

## **FEEDBACK REPORT:**

# **Lived Experience Walkthrough at North Devon District Hospital**

**October 2025**

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# Executive Summary

This report has been developed by Healthwatch in Devon, following a collaborative hospital walkthrough at North Devon District Hospital. The walkthrough aimed to understand the experiences of people with cognitive and communication challenges when accessing hospital services.

Working alongside brain injury charity Headway North Devon, the project provided an opportunity for individuals with lived experience to share their insights, helping identify practical ways to make hospital care more inclusive, accessible, and supportive for all patients and their carers.

## Summary of themes gathered from participants

### 1. Valuable Learning from Different Lived Experiences

Participants with cognitive and neurological differences offered fresh insight into hospital accessibility. Many were unaware of tools such as the hospital passport or digital FYI flag system but responded positively once these were explained, showing the potential for wider communication and greater inclusion beyond the Learning Disability (LD) service.

### 2. Carers as Essential Partners in Patient Care

Carers provided crucial support and emphasised the importance of clear, consistent guidance on when and where they can accompany the person they care for. Improvements in communication and facilities could help strengthen the sense of safety and reassurance for both carers and patients.

### 3. Opportunities to Create a Calmer, More Navigable Environment

Participants recognised staff efforts but highlighted areas where clearer signage, simplified maps and improved sensory design (lighting, layout, flooring) could make the hospital feel more welcoming and easier to navigate for people with cognitive or visual challenges.

### 4. Strong Foundations in Staff and Volunteer Support

Hospital volunteers were seen as a significant asset. Their visibility and approachability were praised. Clearer staff identification and communication would help build further trust and accessibility.

## **5. Commitment to Inclusive, Person-Centred Care**

Participants valued the empathy and patience they encountered and expressed a desire to be understood, supported and for their individual needs to be recognised. There is an opportunity to strengthen an inclusive culture where people feel confident and comfortable seeking help.

### **Summary of Recommendations from the visit**

- Expand access to hospital passports and digital FYI flags for all patients with cognitive or neurological needs, ensuring staff training and clearer communication.
- Develop consistent policies for carer involvement across appointments, wards and procedures with improved guidance for carers.
- Improve wayfinding with simpler signage, clearer maps and colour coding.
- Enhance physical and sensory accessibility, including better drop-off points, clearer toilet signage, and reducing sensory overload in busy areas.
- Maintain the visibility of volunteers and ensure staff and agency workers receive appropriate training, with clear uniform identification.

## About Us

Healthwatch in Devon, Plymouth, and Torbay (HWDPT) are the three local independent consumer champions for people using health and social care services across Devon.

Local Healthwatch organisations were established as independent bodies run by local people, for local people. They are part of a national network of Local Healthwatch in England that was set up under the Health and Social Care Act 2012.

Healthwatch engages with the local community effectively and gives residents of Devon, Plymouth & Torbay a stronger voice to influence and challenge how health and social care services are provided for them.

## Introduction

Cognitively challenged people – which includes people with a head injury, those with learning disabilities, mental health conditions, dementia and neuro diversity conditions – often experience barriers when accessing hospital care. This can include communication challenges, navigating the environment and requiring specific reasonable adjustments. Across Devon, there is growing recognition of these issues, and hospitals are working to improve accessibility and inclusion.

North Devon District Hospital has a Learning Disability Liaison Service and uses tools such as hospital passports and easy-read materials to support better experiences. National evidence shows that when hospitals listen to and work with people with learning and communication impairments, care becomes more person-centred, safer and more responsive.

# Background

North Devon District Hospital (NDDH) invited Healthwatch to facilitate a walkthrough of the hospital with a group of people who think and learn in different ways and who experience barriers to learning and communication.

People with learning disabilities and those with brain injuries have diverse cognitive abilities and might need tailored cognitive or communication support. Consequently, Healthwatch made contact with brain injury charity Headway North Devon. They welcomed the idea of the walkthrough and put together a group of people who were able to take part and share their unique perspective and lived experience.

The walkthrough aimed to build on the existing good practice and positive approach at NDDH and provide insight into how the hospital could become even more welcoming and inclusive from the perspective of people with cognitive and communication needs.

# Methodology

Working with the Learning Disability (LD) nurses at NDDH, Healthwatch agreed areas of focus and developed prompt questions, and worksheets to make notes while walking round. All the documents were made accessible to the group in an Easy Read format (*Appendix 1*). The LD nurses committed to supporting improvements where possible.

Headway North Devon advised that the group could manage a one-hour walkthrough and a one-hour feedback session. The visit took place at 10:30am on September 2nd, 2025.

On arrival, the group were met at reception by LD nurses who welcomed the group and provided lanyards, refreshments and lunch tokens, as well as a private, quiet space where the visit could be discussed and final plans made. The LD nurses also shared with the group a copy of the NDDH Hospital Passport, an example of an LD care plan and a photo story of what it would be like to attend the endoscopy unit for someone with learning disabilities. These documents highlight which reasonable adjustments are made for people with learning disabilities and the work of the LD nurses. (*Appendix 2*) Healthwatch distributed clipboards containing the day's running order, questions and easy-read versions of documents.

The group were split into two: Group 1 followed the pathway through A&E, SDEC (Same Day Emergency Care) and MAU (Medical Assessment Unit), while Group 2 explored the outpatient pathway. However, due to a full-scale emergency simulation at NDDH, the group could not access A&E and instead focused on A&E minors.

The walkthrough itself focused on the following themes:

### **1. Physical environment**

- Signage
- wayfinding
- noise and sensory overload
- seating
- toilets

### **2. Staff awareness/attitude**

- Are staff visibly welcoming and patient?
- Do they know how to use communication aids (like picture cards, Makaton, or simple language)?
- Are Learning Disability Liaison Nurses or champions available?

### **3. Communication support**

- Easy read versions
- Picture communication symbols/social stories
- Technology
- Interpreters

### **4. Emergency and safety considerations**

- Are emergency exits clearly marked and accessible?
- Are evacuation plans suitable for people with cognitive or sensory impairments?

### **5. Policies and Procedures**

- Is there a hospital passport system in use?
- Is there a clear system for flagging reasonable adjustments in advance?
- Are appointments scheduled at quiet times or with longer time slots?

### **6. Transport/access to the building**

- Is it easy to get to the hospital (public transport, parking)?
- Is the entrance clearly marked and accessible?
- Are there drop-off points or help at the front door?

# Detailed Findings

The findings are organised according to the order in which they were observed during the walkthrough.

**Please Note:** All commentary featured in this report is included as verbatim to illustrate the themes identified from the data analysis. Not all comments are included in this report and some comments relate to more than one theme.

## 1. Learning Disability Nurses

Healthwatch and the group were warmly welcomed by the LD nurses, who helped plan the visit. Members of the visiting group from Headway North Devon had not previously heard of the LD nursing team, the hospital passport, or the digital flag system alerting staff to individual needs.

The nurses explained that patients under the LD team would receive various forms of support, such as being met in reception if they felt overwhelmed or if carers needed to park.

Although this group had similar needs to those with learning disabilities, they were not under the LD service and did not receive such support – making their perspective even more valuable for the walkthrough.

## 2. Drop Off

Healthwatch arranged with Headway that the participants would make their own arrangements to get to the hospital reception area. On the day, two participants were unable to make it and two of the group members came with their carers.

It became apparent that parking, arriving and waiting in reception were stressful activities for carers, mainly because it was so busy with so many distractions and due to fear that the person they cared for might wander off. One carer said:

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*'He's really attracted to colourful things, so if I dropped him off and parked, I couldn't trust him to still be there.'*

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Another added:

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*'You just stand there pulling your hair out if you need the toilet or want to get the car.'*

---

One of the visiting team, who cared for his wife in a wheelchair, said that he found the steep route to the car park difficult.

### 3. Reception and Arrival

The group found the reception area very busy and overwhelming, with constant movement and noise and a multitude of signs.

On the day of the walkthrough, there was also fundraising stall selling handicrafts at the entrance so people were stopping and congregating there.

There is also a very busy crossroads immediately upon entry and the hospital was also undergoing building work to add to the feeling of chaos.

One member said:

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*'It's a really busy area with so much signage - it's overpowering. Even the pattern on the flooring is distracting.'*

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Another asked about the circular floor design:

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*'We don't like the orange cream circles - they're too busy and don't show you anywhere to go, but you think they should.'*  
(See Pic 1)

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**Pic 1: Floor design in reception at NDDH**

### 4. Volunteers

Walking through the reception area, the next people the group came across were the volunteers. The group found the hospital volunteers - one in reception and one in A&E minors - extremely helpful, visible, and approachable.

Twice, when reception staff were busy or on the phone, participants said they would have *'just gone on by'* rather than interrupt, with one stating:

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*'You think, I'm an adult, I should be able to do this.'*

---

The presence of volunteers made them feel comfortable asking for assistance, knowing that was the volunteer's role.

## 5. Toilets

Next, the issue of toilets arose and the group noted that toilets were often in the busiest walkways, making access difficult for carers. One of the group explained:

*'Both toilets I know (in this hospital) are on the busiest part of the concourse - you can get jostled, and this causes stress.'*

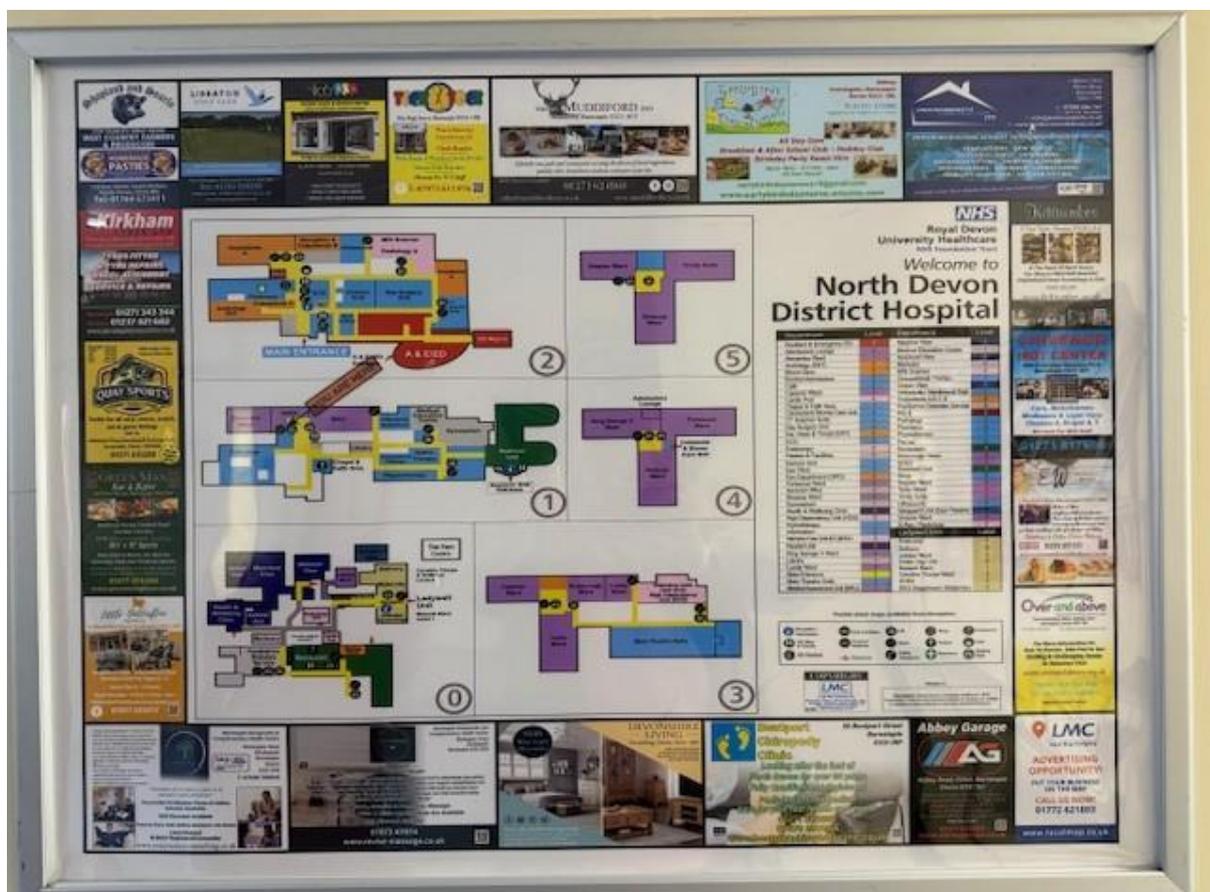
Another described a time when her husband became locked inside:

*'He didn't know which way the handle turned - there's no sign or arrow. He played with it so much it got stuck. He was anxious and thought someone was going to walk in.'*

## 6. Hospital Map

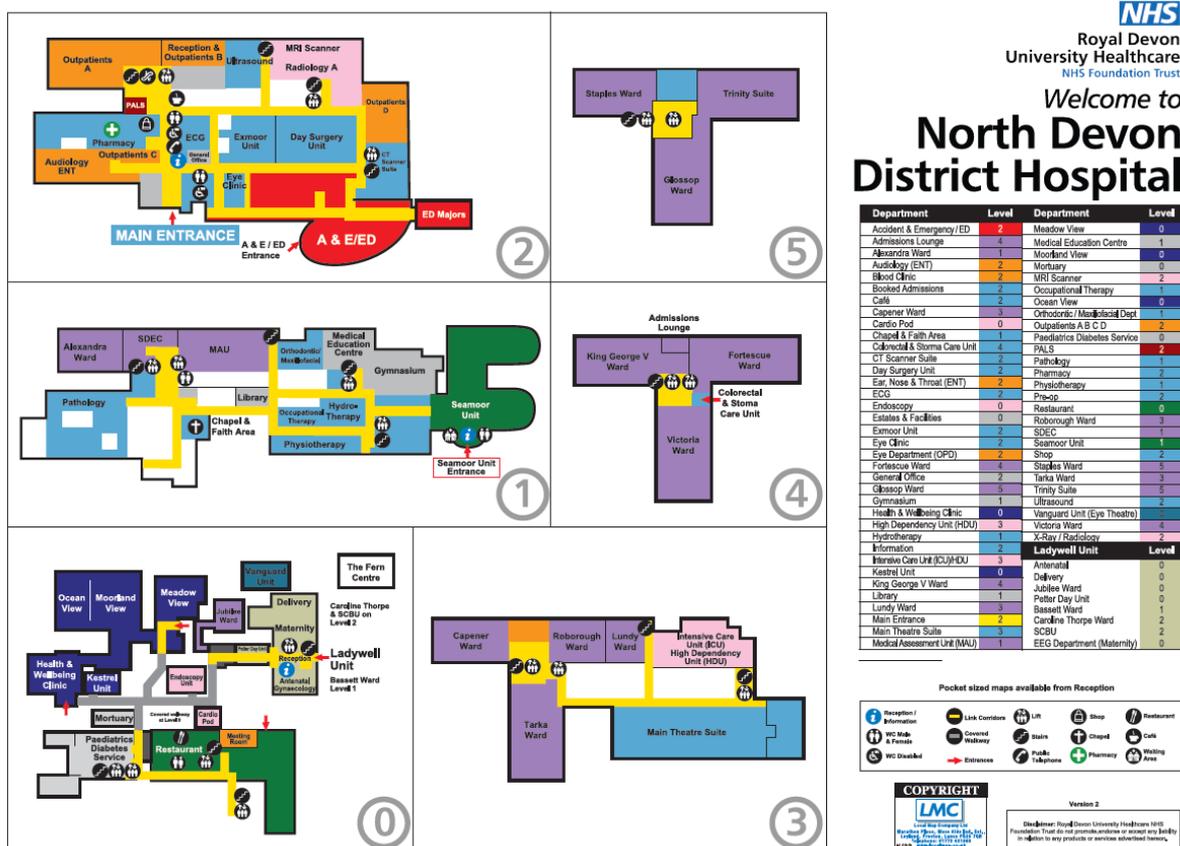
Within the reception area, the group then moved on to look at the wall map. The group agreed it was confusing, with distracting adverts around the edge. One participant said:

*"The map is **too complex and hard to read. It needs to be simplified and less fussy. We couldn't even find where we were there is no 'you are here'.**"*



**Pic 2: NDDH Wall map with advertising causing a distraction.**

The group then moved onto speak to the receptionist to ask for some directions. The receptionist showed the map but only provided a printed copy of the group specifically requested it. She said: *'We do have maps, but they are very small.'* Participants found the map hard to read and noted the lack of a 'You Are Here' marker (See Pic 3).



Pic 3: NDDH Hospital map

## 7. Hospital Directory

Moving on from the wall map and receptionist, the group decided the wall directory might be a better way to find their way round the hospital, but they struggled with this. One participant, who often tried to attend the hospital independently, described his experience of trying to interpret and follow the wall directory:

*'I'd look at the directory with my letter in hand, but it's quite hard to follow. It's close together and difficult to read. I'd probably stand here for 15 minutes trying to understand it and then give up.'*

Another said:

*'The lettering and layout aren't clear. They could use colour-coding - wards one colour, outpatients another, café a different colour.'*

**Pic 4: NDDH Wall directory reception area**

A carer added:

*'It's alphabetical, but that's not helpful. It would be better floor by floor.'* (See Pic 4).

### 8. Signage

The group continued on their walkthrough the hospital and were prompted to give their views on the general signage. One participant commented:

*'The signs are too complex. They get lost because there are too many. Certain colours and fonts don't mix well. This hospital likes blue - blue floors, blue signs, blue art.'* Another added, *'We got lost going to A&E because signage was visible from only one direction. Some of it has glare - it's not easy if you have a brain injury or visual impairment.'*

The group then followed the directions to Physiotherapy as given by the outpatients receptionist. The group found the lift, and the correct floor but when they go out of the lift, the signs were confusing. One participant said:

*'Everything's on top of each other - it says left, right, left, right. Two separate signs would be clearer.'* (see Pic 5)

They also noted that temporary signage during building works was poor and added to confusion.



**Pic 5: Sign outside Physiotherapy**

## 9. Noise, Lights, and Busyness

On the whole, there was a level of understanding among the group that the hospital are busy places and staff were working to the best of their ability under great pressure. But one carer, who did the A&E walkthrough said:

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*'What's supposed to be a waiting room is just a busy thoroughfare from triage to treatment. People come and go constantly, doors slam, and there's no waiting time displayed. It's a sensory overload – it's the busiest part of the hospital.'*

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Furthermore, the group noted that hospitals have many crossroads and this would be difficult for someone with impaired vision. One of the group, who was unable to attend, has tunnel vision and they felt he would really struggle with people coming from all directions.

## 10. Emergency Procedures

The group questioned whether staff – especially agency workers – were trained in emergency evacuation. One participant observed that the signs warned against using lifts in a fire, which left a carer unsure how to evacuate his wife in a wheelchair. So they did not feel reassured. Another participant said:

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*'There are fire exits at both ends (of A&E) with no further instructions. We'd have no idea where to go as the exit had no button on this side. A nurse said the button was on the other side because they'd be bringing people out.'*

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## 11. Seating

The group noted that, despite temporary seating due to building works, participants were pleased there were seats throughout the hospital, as fatigue is a common symptom of brain injury. One participant said:

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*"Walking round, you get awful fatigue with head injury so I like to be able sit places. I haven't really noticed other than in the waiting rooms. I suppose seats would be in the way here as they have beds moved around. If you wanted to sit down, you could just go to the edge of a ward and ask if they don't mind if you can sit down. Because they are so helpful."*

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## 12. Uniforms

During the walkthrough the group also noted that they could not find any public information about staff uniforms. One participant said:

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*'There's no uniform guide, so we don't know who's who. You'd hate to ask a top consultant for directions - they're so busy. And so many lanyards aren't helpful.'*

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It was mentioned that a clearer understanding of uniforms and job roles would help encourage the group identify staff and encourage them to ask them for help.

**Having finished the walkthrough, the group then went back to the meeting room where they shared a few more observations.**

### **13. Carers**

During the walkthrough and in the meeting it quickly became apparent how vital carers are in ensuring people with learning and communication barriers access the services they need.

In this group there were two carers supporting their spouses, one of whom used a wheelchair. Both described hospital visits as stressful. They found it difficult to locate accessible toilets they could enter together and felt anxious about leaving their partners even briefly to park or get refreshments, fearing they might wander off.

Furthermore, the carers expressed that they were often unsure about where they were allowed to go. One said they never knew whether they could accompany their loved one for an X-ray - sometimes they were allowed, other times not. This inconsistency caused anxiety. One carer shared their mixed experience with MRI:

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*'I know it's difficult with data protection, and it's a tiny cubicle but I say I'm quite happy to sit in there with the door shut so I'm right here if you need me. Some have said yes, that's fine, but others have said no, the rules say you must wait outside. I've done that but told them, "You must come and get me immediately - don't send him to find me." It's really important.'*

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Another participant added:

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*'I know if I was an in-patient, it would be much more comfortable to have my carer with me.'*

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His carer described how without her there a scan had to be repeated three times because he grew agitated. Another group member said:

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*'Without my carer, I'd just give up. It would be too much, especially when it's busy.'*

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It is clear that carers require clear guidelines about where they are permitted to accompany the person they care for.

## 14. Hospital Passport / Digital Flag

Throughout the day, the most frequently mentioned subject was the hospital passport and the digital flag placed on notes to alert the staff member to the specific needs of the patient. During the meeting, the LD nurses introduced the concept of the hospital passport and digital flag but none of the group had heard of either. However, they overwhelmingly welcomed the idea warmly as they felt it would prevent the need to repeat information. One carer said:

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*'If they haven't made any provision for you, you have to tell staff, and it feels like you're telling them off. I have to repeat myself - it's tedious.'*

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The outpatient's receptionist explained that the NDDH digital flag is called the FYI (For Your Information) flag. The participants agreed it would be extremely helpful if both hospital and GP systems used it. The group asked questions about how it worked and who applied it to the patient record. One receptionist explained:

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*'There are lots of flags - too many - but I'm not the one who puts them on or takes them off. The nurses do that. Once you're through to the nurse, they click "further details" and can see the flag.'*

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The group remained unsure about how to access these reasonable adjustment tools but continued to be keen to know more.

## 15. Feelings of Guilt for Needing Extra Help

While this group acknowledged they needed additional help in order to access the services they needed within the hospital, there was also a sense of guilt for taking up extra time of very busy staff. One participant expressed her uncertainty about her needs, saying:

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*'You feel that you should be able to do these things for yourself. I worry that I appear 'normal' so staff might not even recognise that I was struggling.'*

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Another woman doubted her 20-year old diagnosis was still on her record - so she felt nobody would know. She felt she should cope because 'she was an adult', but never knew when she'd feel overwhelmed. She asked:

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*'How will anyone know if I'm confused? I don't look confused.'*

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Feeling undeserving of extra help, she added:

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*'They can't change what they do just for me, I know that.'*

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# Observations and Recommendations

## 1. Awareness and Access to Support Tools

In accordance with the Equality Act 2010, Healthwatch recommend that hospital passports and digital FYI flags are available to all patients with cognitive or neurological differences, not just those under the LD service.

It is important that staff know how to apply and access these tools, and that they are integrated with GP systems. Furthermore, with this group of service users, information should be proactively shared with patients and carers before visits so plans can be made.

## 2. Carer Inclusion and Guidance

A big issue raised by the carers in this walkthrough was not knowing whether they can accompany the person they care for. This requires the formulation of clear policies on when and where carers can accompany patients.

Furthermore, staff need to be trained to consistently communicate what is permissible including providing carers with information on accessible routes, facilities, and support.

## 3. Wayfinding and Environmental Accessibility

Based on this walkthrough, there is a need to simplify and clarify maps, directories, and signage with colour coding, clear fonts, and 'You Are Here' markers.

## 4. Physical and Sensory Accessibility

Where possible, improvements could be made to drop-off points, parking, and entrances for wheelchair and carer access. Equally, toilets that take into account the needs of carers assisting patients need to be clearly indicated.

Efforts to improve the experience of this particular group need to include the attempts to reduce sensory overload in busy areas through quieter spaces and less visual clutter. Of maybe offering appointments at quieter times.

## **5. Staff and Volunteer Support**

Given the positive experience of this group to the role and visibility of the volunteers, their role should be maintained to assist patients and carers. However, staff uniforms need to be identifiable for clarity and understanding. All staff, including agency workers, need to be trained in supporting people with brain injuries and emergency procedures.

## **Final Observations**

In conclusion, the walkthrough at North Devon District Hospital provided valuable insights into the experiences of people with learning and cognitive challenges and their carers when accessing hospital services.

Participants highlighted both the hospital's strong commitment to inclusion and the practical areas where small improvements could make a big difference – such as clearer signage, calmer spaces, better communication tools, and consistent carer involvement.

The feedback gathered demonstrates the importance of listening to lived experiences to make care more person-centred, accessible, and welcoming for everyone.

# Stakeholder Response

*“The Learning Disability Team at North Devon District Hospital would like to thank Healthwatch for producing this comprehensive report and for working collaboratively with us. We were pleased to take part in the walkthrough and very much valued the opportunity to engage with people who have lived experience. Learning directly from these experiences is essential in helping us make positive changes and improve outcomes for vulnerable people and carers.*

*In relation to hospital passports, these are currently offered to people who have a clear diagnosis of a learning disability. Not everyone chooses to have a hospital passport, but individuals are given the option. There are also a number of different passports available online that relate to specific diagnoses, including dementia, dysphagia, autism, neurodiversity and communication needs. These are person-centred documents and are designed to reflect how the individual wishes to be cared for.*

*With regard to the FYI flag system, this is applied in line with the Equality Act 2010. Anyone who requires reasonable adjustments should be flagged, and this can apply across a wide range of diagnoses, not solely learning disabilities.*

*The team noted that this is a comprehensive report with a number of clear and achievable ‘quick wins’, particularly around signposting. The feedback on the hospital map was of particular interest, including comments about colour use, font choice and the importance of a clear ‘You are here’ marker. The observations about sensory overload across the hospital environment, from entry to exit, were especially valuable and encouraged reflection on how overwhelming hospital spaces can be.*

*We thoroughly enjoyed hosting the visit and would like to thank everyone who participated. We hope Healthwatch found the visit to be a useful and productive exercise and we appreciate the opportunity to reflect on the feedback provided.”*

# Recognition from Healthwatch

Healthwatch in Devon, Plymouth & Torbay would like to thank everyone who took the time to share their experience with a member of the Healthwatch visiting team.

In particular, Healthwatch acknowledge and appreciate the co-operation and input from the following people:

**Headway:** Bob Dennis (carer/volunteer), Margaret Dennis (client), Matt Tremain (client), Lesley Passmore (client), Julia Pring (carer/volunteer), Lewis Pring (client). Grahame Edward (client) and Nathen Allen (client) were unable to attend.

**NDDH:** Jane Bullock (LD Nurse), Lisa Baker (LD Nurse), Cathie Clarke (LD Assistant Practitioner). Carol MacCormack (Chair of Governors) and Jo Nicholls (Manager, Headway North Devon) were unable to attend.

Thanks to Bill Martin, Healthwatch volunteer.

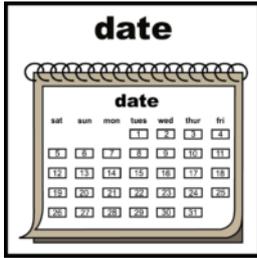
# Appendix 1

## Walkthrough Supporting Documents:

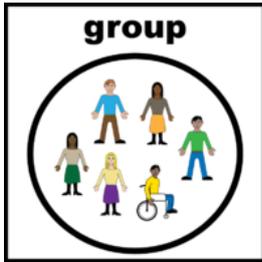
### NDDH/Headway Barnstaple/Healthwatch Walkthrough

<b>Date</b>	Tuesday 2 <sup>nd</sup> September 2025
<b>Location</b>	North Devon District Hospital
<b>Aim/rationale</b>	To understand how people with Learning Disabilities experience North Devon District Hospital.
<b>Time</b>	<p>10.30 welcome/arrival/take photos for ID lanyards. Make our way to Wellbeing centre meeting room 1</p> <p>10.45 Share details of walkthrough and organise groups</p> <p>11.15 Start walkthrough</p> <p>12.15 Meet back at Wellbeing Centre for feedback</p> <p>1.00 make way to have lunch in Raliegh Restaurant £5 voucher</p> <p>1.30 Depart</p>
<b>Attendees</b>	<p>Jane Bullock Acute Learning Disability Liaison Nurse NDDH</p> <p>Becky Hodgson Healthwatch (Engagement Officer)</p> <p>Bill Martin Healthwatch (support/volunteer)</p> <p>Aaron Mitchell Healthwatch (audio/filming)</p> <p>Bob Dennis Headway North Devon carer/volunteer</p> <p>Julia Pring Headway North Devon carer/volunteer</p> <ol style="list-style-type: none"> <li>1. Nathen Allen client</li> <li>2. Matt Tremain client</li> <li>3. Lesley Passmore client</li> <li>4. Margaret Dennis client</li> <li>5. Lewis Pring client</li> <li>6. Grahame Edwards client</li> </ol>
<b>Approach/Plan</b>	<p>6 clients from Headway North Devon and carers/volunteers to walk through the hospital with a focus on the following:</p> <ol style="list-style-type: none"> <li><b>1. Physical environment</b> <ul style="list-style-type: none"> <li>• Signage</li> </ul> </li> </ol>

	<ul style="list-style-type: none"> <li>• wayfinding</li> <li>• noise and sensory overload</li> <li>• seating</li> <li>• toilets</li> </ul> <p><b>2. Staff awareness/attitude</b></p> <ul style="list-style-type: none"> <li>• Are staff visibly welcoming and patient?</li> <li>• Do they know how to use communication aids (like picture cards, Makaton, or simple language)?</li> <li>• Are Learning Disability Liaison Nurses or champions available?</li> </ul> <p><b>3. Communication support</b></p> <ul style="list-style-type: none"> <li>• Easyread versions</li> <li>• Picture communication symbols/social stories</li> <li>• Technology</li> <li>• Interpreters</li> </ul> <p><b>4. Emergency and safety considerations</b></p> <ul style="list-style-type: none"> <li>• Are emergency exits clearly marked and accessible?</li> <li>• Are evacuation plans suitable for people with cognitive or sensory impairments?</li> </ul> <p><b>5. Policies and Procedures</b></p> <ul style="list-style-type: none"> <li>• Is there a <b>hospital passport system</b> in use?</li> <li>• Is there a clear system for <b>flagging reasonable adjustments</b> in advance?</li> <li>• Are appointments scheduled at <b>quiet times</b> or with <b>longer time slots</b>?</li> </ul> <p><b>5. Transport/access to the building</b></p> <ul style="list-style-type: none"> <li>• Is it easy to <b>get to the hospital</b> (public transport, parking)?</li> <li>• Is the entrance <b>clearly marked and accessible</b>?</li> <li>• Are there <b>drop-off points</b> or help at the front door?</li> </ul> <p>Focus: divided into 2 groups: 1) Pathway through A&amp;E, SDEC (Same Day Emergency Care) and MAU (Medical Assessment Unit). 2) reception and pathway as an outpatient.</p>
<b>Feedback</b>	Becky Hodgson will gather the feedback on the day and write up the findings into a draft report. This will be circulated to Headway and NDDH for approval before being shared with the Patient Experience Committee. Commitment to make changes agreed based on findings.
<b>Follow up</b>	Becky Hodgson and Jane Bullock to monitor changes.



**Tuesday 2<sup>nd</sup>  
September 10.30am**



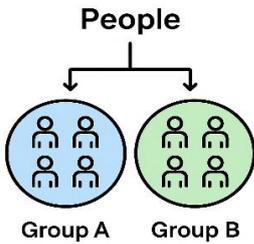
**Healthwatch and  
Headway North Devon**



**Visiting North Devon  
District Hospital**



**10.45 am Meet together  
to make plans in  
Wellbeing Centre**



**Split into 2 groups**



**Group A: Accident and  
Emergency**



## Group B: Outpatients and reception



11.15 am Walkthrough the hospital checking what is good  and bad? 

### HOSPITAL SIGNS



Are the signs easy to follow?  
Can you find your way? Toilets clearly signposted?



Are there quiet waiting areas?

### STAFF ATTITUDE



Are staff welcoming?



Do staff have leaflets and information with pictures or easy read?



**Is there a learning disability nurse to help?**



**Are there easy ways to communicate? Ipad? Pictures? Interpreters?**



**Are there hospital passports? Were you asked for yours?**



**Is there a digital flag on the system?**



**Can carers come along to appointments? X-rays?**



**Is there a quiet waiting area?**



**Are longer appointments available?**



**Do you know what to do in an emergency? Are signs clear to get out**



**Is it easy to get to the hospital? Is the entrance clearly marked?**



**12.15 Meet back together at Wellbeing Centre Meeting room 1**



**Talk about what we found out and how we felt**



**1pm Enjoy lunch together in the Raleigh Restaurant**



**1.30pm End of the day – go back to the centre.**

**THANK YOU!**

## Prompt questions

### We will observe how people in the group experience the Environment

- **React to signage** – can they understand where to go?
- **Cope with the sensory environment** – are they distressed by noise, lighting, crowds?
- **Interact with staff** – are staff able to adapt their communication?
- **Feel emotionally** – are they anxious, calm, confused?

In more detail:

#### 1. Physical Environment

- **Signage:**
  - Is it **clear, simple**, and **pictorial**?
  - Are **symbols** or **photos** used alongside text?
  - Is there **easy-to-read language** (e.g., not medical jargon)?
- **Wayfinding:**
  - Are routes to key areas (reception, toilets, wards, exits) easy to **navigate and understand**?
  - Are there **floor markings, colour-coded lines**, or other guides?
- **Noise & Sensory Overload:**
  - Are there **quiet waiting areas** or rooms?
  - Are alarms, tannoys or bright lights potentially overwhelming?
- **Seating:**
  - Is it available at regular intervals?
  - Is there a **range of seating options** (e.g., with armrests, for different body types)?
- **Toilets:**
  - Are there accessible toilets with **clear signage** and **easy-to-use facilities**?
  - Are there **changing places toilets** (for people with profound disabilities)?

#### 2. Staff Awareness & Attitude

- Are staff visibly **welcoming and patient**?
- Do they know how to use **communication aids** (like picture cards, Makaton, or simple language)?
- Are **Learning Disability Liaison Nurses** or champions available?

### 3. Communication Support

Are there:

- **Easy read versions** of appointment letters, consent forms, leaflets?
- **Picture communication symbols** or **social stories** explaining procedures?
- Use of **technology** (e.g., tablets with symbol-based apps)?
- Are **interpreters** or support staff for non-verbal patients available?

### 4. Policies and Procedures

- Is there a **hospital passport system** in use?
- Is there a clear system for **flagging reasonable adjustments** in advance?
- Are appointments scheduled at **quiet times** or with **longer time slots**?

### 5. Emergency & Safety Considerations

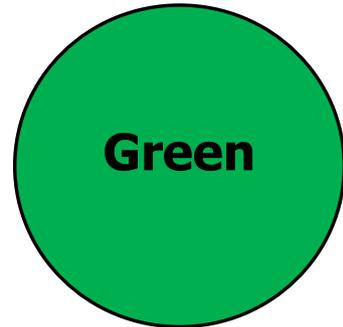
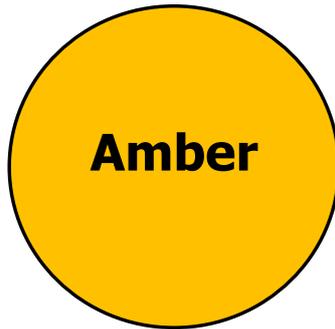
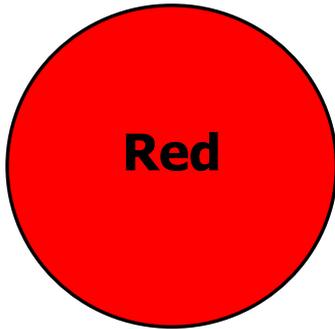
- Are emergency exits clearly marked and accessible?
- Are evacuation plans suitable for people with cognitive or sensory impairments?

### 6. Transport & Access to the Building

- Is it easy to **get to the hospital** (public transport, parking)?
- Is the entrance **clearly marked and accessible**?
- Are there **drop-off points** or help at the front door?

## Appendix 2

The NDDH Hospital Passport, an example of an LD care plan and a photo story of what it would be like to attend the endoscopy unit for someone with learning disabilities.



## Hospital Passport for people with Learning Disabilities

Please take this Hospital Passport if you have to go into hospital.

This Hospital Passport gives staff looking after you important information about you. Please ask staff to read it.

You can contact the Learning Disability Liaison Team when you are coming into the Hospital.



Telephone: **01271 314171 Lisa, Jane & Cathie**



Email: [rduh.learningdisability-northern@nhs.net](mailto:rduh.learningdisability-northern@nhs.net)

Hospital Passport updated on: (Month) (Year)

*This Hospital Passport was developed by the Learning Disability Liaison Team and Derriford User Group (DUG) within University Hospitals Plymouth NHS Trust. This is based on the original work created by the Gloucester Partnership NHS Trust & Royal Cornwall Hospitals NHS Trust. Images ©Photosymbols and ©Shutterstock. July 2021.*

## RED Things you **MUST** know about me



Name:

NHS No:

I like to be known as:



Address:

Tel No:



Date of Birth:

GP:



**Please check that I fully understand my choices around what will happen if I do or don't have treatment.**



I am the only carer for a person or a Pet: **Yes / No**

Details:



Next of Kin:

Tel No:

Relationship:



Care Provider:

Tel No:

Key worker/Main carer:

Tel No:

Known to Social Services? **Yes / No**



Contact name:

Tel No:

Who I would like you to contact **first**:

Tel No:



Religion/Religious requests:



Allergies:

Current medical conditions:



End of Life plan in place: **Yes / No** **If Yes, please supply a copy.**

How I want difficult or bad news broken to me:

My preferred communication method to help me understand is:

Speaking / Signing / Pictures / Other:



This is my normal Baseline, and my NEWS2 Score is \_\_\_\_\_ (if known)

<u>Respirations</u>	<u>Saturations</u>	<u>Blood Pressure</u>	<u>Heart rate</u>	<u>Temperature</u>

# Amber

## Things you **NEED** know about me



**For me to feel safe** – e.g. bed rails, people to support me, what I understand?



**Level of support** – e.g. who needs to stay with me and how often?



**If I am anxious it helps if you...**



**Seeing/Hearing** – e.g. glasses, hearing aids?



**How I take medication** – e.g. oral / syrup / peg.



**Eating (swallowing)** – e.g. dentures, food cut up, choking, eating aids, help with feeding, peg.



**Drinking (swallowing)** – e.g. Small amounts, choking, what I like to drink, what I drink from.



**How I get around** – e.g. mobile, aids, hoist transfer.



**Going to the toilet** – e.g. independent, pads, catheter, aids needed.



**Personal care** – e.g. dressing, washing, etc.



**Sleeping** – e.g. sleep pattern, sleep routine, sleep system, posture?

## Green

### Things you **SHOULD** know about me

Think about – what upsets you, what makes you happy, things you like to do such as watching TV, reading and listening to music. How do you want people to talk to you (don't shout). Food likes, dislikes, physical touch, special needs, routines, things that keep you safe.

 <b>Things I like</b>	 <b>Things I DO NOT like</b>

## PAIN



**What I look like when I am WELL:** (What does my face, skin, eyes look like?)



**How do I sound when I am WELL:** (What do I sound like, how do I communicate?)



**Body movements when I am WELL:** (What does my body look like?)



**Other things to know, when I am WELL:**



**What I look like when I am UNWELL/in PAIN:** (What does my face, skin, eyes look like?)



**How do I sound when I am UNWELL/in PAIN:** (What do I sound like, how do I communicate?)



**Body movements when I am UNWELL/in PAIN:** (What does my body look like?)



**Other things to know, when I am UNWELL/in PAIN:**



**What you need to do FIRST when I am UNWELL/in PAIN:**

## Learning Disability Liaison TCI plan

**Name:**

**NHS:**

### Background Information

A. has a learning disability and also has Type 2 Diabetes (diet controlled), he is prone to constipation and cold sores. He had a heart attack last year and was admitted to hospital where he had an angiogram under a general anaesthetic. Recently he had another further mild heart attack and the Consultant has advised that A. needs to have a further angiogram and possible stent which again will need to be under a general anaesthetic.

A. can communicate through speech and can generally make himself understood, however, sometimes he can be difficult to understand if he gets excited and can be repetitive.

He is able to eat and drink independently; he needs to be encouraged to sit at the table otherwise he will walk around with his food and drink.

A. can tell you when he is in pain, but can get confused about some areas (e.g. says tummy hurts when he has a headache). He may not say he's in pain, especially if he thinks he's going to miss an activity or outing.

A. can become anxious sometimes but by talking to him, offering reassurance and using distractions he is generally fine. If A. is given too much information in advance or people keep repeating it, he will expect it to happen straight away and can become very impatient / angry.

A. wears glasses but needs help to clean them.

He has hearing aids which he can put in but others may need to check them afterwards.

A. is independently mobile and can be inquisitive so when walking he may look in the opposite direction and then bump into things.

A. enjoys music / radio, talking to people, being busy & going for walks.

A.'s Mum has applied for Lasting Power of Attorney for Health & Welfare & Finance.

## **Reasonable adjustments Plan of Care**

Mum needs to go in hospital transport to the hospital with him.

Mum and / or Sister need to be able to stay with A. as much as possible in order to reduce his anxiety levels.

Complex information to be given to Mum, Sister or carers rather than A. and then they can explain when it's appropriate.

Offer A. simple, clear information regarding investigations and treatment to involve him in his care. Speak slowly and clearly in basic language with a few instructions at a time.

A. will require a general anaesthetic, like last time, for the angiogram to take place safely. It will be important to ensure that all appropriate staff are in place in just in case any other treatment (e.g. stent) is required and then it can be done there and then under one GA.

MCA and BI paperwork will need to be completed.

When the tummy doctors  
want to see you again, this is  
where you will come.



# The Learning Disability Liaison Team



Lisa Baker



Jane Bullock



Cathie Clarke



As you drive into the hospital, you will need to take the first right turn

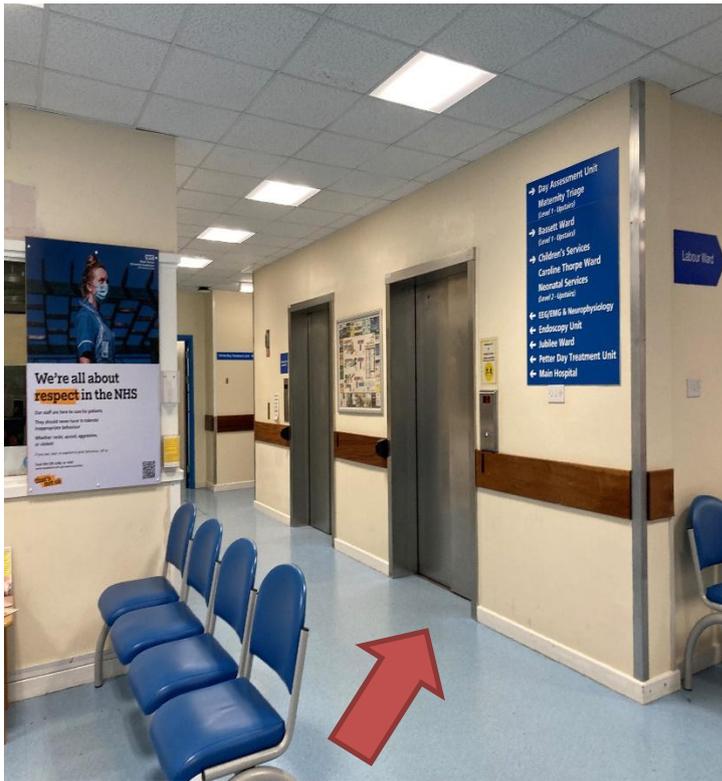


Follow the road down the hill past the Seamoor Unit





This is a reception area.



Turn towards the lifts.



Look for this sign



Follow the corridor to the end



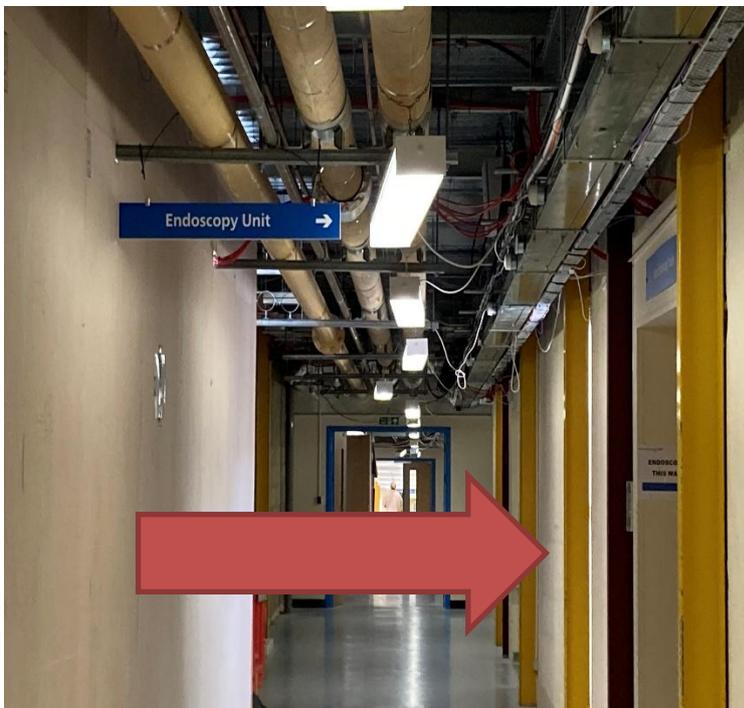
At the end of the corridor turn left.



Look for this sign.



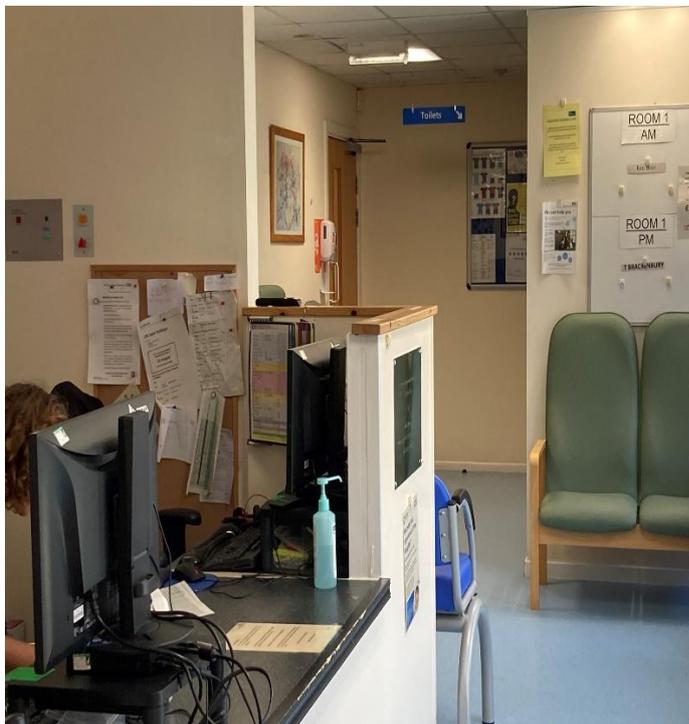
Follow the corridor then turn right.



You will see the Gemini (endoscopy) Suite on your right



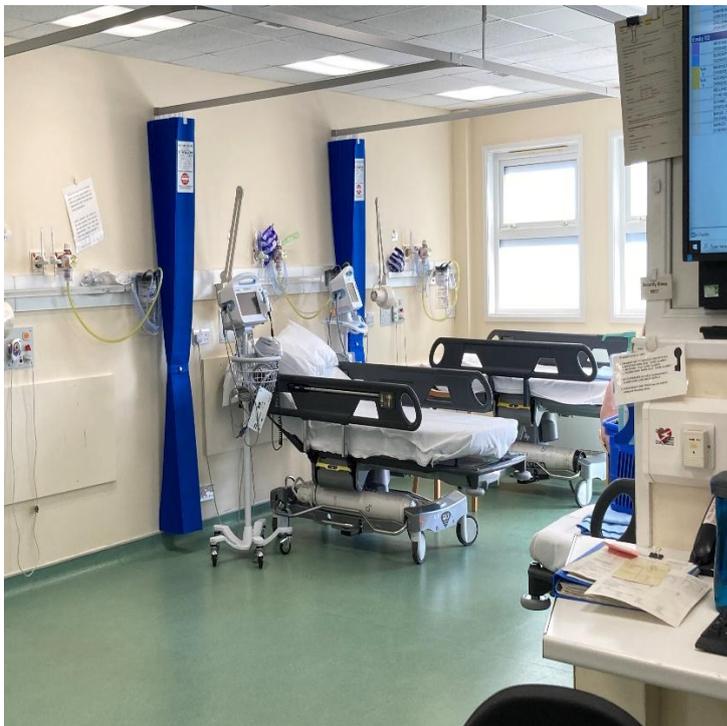
Well done,  
you have  
arrived 😊



This is  
where you  
will let  
them know  
that you  
are here.



When the nurse calls your name, they will walk you through.



This is where you will wait for the Doctor to come and see you.



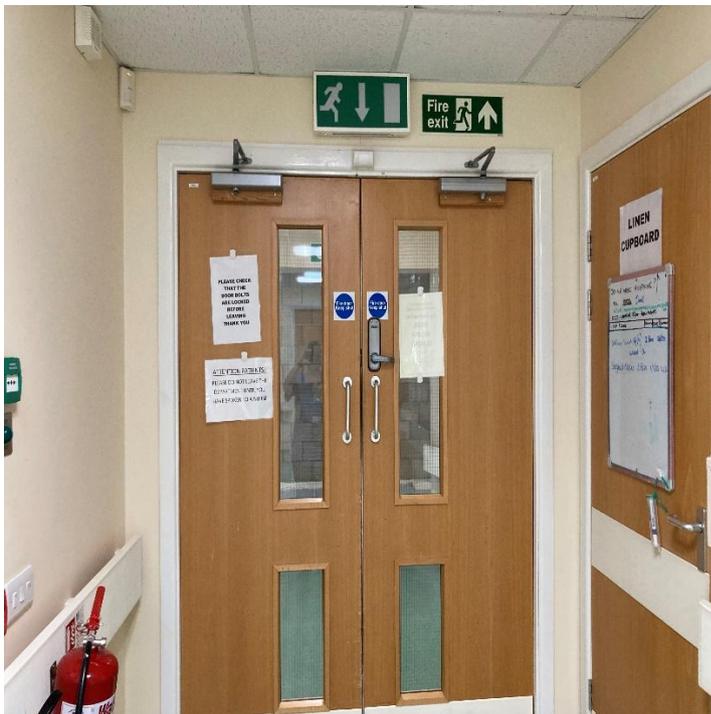
When the Doctor is ready you will go to one of these rooms on a bed.



Afterwards you will come back here until you wake up properly.



When you are awake, you can go and sit here to have a drink before you go.



Time to go, the nurse will show you the way out.

# healthwatch Devon

[www.hwdpt.org/devon](http://www.hwdpt.org/devon)

t: 0800 520 0640

e: [info@hwdpt.org](mailto:info@hwdpt.org)

 @healthwatchdevon

 @HwDevon

 @hwdevon

# healthwatch Plymouth

[www.hwdpt.org/plymouth](http://www.hwdpt.org/plymouth)

t: 0800 520 0640

e: [info@hwdpt.org](mailto:info@hwdpt.org)

 @healthwatchplymouth

 @HealthwatchPlym

 @healthwatchplym

# healthwatch Torbay

[www.hwdpt.org/torbay](http://www.hwdpt.org/torbay)

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 @HealthwatchTorbay

 @HWTorbay

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