorenson

National Deaf and Hard of Hearing

NHS Staff Network



Key lessons

- Importance of using a wide variety of media channels (print/ TV/ social media)
- Telling in-person stories is powerful
- Leveraging publicity via powerful journals (BMJ) brings attention to a wider audience
- Need for more data: only limited number of participants for our study
- Highlighting the capabilities of deaf staff, and the value we bring to the healthcare workforce



Helen Grote



Fatin (Fizz)
Izagaren



Susan Griffiths



Asha Hylton



Emily
Jackson

Thank you, and to all those who helped provide a voice on behalf of deaf healthcare workers during the pandemic.

Comfort break 10.45 to 11.00

How local and regional networks can emerge

Matthew James

Head of OD – Staff Experience

NHS England – North East and Yorkshire Region

Guidance on developing local networks

Emma Mendes da Costa

**Workforce Equality, Diversity and Inclusion Lead
Sussex Partnership NHS Foundation Trust**

Emma Mendes da Costa (she/her)

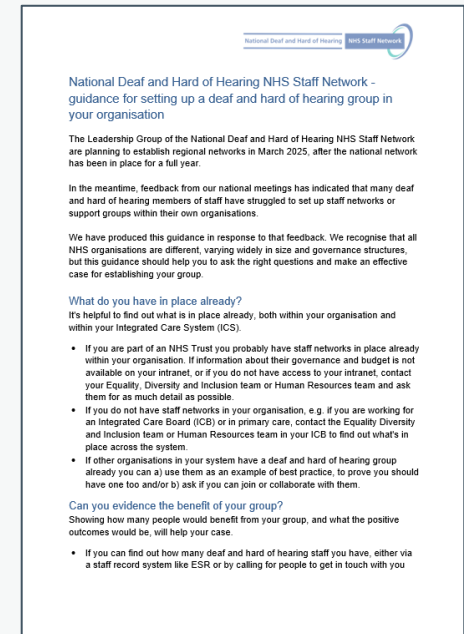
- Workforce Equality, Diversity and Inclusion Lead and LGBTQIA+ Staff Network Co-Chair at Sussex Partnership NHS Foundation Trust
- Founder and Chair of the Southern Disability Support Network
- Chair of the Board of Trustees for Flourish Mentors
- Profound bilateral hearing loss: two in-ear hearing aids, lip-reading, captions, basic BSL
- Using my own experiences: GPs, waiting rooms, A&E, general anaesthetic, hero of the story



Setting up a group in your organisation

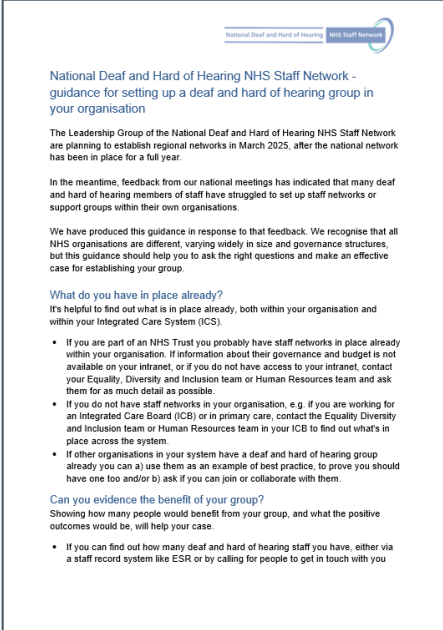
Guidance drafted after July's virtual meeting on mental health and wellbeing, to enable a grass roots approach:

- **What do you have in place already?**
 - Find out what's in place both in your organisation and within your Integrated Care System (ICS) as a whole.
- **Can you evidence the benefit of your group?**
 - Show how many people would benefit from your group, and what the positive outcomes would be, to illustrate your case.



Setting up a group in your organisation

- **Who will be running your group?**
 - You will need a core team around you to help you establish, grow and future-proof the group.
- **What exactly are you asking for?**
 - A clear ask in terms of governance, budget and support will help your case.
- **Are you still experiencing barriers?**
 - If your proposal is still met with resistance, try to find allies, point to best practice, and appeal the decision.



National Deaf and Hard of Hearing NHS Staff Network - guidance for setting up a deaf and hard of hearing group in your organisation

The Leadership Group of the National Deaf and Hard of Hearing NHS Staff Network are planning to establish regional networks in March 2025, after the national network has been in place for a full year.

In the meantime, feedback from our national meetings has indicated that many deaf and hard of hearing members of staff have struggled to set up staff networks or support groups within their own organisations.

We have produced this guidance in response to that feedback. We recognise that all NHS organisations are different, varying widely in size and governance structures, but this guidance should help you to ask the right questions and make an effective case for establishing your group.

What do you have in place already?

It's helpful to find out what is in place already, both within your organisation and within your Integrated Care System (ICS).

- If you are part of an NHS Trust you probably have staff networks in place already within your organisation. If information about their governance and budget is not available on your intranet, or if you do not have access to your intranet, contact your Equality, Diversity and Inclusion team or Human Resources team and ask them for as much detail as possible.
- If you do not have staff networks in your organisation, e.g. if you are working for an Integrated Care Board (ICB) or in primary care, contact the Equality Diversity and Inclusion team or Human Resources team in your ICB to find out what's in place across the system.
- If other organisations in your system have a deaf and hard of hearing group already you can a) use them as an example of best practice, to prove you should have one too and/or b) ask if you can join or collaborate with them.

Can you evidence the benefit of your group?

Showing how many people would benefit from your group, and what the positive outcomes would be, will help your case.

- If you can find out how many deaf and hard of hearing staff you have, either via a staff record system like ESR or by calling for people to get in touch with you

Deaf NHS Staff Members Reflections on Recruitment and Induction

Tina Hatton

Clinical Nurse Specialist

National Deaf CAMHS – Central England

Black Country Healthcare NHS Foundation Trust

Nana Heath

Family Support Worker

National Deaf CAMHS Central England

Black Country Healthcare NHS Foundation Trust

<https://www.youtube.com/watch?v=v5nu7CCGGro>

Lunch, 12.30 to 1.30

International Day of Sign Language 23 September 2024

Created by World Federation of the Deaf (est. 1951)

72 million deaf individuals in the world

Over 300 distinct sign languages

Many people are unaware that sign languages are natural languages in their own right

The day helps create awareness of the rich language, so people learn a sign language, that can help overcome barriers

<https://youtu.be/mOrJchf8M4A?feature=shared>

SignVideo presentation

Damaris Cooke
Business Development Manager
SignVideo

Adam Breeze
Community Liaison Officer
999 BSL

(see separate attachment for their presentation)

Trust based Reasonable Adjustments – RA – Is it a luxury or a bare minimum?

Nicky Parry

Associate Reasonable Adjustment Advisor

Equality, Diversity & Inclusion Team

East of England Ambulance Service NHS Trust

Reasonable Adjustments and Equality in the workplace

Nicky Parry
Associate Reasonable Adjustment Advisor

Disability Etiquette Message



- Please be patient.
- Employees might forget their words.



- Please don't interrupt.
- Employees might get flustered.



- Please do not talk over one another.
- Employees might find it difficult to keep up.



- Please wait until the end of the presentation to ask questions.



- Please give employees time to answer questions.
- Ask one question at a time.

Is Reasonable adjustment a luxury or a bare minimum?



Equality Act 2010

What is the Equality Act?

The Equality Act 2010 requires employers to make reasonable adjustments to make sure that someone with a disability, or physical or mental health condition, is not substantially disadvantaged when doing their job.



Equality and Human Rights Commission

What is the EHRC?

EHRC enforces the Equality Act 2010, which makes it unlawful to discriminate against or harass individuals based on the nine [protected characteristics](#).



Public Sector Equality Duty PSED

What is the PSED?

The PSED is a duty on public authorities (including schools) to consciously consider how their policies or decisions affect people who share protected characteristics. This means aspects of a person's identity that are protected under the Equality Act 2010.

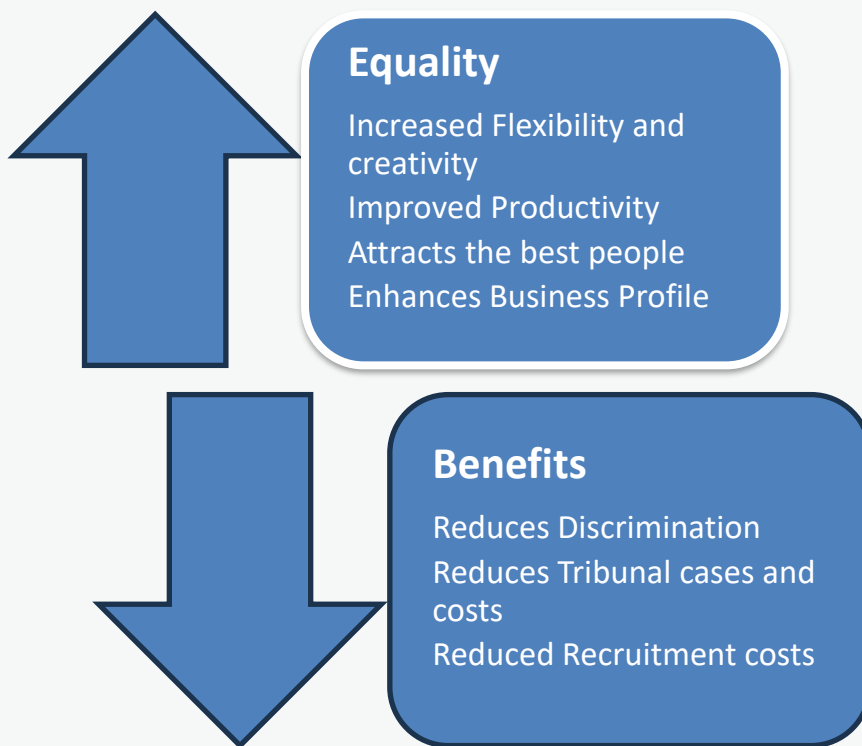
What is a Reasonable Adjustment?



- Adjustments is a change to remove or reduce the effect of an employee's or service users' disability so they can do their job or understand what is required from them.

[What reasonable adjustments are - Reasonable adjustments at work - Acas](#)

Why are Reasonable Adjustments important?



What should you do?



Employee

- Complete a disability health passport.
- Discuss your situation with your line manager, Occupational Health and HR.
- Apply to Access to Work



Manager

- Make sure you have a conversation with employees.
- Learn & understand your employee's disabilities.
- Do view all employees Equally.
- Do Respect confidentiality of



Both Manager and employee

- Do explore and consider Reasonable Adjustments without prejudice.

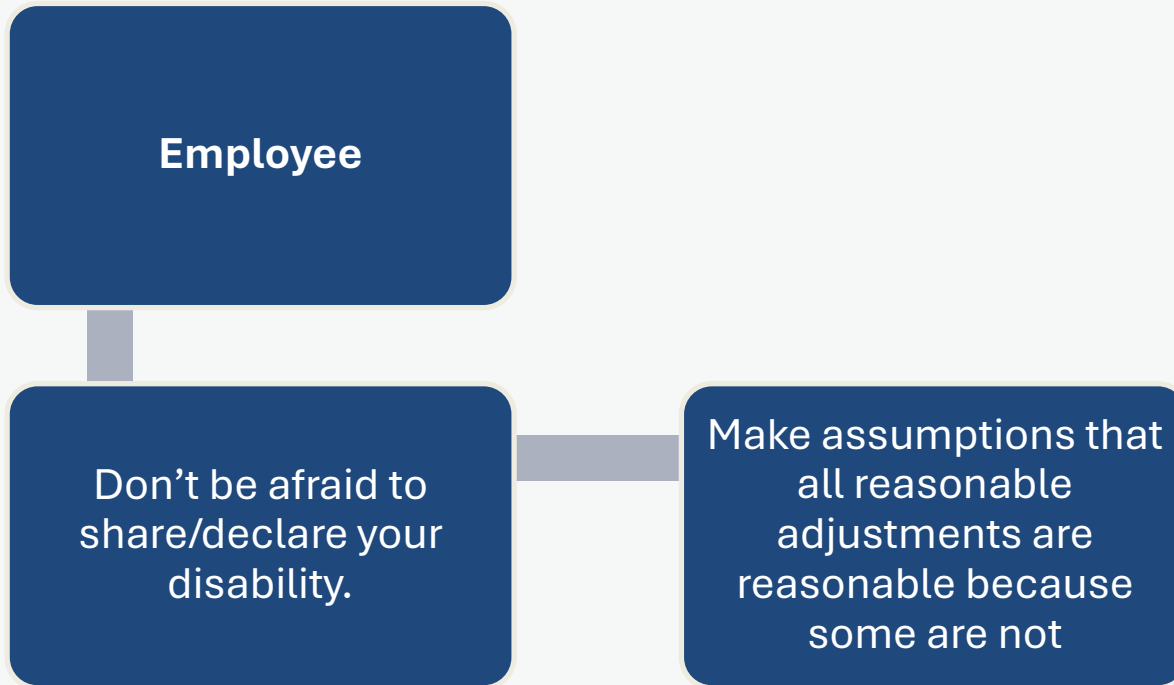
medical details with you.

Access to Work

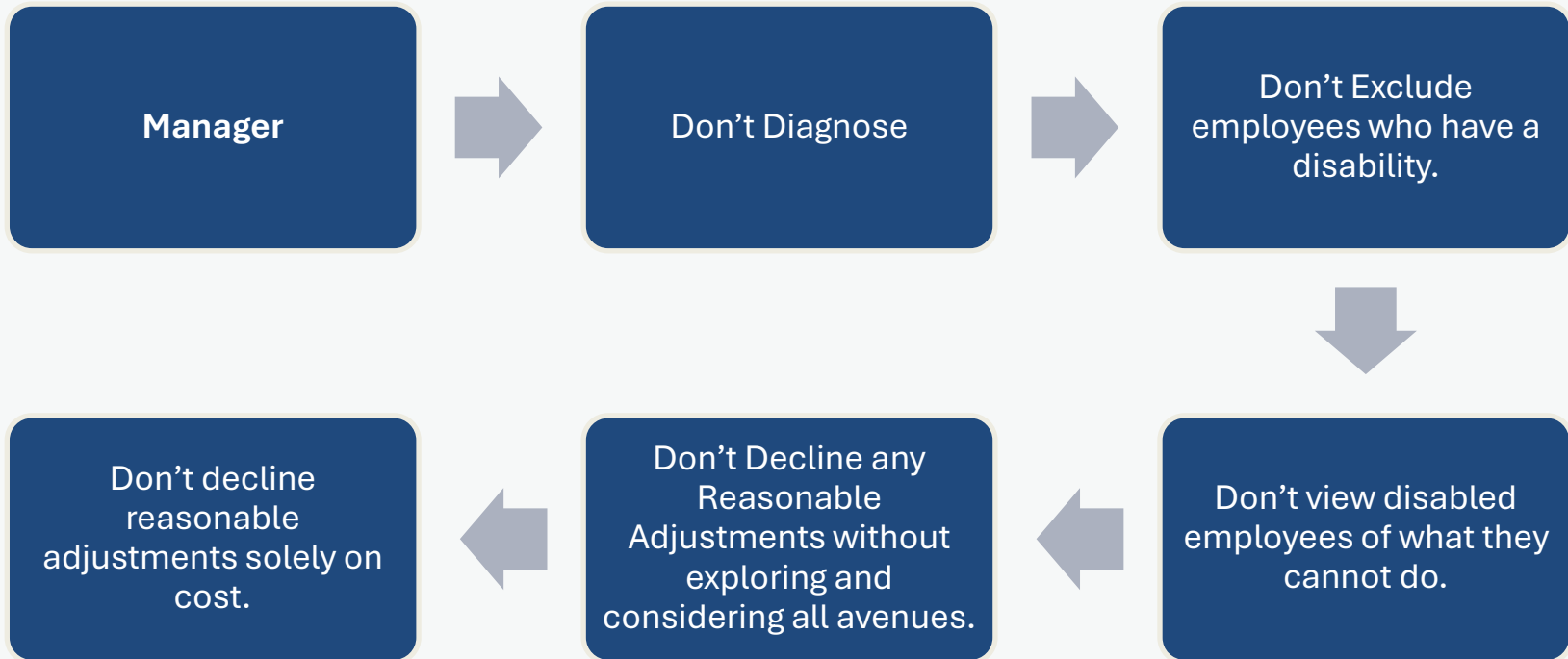


[Access to Work: get support if you have a disability or health condition: What Access to Work is - GOV.UK \(www.gov.uk\)](https://www.gov.uk)

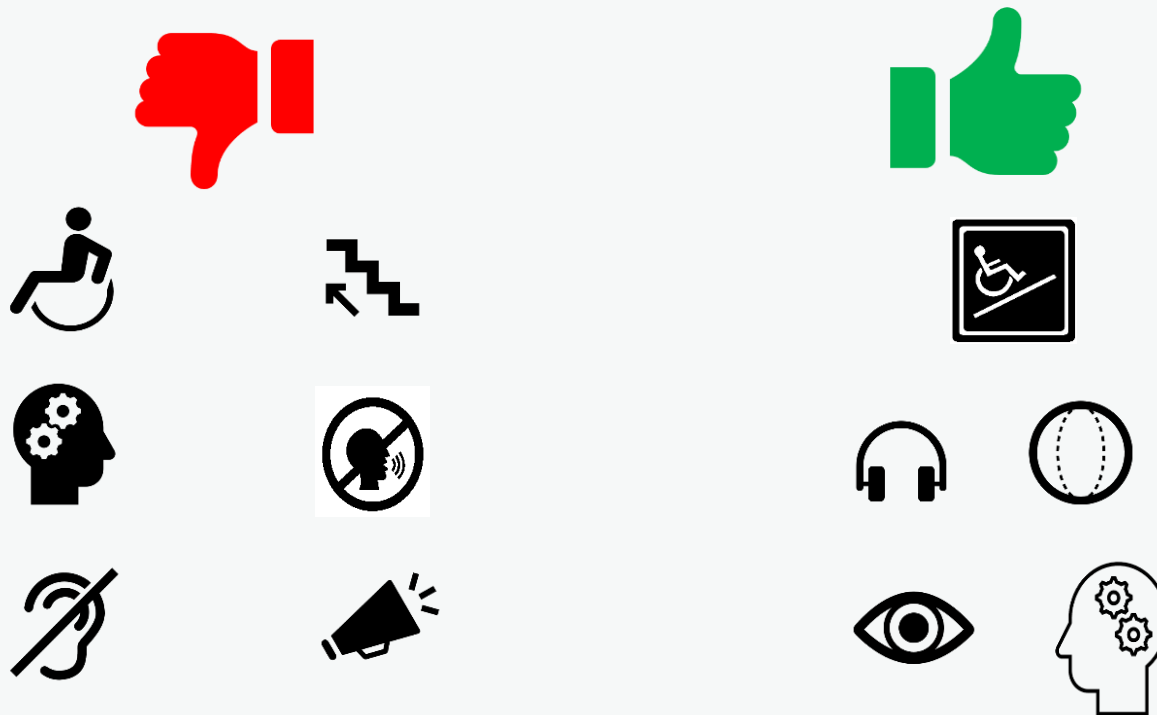
What employee should you NOT do?



What Managers should you NOT do?



How can you ensure there is disability equality in the workplace?



My Role as a Reasonable adjustment Advisor



No consistent approach,



No central funding,



Central budget



A point of contact,

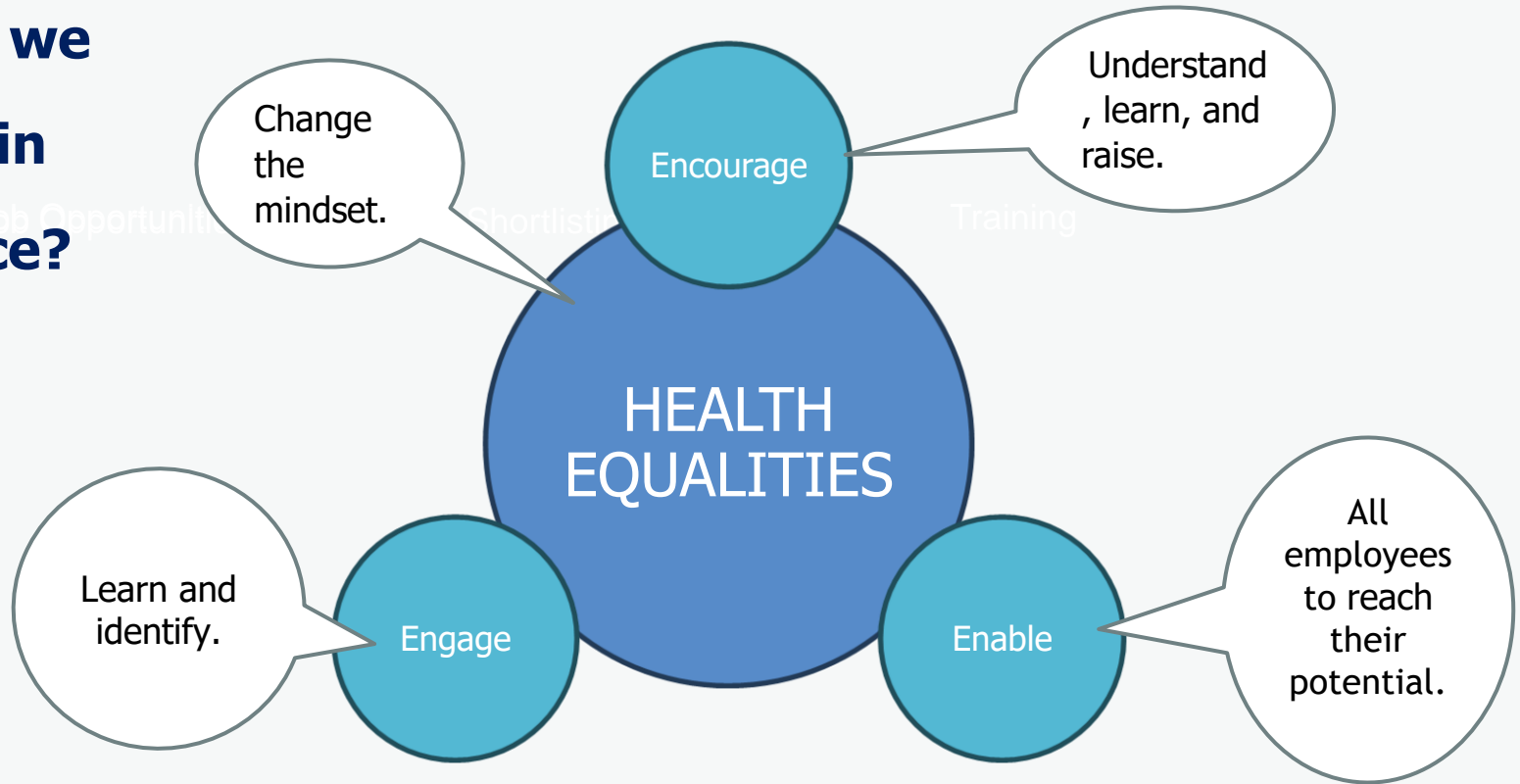


No systems in place to record reasonable adjustments.



A portal to record reasonable adjustments.

How can we change equality in the workplace?



National Deaf and Hard of Hearing

NHS Staff Network

**Thank you for
listening.**

Any questions?



Comfort break 2.45 to 3.00

Career progression and the challenges to thrive as experienced by deaf and hard of hearing staff –

Please to scan the QR code to access the polls for today.
Or go to <https://www.slido.com/>

And enter the code #379 5133



Evaluation feedback

Slido

Thank you for being here!

Safe Travels

Please email us at:

england.dhohstaffnetwork@nhs.net