

What's it like being in a hospital waiting room?

People's views: Queen Elizabeth Hospital Birmingham



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Queen Elizabeth Hospital Birmingham

Key findings



Waiting times, particularly in the Accident and Emergency Department, are too long, with some patients waiting for over four hours



Some patients with mobility needs, disabilities, impairments or sensory loss told us they struggle to navigate and access services. There is a lack of adequate signage, training or disability awareness by staff and inappropriate systems for informing patients when it is their turn to be seen



People told us that seating was uncomfortable, which was made worse by long waiting times



Patients have problems in accessing refreshments, especially at busy times and in the Accident and Emergency Department



The interpreter booking system is not working for some patients. Access to communication support for appointments is not efficient or takes into account the realities of how services are run (appointments being early, late, multiple appointments for patients, etc.) or the communication preferences of patients



People said that a lack of consistent and accessible signage caused confusion and anxiety, especially for people with visual and/or hearing impairment



People are happy with the overall quality of care they receive, but wanted to see improvements to make waiting rooms more comfortable and accessible to all



Patient's experiences of staff attitude and communication is mixed. There are some instances of outstanding patient care and staff attitude, but concerning feedback about poor staff attitude





Introduction

In 2018, Healthwatch Birmingham asked members of the public across the City to share their views about what NHS or social care topics we should investigate next. People voted on five key health and care issues, and 71% of them asked us to evaluate the quality of service in waiting rooms in Birmingham's hospitals. This report, one of a series of nine for the hospital Trusts we looked at, presents the results of that work for Heartlands Hospital.



Background

We started our investigation into NHS hospital waiting rooms in Birmingham in autumn 2018. Our main focus was on people's experiences of waiting times, the environment, communication, accessibility, and dignity and respect.

To capture a representative sample of patients' views across Birmingham, our investigation consisted of two stages.

Stage 1

We collected feedback directly from patients who were in hospital waiting rooms, so that we would have information on the experience of patients in real time.

Stage 2

We worked closely with third-sector organisations (including Birmingham Focus, BID Services and deafPLUS) and interpreters to host focus groups to collect the experiences of people who have a visual and/or hearing impairment. Focus groups were held in four districts of Birmingham.

Healthwatch Birmingham also developed an online questionnaire to collect feedback from people with a visual and/or hearing impairment. This questionnaire included the same questions that were asked during our visits to waiting rooms and at focus group meetings. It was shared with the support of third-sector groups (including Birmingham's Disability Resource Centre, Action on Hearing Loss, Thomas Pocklington Trust and the National Deaf Children's Society) and extensive use of social media. The online questionnaire was available from 25 January to 8 February 2019.

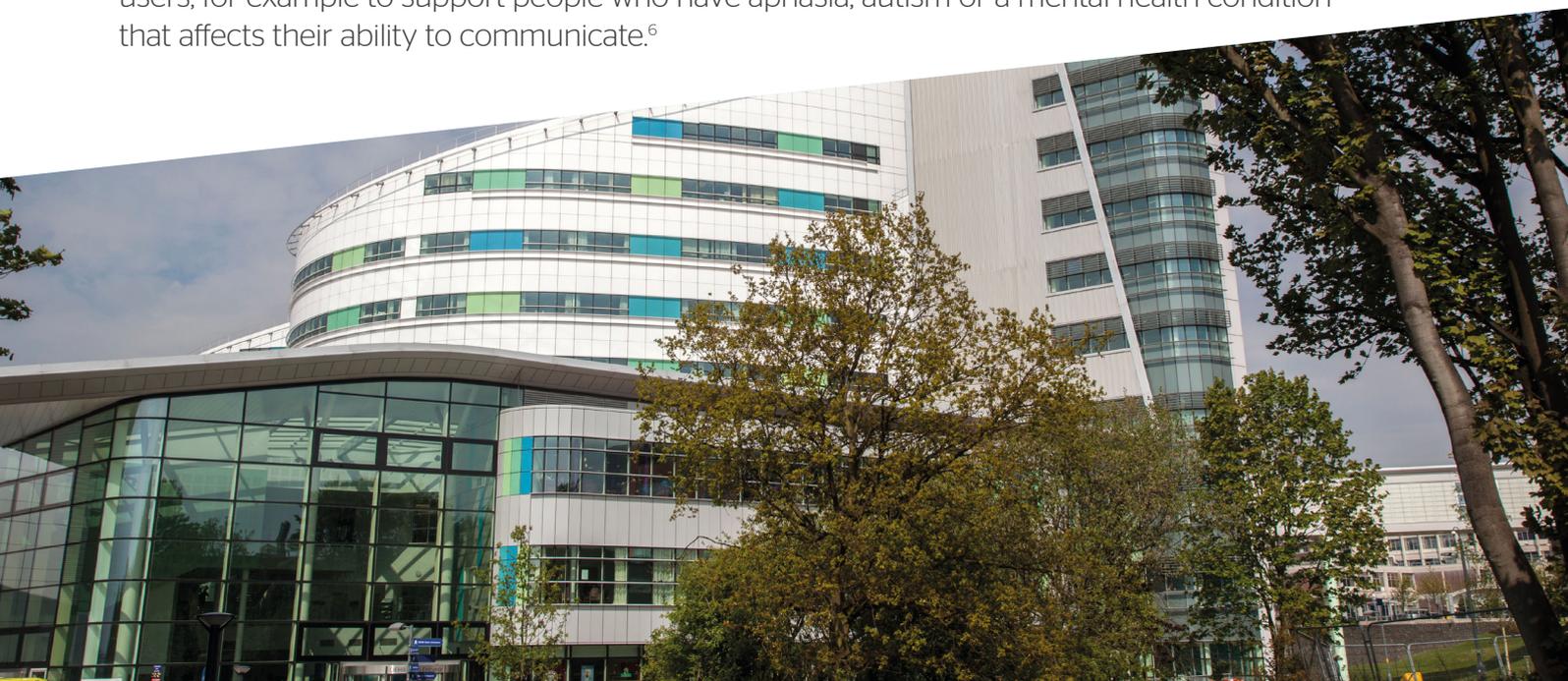
Patients could choose to remain anonymous, or provide their contact details. A selection of patients who chose the latter were contacted again to participate in more in-depth interviews. We wrote these up as case studies.

We also looked at research on the effect of the experience of waiting on patient well-being. Poorly designed, uncomfortable waiting rooms and long waiting times have been found to contribute to a patient's stress and anxiety, perhaps because in addition to physical discomfort or accessibility problems, these spaces send a negative message that patients are a lower priority than the overall hospital system.^{1,2} Other issues, such as anxiety, insecurity, thirst and hunger, are not always easily detected by busy healthcare professionals, leading to a failure to offer appropriate and timely patient care.³ The quality of the waiting experience can also affect recovery times and mental well-being: a therapeutic waiting area design is associated with improved mood and greater satisfaction with healthcare services.⁴

Patients come into contact with the NHS at their most vulnerable, so emotions and negative feelings are heightened. The government's best practice guidance notes that it is important for NHS organisations to ensure that patients' emotional and physical needs are met at all stages of their journey:

For example, a patient kept waiting for an appointment ... may have a good emotional experience if they feel someone cares about them (that is, they are given regular information about why they are being kept waiting and an update on how long they will have to wait). The same patient left to wait without any information is likely to have a negative experience because they feel abandoned and neglected. Improving patients' emotional experience is about treating people as we would want to be treated - with dignity and respect.⁵

The Disability Discrimination Act 1995 states that hospitals must provide 'reasonable adjustments' for disabled people to enable them to access services more effectively. The more recent Accessibility and Information Standard (AIS) further emphasises the need to ensure that providers are identifying, recording, flagging, sharing and meeting the information and communication needs of service users, for example to support people who have aphasia, autism or a mental health condition that affects their ability to communicate.⁶



Queen Elizabeth Hospital Birmingham

Queen Elizabeth Hospital Birmingham is located in the Edgbaston ward, Edgbaston in Birmingham. It is a large general and specialist NHS and military hospital. It is managed by University Hospitals Birmingham NHS Foundation Trust.

As part of this study Healthwatch Birmingham heard 488 pieces of feedback from people across Birmingham, of which we heard 110 pieces of feedback from people about their experiences of the Queen Elizabeth Hospital. Feedback was heard through our online Feedback Centre, Information and Signposting Service, online survey, and through our community engagement activities.

This included feedback on waiting areas in Accident and Emergency, Oncology, Ear, Nose and Throat (ENT), Haematology, Gynaecology and Audiology departments, and the Pain Management clinic.

In total, 22 people with visual and/or hearing impairments completed our online survey about their experiences of the Queen Elizabeth Hospital, of which: over 40% had a hearing impairment, over 30% had a visual impairment and over 20% had both a hearing and visual impairment.

What people said

Waiting times

Waiting times was one of the key issues that patients told us about. A majority of people shared their concerns about the long waiting times, not just in Accident and Emergency but in other clinics too. Patients said that long waiting times had affected their experience of care, access to refreshments and general level of comfort in waiting areas.

Despite both positive and negative experiences of the waiting times and efficiency, feedback we heard highlighting the concerning lengthy waits for patients in Accident and Emergency, sometimes of over 12 hours.

The waiting times are too long. I have been waiting since 11.30 ([it is now]14.50). Waiting to see a specialist. Don't know how long to wait. During my wait I have not been informed of next steps. Had to go and talk to them and ask. Have access to refreshments and food, [and] can buy these. (Accident and Emergency Department)

Waited for 20 hours to get a bed. Was able to get some refreshments, because my dad knew where it was from a previous visit, otherwise they don't tell you. No visual aid for people with visual problem. If you had a hearing problem you would have to let them know. They could put a sign for people to know how to do this. (Accident and Emergency Department)

Waited approx. 1 hour in A&E without any pain relief. Once taken in we waited another 50 minutes to actually have an x ray. She was in agony. Waiting room was packed - no seating, even with a broken arm - no seats were offered. (Accident and Emergency Department)

It is important to consider the different times of day people are accessing services which has resulted in both positive and negative feedback from patients about Accident and Emergency, in particular.

Patients told us the importance of good quality care, access to trained staff and having their health issues investigated and/or resolved, which often mitigated against their long wait.

The individual waited for six hours to be seen and reported that staff had heated arguments in front of him. Overall, though he was pleased with the level of care, staff attitude, and treatment explanation, but this experience was significantly dampened by being left to wait (in pain) for six hours. (Accident and Emergency Department)

Arrived at the Queen Elizabeth Hospital, Accident and Emergency at 2.30pm with my son, who had had an accident at work ... My son was triaged very quickly and was seen by a Practice Nurse very quickly after that. The Practice Nurse was exceptional in the way he dealt with my son. He explained what he was doing throughout his examination [and] treatment and was very pleasant with a fantastic sense of humour. My son was discharged at approx. 4 pm which meant we were only at the hospital for 1.5 hours.
(Accident and Emergency Department)

I have been using this service for many years and have seen improvements in the way they manage their service. Service is quicker, smoother and efficient, I am very satisfied, waiting times have gone down but still have to wait for 30 minutes before seeing the consultant.
(Outpatients)

Patients acknowledged that the waiting times were long because clinics were overcrowded and staff were busy:

Staff friendly but waiting time too much, I think due to staff shortages (few doctors more patients). Very good facilities in the waiting area. (Haematology)

...[I] have been waiting for over two hours. The reason has to be that they are overbooked and are understaffed. I have to ask the receptionist myself. I don't think they have the time to let people know that they are running late. The consultant is busy and so are the receptionists. In terms of the physical environment, I find that everything is sufficient and a good standard.
(ENT Department)



Waited approx. 1 hour in A&E without any pain relief. Once taken in we waited another 50 minutes to actually have an x ray. She was in agony. Waiting room was packed - no seating, even with a broken arm - no seats were offered.
(Accident and Emergency Department)

Environment

People's experience of the waiting area environment differed depending on which department they were attending. For example, patients shared positive experiences in the Oncology and ENT departments, but we heard about overcrowding and uncomfortable seating in the Outpatients and Accident and Emergency departments. With some patients telling us about lengthy waits it is important that people's needs such as access to clean toilets, food and drinks and comfortable seating are met. This is particularly key for those living with mobility issues, pregnant mothers and the frail or elderly. One person also told us that there could be more wheelchairs, as people get tired from waiting.

20% people in our online survey said seating was uncomfortable.

55% said poor signage.

21% said no electronic signage at all.

39% said there was adequate lighting.

40% said it was positive that there was access to toilets.

26% said the cleanliness in some waiting areas was good.

26% said the spacious layout of some waiting areas was well designed.

The caller phoned regarding his father who was at the QE after suffering a heart attack. He was told he was being admitted at 2pm. From 2pm-11:40pm he was left with no bed and left in a corridor/passageway area. He wasn't given any food or drink until the son arrived and asked the staff if it was ok to leave the patient in this way. The son said there were several other patients in the corridors in the same situation i.e. no food or drink. He ended up going to the vending machines and buying drinks for these patients.

(Accident and Emergency Department)

They seem to be ok, but waiting from 2pm to be seen, otherwise ok, good and helpful staff. Very poor and uncomfortable seating. (Accident and Emergency Department)

There is lack of food, at least have some sandwiches or soups. I am hungry but nothing there to eat, travelled from far. Drinks section is good but opens quite late after 9 am. The hospital staff are great. In terms of the infrastructure, there is enough toilets & seats, it's fairly clean. There could be more water stands and wheelchairs because sometimes, due to waiting, people are fatigued.

(Department unknown)

Pleasant waiting room environment. Clean accessible toilets. Natural daylight. Friendly staff. (ENT Department)

They seem to be ok, but waiting from 2pm to be seen, otherwise ok, good and helpful staff. Very poor and uncomfortable seating.

(Accident and Emergency Department)

Case study 1

Spent 12 hours in A&E on a Monday night. There were over 100 people waiting to be seen. Took 2 hours to be triaged, as there were only 2 Triage Nurses working, and after being there for over 6 hours I asked how long it would be before I was seen. Receptionist sent me to speak to the co-ordinator who advised that it would be at least another 6 hours as I was 38th on the list because I had been referred by my doctor and I would need to see a medical doctor! I was in pain and the co-ordinator supplied me with pain killers.



I was eventually seen by a doctor and medication prescribed. The waiting room was full and the receptionists had to keep asking for family and friends to stand and let patients sit down. Another lady was brought in by ambulance, she was in a really bad way screaming and crying and was made to sit in the general waiting room which was very distressing for everyone.

Overall, the experience was dreadful. The staff were overstretched and the waiting room seats are not comfortable if you are waiting a long time.

Accessibility

Just over 50% people who responded to the survey said that some waiting areas at the Queen Elizabeth met their needs. Consistent factors in positive experiences centred on access to clean toilets, spacious layouts, good communication and helpful staff. One patient with both hearing and visual impairment told us they had benefited from sight guiding from staff when attending a clinic.

Everything was fine and they helped me as I had not been in this department before. I was assisted with where to go and guided me through everything I needed to do. There are many people to help you when you need the help. The waiting room physical structure is good, there are places where you can eat, use the restroom – everything is available really.

(ENT Department)

I am given the best possible treatment by best clinicians available, waiting area very good, only problem is parking which is very expensive. Patients who come for appointments should be given free or discounted parking vouchers. (Outpatients)

One patient with a visual impairment and mobility needs told us about issues they face accessing several departments. They also told us about access to food and facilities.

Long corridor - complex layout of clinic; Too far to walk with walking aid; Not enough space; I am diabetic, but was not offered any food - I am in a wheelchair and was not able to access the toilet or get any food.

Some people told us that, the waiting area can feel confusing and overwhelming, and not just for people with a hearing and/or visual impairment.

Case study 2

I went for an outpatients appointment. The overall care I received was good and I felt the [doctor] mostly listened, though I did feel he downplayed my symptoms.

It is confusing when you arrive at the hospital, working out where you should go. There are lots of volunteers waiting to help you, but talking to people makes me anxious, so I wish there were clearer signs so I didn't have to speak to strangers when I'm already stressed. The screens should also let you update your own details instead of making you speak to the receptionist.



The initial waiting areas are in a wide open space which feels really public and exposed. I didn't like that my full name was on a screen for everyone to see. It is clearly signposted where you have to go next, which is good.

The next waiting area was quite crowded and felt squashed in. The reception staff were friendly though. The seats in both waiting areas were quite uncomfortable - you could feel the metal bars underneath poking through. It was a bit messy with books, leaflets and magazines left on chairs, which made it more awkward to find a seat. Other patients had put their bags and coats on seats, taking up more room. There didn't seem to be any room for people in wheelchairs to wait with carers, which made it awkward as several were attending this clinic. There was a water cooler, but it was covered, so I couldn't tell if it was working and if I could use it.

The nurse came over with a clipboard for me to fill in a questionnaire for the [doctor]. The nurse was very kind and tried to be discrete. She didn't have any pens though (I had to find my own) and the clipboard was dirty and worn, which made me worry about germs. It still felt awkward filling in very private details in public. Maybe this could be done in a more private area?

Communication

Patients told us about mixed experiences of the quality of communication by staff. Some had a good experience of care overall, although others said they wanted to be updated about how long they would have to wait.

Staff were extremely busy. They were friendly and polite but could have updated us more regularly. We waited for a long time for a doctor to see my grandmother she had Alzheimer's and was very unwell. My grandad has a severe hearing loss, he struggled hearing staff.
(Clinical Decision Unit).

Very good, excellent staff attitude, didn't wait long. Treatment explained well, patient-centred care, very clean. Overall extremely satisfied with the quality of care. No faults in any area of care. Extremely pleased with level of care.

Over 30% people completing our service who had a hearing and/or visual impairment said that staff were not supportive of their needs, and 56% told us that the signage in waiting areas could be better, using bigger letters, boards or electronic signs to help them understand where they need to go and what is going on.

I go to the audiology at QE hospital, it is very hard to know when it is my turn to see the audiologist, as they just shout out your name. As a deaf person I obviously can't hear this.
(Audiology)

You think that they would give you a number and you could see it on the screen. I am a bit deaf. In a busy place like this it would make a difference because you do not know when you are being called. Time does not matter to me. I have plenty of time. I would hate to miss my appointments, I know other people worry about that but I would rather wait.
(Cancer Services)

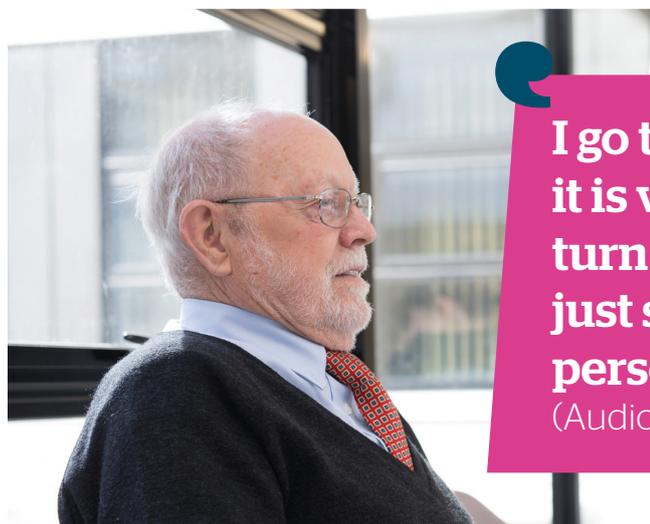
You wait for a screen to tell you when it is your turn but a lot of departments have the screen but it's not used - there is no communication to let me know when it is your turn to be seen. When you are deaf it is frustrating, stressful and worrying you don't know what's going on.
(Outpatients)

For people with vision-related problems, they should have waiting areas in different colours to make it easy for people to identify and reach their desired waiting areas in time and easily. Or at least the flooring should be different colours.
(Outpatients)

Interpreters

We heard a variety of issues, including interpreters not being booked for long enough, not booked at all, not showing up, and people being refused an interpreter. We also found that the telephone booking service for interpreters is problematic for patients with hearing impairments.

43% of people responding to our survey said that they had requested an interpreter prior to attending for their appointment.



I go to the audiology at QE hospital, it is very hard to know when it is my turn to see the audiologist, as they just shout out your name. As a deaf person I obviously can't hear this.
(Audiology)

I was refused an interpreter as they said I was only hard of hearing. I can only communicate by using BSL. It was awful as I was very isolated and couldn't communicate with anyone. Left without seeing anyone and not planning on going that there again because of this experience. (Gynaecology Departments)

They never ask me if I want interpreter. So they need to ask me if I need one. Always struggle to keep eyes out when they are calling my name. Should have screen with name. They never reply to my emails always have to go. Receptionists are always shouting in your face. Bad attitude, no deaf awareness at all. (Outpatients)

I am a diabetic so I need regular eye check-ups. I booked an appointment at the eye clinic and asked to book a BSL interpreter as I am deaf. As I arrived I didn't see interpreter so I asked the receptionist where the interpreter was, they checked and said no interpreter was booked in the first place. They then booked an interpreter out, I had to wait for 2 hours for them to arrive. When I finally got to my appointment the male nurse asked why I hadn't come for the appointment regardless of him shouting at my name numerous times, obviously I didn't hear as I am deaf. He then asked me to hold a card on my eye so he could do the check-up. I said I can't as I need to sign with both hands to communicate. He just said oh forget it then and pretended everything was fine even though no check-up was done. I feel even though no check-up was. I feel very reluctant to use the service again. This attitude was awful and it made me feel awful. (Ophthalmology)



I was refused an interpreter as they said I was only hard of hearing. I can only communicate by using BSL. It was awful as I was very isolated and couldn't communicate with anyone. Left without seeing anyone and not planning on going that there again because of this experience. (Gynaecology Department)

However, two people in our survey did say their experience of using an interpreter was good.

They always provide me with full help and support. (Outpatients)

Patients who are deaf or having hearing impairments shared their experiences of staff not being able to communicate with them effectively, as they lacked deaf awareness or basic sign language.

I had to request my records to be transferred from City Hospital to QE hospital because of poor attitude and lack of deaf awareness of staff. However at the Audiology reception area the staff lack deaf awareness and basic sign language. Also it is difficult when being called on as the staff often shout and do not have a proper system in place e.g. your name could be displayed on their screen when audiologist is ready. (Audiology)

The staff tried to write things down by I couldn't read their notes and got very distressed and left. No one tried to get me an interpreter. Should have been informed about impairments prior, felt embarrassed. (Gynaecology).

Other patients with access needs shared positive feedback of staff. One patient with both hearing and visual impairment also told us they benefited from sight-guiding support by staff when accessing a clinic.

Staff are really friendly. I am deaf, they make an effort to understand me and I get frustrated if I can't explain. But they make the effort and look directly at me so I can lip read. (Outpatients)

The staff was very friendly and offered sight guiding. (Ophthalmology and Cardiology)

Very good - they came and got me so I was alright and didn't have to worry. (General Surgery)

Dignity and respect

People have told us about their positive experiences of being treated with dignity and respect.

The hospital is extremely sensitive to the cultural and religious needs of its patients. A very clean accessible prayer room is available for its Muslim patients. Patient waited for an hour and a half for bed (which she thinks is too long [to] wait) and was also provided a pillow for her back by physiotherapist. Patient was pleased by the level of care she received. Staff are supportive and helpful. (Observation from Healthwatch Birmingham Staff)

They provide me with all the support I need, they know my mobility issues and always give me fair treatment and support. Full marks for hospital for being so disabled friendly. (Outpatients Department)

Summary

People told us are experiencing vast differences across waiting areas in this hospital. However, we heard common themes of waiting times, access to refreshments, signage, and patients being fully informed and catered for when they are waiting, in particular those who have particular needs due to visual or hearing impairment, or mobility issues.



Recommendations

Based on the feedback from service users, Healthwatch Birmingham recommends that the Trust:



Take action in response to feedback on uncomfortable seating by making timely improvements, particularly for clinics that regularly over run



Provides fresh drinking water which is readily available to all patients, and displays clear signposting to refreshments and toilets



Allocates a staff member or volunteer on each shift with a specific brief to monitor the food and hydration needs of vulnerable people, such as elderly people, children and people with disabilities



Works with patients to identify the areas where signage is most crucial and uses this feedback to draw up an action plan to improve the quality of signage to meet a range of patient needs



Undertakes a review of electronic signage across the hospital and considers using a similar electronic system as used in The Royal Orthopaedic Hospital to keep patients up to date with waiting times and which room they need to go to



Ensures that staff collect patients who are visually impaired in order to guide them to their appointments



Offers patients with a hearing impairment a buzzer, or equivalent mechanism, so that they know when it is their turn to be seen



Tracks the quality of interpreter provision



Provides appropriate, understandable and accessible ways for people to independently book interpreters, including BSL interpreters, relay speakers or lip speakers. When communication needs are identified, this is recorded on patient's notes and interpreters automatically booked for subsequent visits (dependent on communication preferences).



Ensures that all patients who need a BSL interpreter are given priority so that they attend their appointments on time, meaning that booked BSL interpreters can support patients for the whole consultation, even if clinics over run



Identify, record, flag, share and meet the information and / or communication needs of their patients and service users - and where appropriate their carers or parents - in line with the Accessible Information Standard



Ensure that staff undertake customer service and disability awareness training annually, and that this is reviewed regularly to ensure staff have appropriate support and training to meet patients' needs and rights (ensuring that BSL interpreters are promoted to all who require them)



Should work directly with people with hearing impairments to develop an information card that can be used to support Trust staff to identify peoples specific needs⁷

In six months time, Healthwatch Birmingham will track the progress of these improvements, requesting an update from the Trust which evaluates the specific changes made to improve patient's experiences of waiting rooms.

NHS trusts should work with community and service user organisations, and directly with those with disabilities, impairment or sensory loss, to understand what actions need to be taken to improve people’s experience of waiting areas. Working in collaboration in this way will ensure actions are patient-centred and meaningful, and will make a difference.

Trust’s Response

University Hospitals Birmingham (UHB) NHS Foundation Trust Response

Detailed in the table is the response we received to the individual recommendations in our report for all three UHB hospital sites in Birmingham. Detailed in the table is the evidence Healthwatch Birmingham is requesting from the Trust for inclusion in our six-month follow up report.

| Recommendations based on issues heard | UHB response | Healthwatch Birmingham will request the following information, for inclusion in our six-month follow-up report. |
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| Works with patients to identify the areas where signage is most crucial and uses this feedback to draw up an action plan to improve the quality of signage to meet a range of patient needs. | A review of outpatient signage is underway at the Queen Elizabeth Hospital Birmingham site, where feedback has been gained from patients around what works for them and where they think improvements could be made. Actions are underway and learning will be shared across all of our sites. | Findings of review undertaken as a result of this recommendation, detailing any changes made by the Trust. Current patient feedback heard by the Trust that demonstrates that the issue of patients being unable to navigate the hospital has been resolved. |
| Undertakes a review of electronic signage across the hospital and considers using a similar electronic system as used in The Royal Orthopaedic Hospital to keep patients up to date with waiting times and which room they need to go to. | This recommendation will be reviewed against our current practice to see if improvements can be made. | Findings of review undertaken as a result of this recommendation, detailing any changes made by the Trust. Current patient feedback heard by the Trust that demonstrates that the issue that patients are not kept up to date with waiting times has been resolved. |

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| <p>Offers patients with a hearing impairment a buzzer, or equivalent mechanism, so that they know when it is their turn to be seen.</p> | <p>We recently held an awareness session on visual and hearing impairment for lay members of our Patient, Carer and Community Councils as they can help us to identify good practice or areas from improvement during their visits to wards and departments.</p> <p>This recommendation will be reviewed against our current practice to see if improvements can be made.</p> | <p>Findings of review undertaken as a result of this recommendation, detailing any changes made by the Trust.</p> <p>Current patient feedback heard by the Trust that demonstrates that the issue that some patients with a hearing impairment are unable to know when it's their turn to be seen has been resolved.</p> |
| <p>Ensure that staff undertake customer service and disability awareness training annually, and that this is reviewed regularly to ensure staff have appropriate support and training to meet patients' needs and rights (ensuring that BSL interpreters are promoted to all who require them).</p> | <p>We recently held an awareness session on visual and hearing impairment for lay members of our Patient, Carer and Community Councils as they can help us to identify good practice or areas from improvement during their visits to wards and departments.</p> <p>Staff also have access to training but this is not mandatory, we will review the current situation and include any actions in our action plan.</p> | <p>Feedback from patients regarding whether their information and/or communication needs are met. And, if not, actions the trust has taken to meet these needs in line with the Accessible Information Standard.</p> |
| <p>Identify, record, flag, share and meet the information and / or communication needs of patients and service users - and where appropriate their carers or parents - in line with the Accessible Information Standard.</p> | <p>Work continues in ensuring that the Accessible Information Standard becomes fully embedded to ensure that we are fully aware of our patients' communication needs.</p> | <p>Findings of review undertaken as a result of this recommendation, detailing any changes made by the Trust.</p> <p>Current patient feedback heard by the Trust that demonstrates that the issue of consistently long clinic running times has been resolved.</p> |
| <p>Provides appropriate, understandable and accessible ways for people to independently book interpreters, including BSL interpreters, relay speakers or lip speakers. When communication needs are identified, this is recorded on patient's notes and interpreters automatically booked for subsequent visits (dependent on communication preferences).</p> | <p>This recommendation will be reviewed against our current practice to see if improvements can be made.</p> | <p>Findings of review undertaken as a result of this recommendation, detailing any changes made by the Trust.</p> <p>Current patient feedback heard by the Trust that demonstrates that the issues experienced by patients requiring an interpreter have been resolved.</p> |

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| <p>Should work directly with people with hearing impairments to develop an information card that can be used to support Trust staff to identify peoples specific needs.⁷</p> | <p>During our recent workshop with BID Services they showed us a card similar to this that is available in Birmingham. We will work with BID to see if we can promote this within our hospital sites.</p> | <p>Details of the work with BID to see if an information card for people with hearing impairments can be promoted within hospital sites.</p> |
| <p>Provides fresh drinking water which is readily available to all patients, and displays clear signposting to refreshments and toilets.</p> | <p>Fresh drinking water and signage to refreshments and toilets is largely available, however we will review any gaps identified.</p> | <p>Findings of review undertaken as a result of this recommendation, detailing any changes made by the Trust.</p> <p>Current patient feedback heard by the Trust that demonstrates that the issue directing patients to refreshments and toilets has been resolved.</p> |
| <p>Allocates a staff member or volunteer on each shift with a specific brief to monitor the food and hydration needs of vulnerable people, such as elderly people, children and people with disabilities.</p> | <p>This recommendation will be reviewed against our current practice to see if improvements can be made.</p> | <p>Findings of review undertaken as a result of this recommendation, detailing any changes made by the Trust.</p> <p>Evidence that there is a staff member or volunteer on each shift with a specific brief to monitor the food and hydration needs of vulnerable people, such as elderly people, children and people with disabilities.</p> |
| <p>Ensures that staff collect patients who are visually impaired in order to guide them to their appointments.</p> | <p>This recommendation will be reviewed against our current practice to see if improvements can be made.</p> | <p>Findings of review undertaken as a result of this recommendation, detailing any changes made by the Trust.</p> <p>Current patient feedback heard by the Trust that demonstrates that the issue of not guiding patients with a visual impairment to appointments has been resolved.</p> |
| <p>Ensures that all patients who need a BSL interpreter are given priority so that they attend their appointments on time, meaning that booked BSL interpreters can support patients for the whole consultation, even if clinics over run.</p> | <p>This recommendation will be reviewed against our current practice to see if improvements can be made.</p> | <p>Findings of review undertaken as a result of this recommendation, detailing any changes made by the Trust.</p> <p>Current patient feedback heard by the Trust that demonstrates that the issue that BSL interpreters are not always available for the whole of the consultation, even when clinics overrun, has been resolved.</p> |

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| Tracks the quality of interpreter provision. | This recommendation will be reviewed against our current practice to see if improvements can be made. | Findings of review undertaken as a result of this recommendation, detailing any changes made by the Trust. Current patient feedback heard by the Trust that demonstrates that the issues around interpretation services have been resolved. |
| Reviews the management of appointments for clinics that have consistently long running times, to make sure they are being run in the most efficient manner possible. | This recommendation will be reviewed against our current practice to see if improvements can be made. | Findings of review undertaken as a result of this recommendation, detailing any changes made by the Trust. Current patient feedback heard by the Trust that demonstrates that the issue of clinic running times has been resolved. |

Queen Elizabeth Hospital

| Recommendations based on issues heard | UHB response | Healthwatch Birmingham will request the following information, for inclusion in our six-month follow-up report. |
|---|---|---|
| Take action in response to feedback on uncomfortable seating by making timely improvements, particularly for clinics that regularly over run. | Emergency Department waiting rooms are currently under review at Heartlands and the Queen Elizabeth hospital sites; this will include replacing the seating with more comfortable seating provision which we will select in conjunction with our patient groups to ensure they are suitable for different patients' requirements. | Findings of review undertaken as a result of this recommendation, detailing any changes made by the Trust. Current patient feedback heard by the Trust that demonstrates that the seating issue has been resolved and meets patients' needs. |

References and Endnotes

- ¹Leather, P., Beale, D., Santos, A., Watts, J. and Lee, L. (2003). Outcomes of environmental appraisal of different hospital waiting areas. *Environment and Behavior* 35(6), pp. 842-869.
- ²Ortega-Andeane, P. and Estrada-Rodriguez, C. (2008). 'Environmental evaluation of hospital waiting rooms: Relationships of psychoenvironmental variables'. Proceedings of the Environmental Design Research Association (EDRA) 39, 28 May-1 June 2008, Veracruz, Mexico.
- ³Yoon, J. and Sonneveld, M. (2010). 'Anxiety of patients in the waiting room of the emergency department'. Proceedings of the fourth international conference on tangible, embedded, and embodied interaction, 24-27 January 2010, Cambridge, Massachusetts.
- ⁴Leather, P., Beale, D., Santos, A., Watts, J. and Lee, L. (2003). Outcomes of environmental appraisal of different hospital waiting areas. *Environment and Behavior* 35(6), pp. 842-869.
- ⁵Department of Health (2005). 'Now I feel tall' *What a patient-led NHS feels like: Best Practice Guidance*, p. 5. London: Department of Health. At https://webarchive.nationalarchives.gov.uk/20130123205405/http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4124475
- ⁶Accessible Information Standard: Overview 2017/18. At www.england.nhs.uk/publication/accessible-information-standard-overview-20172018/
- ⁷A focus group member told us: In Gloucester they have a card which you show to the hospital that explains that you are deaf and living with a hearing disability (deafPLUS focus group member).
- The deaf communication card is a result of partnership working between a local deaf charity, Gloucestershire Deaf Association (GDA) and Gloucestershire Hospitals NHS Foundation Trust to create the cards for deaf patients whose first language is British Sign Language (BSL). The plastic cards help identify patients immediately as deaf and that communication support is needed. It also includes details for the GDA 24-hour-a-day contact line, to help medical staff know how to book a BSL interpreter.
- Within these focus groups Healthwatch Birmingham heard first-hand how beneficial deaf people would find such a system as this. They were passionate about the benefits of NHS services investing in awareness and training to ensure staff are disability aware and can communicate effectively with those with a visual or sight impairment.
- Deaf Communication Card. Gloucestershire Deaf Association. www.gda.org.uk/news/deaf-patient-support-cards-strike-a-chord.aspx

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Healthwatch Birmingham would like to thank the Trusts, patients and community and voluntary organisations for their participation and involvement in this investigation.

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Healthwatch Birmingham,
PO Box 16875,
Birmingham, B16 6TN

-  www.healthwatchbirmingham.co.uk
-  0800 652 5278
-  info@healthwatchbirmingham.co.uk
-  @HWBrum
-  facebook.com/HealthwatchBirmingham