

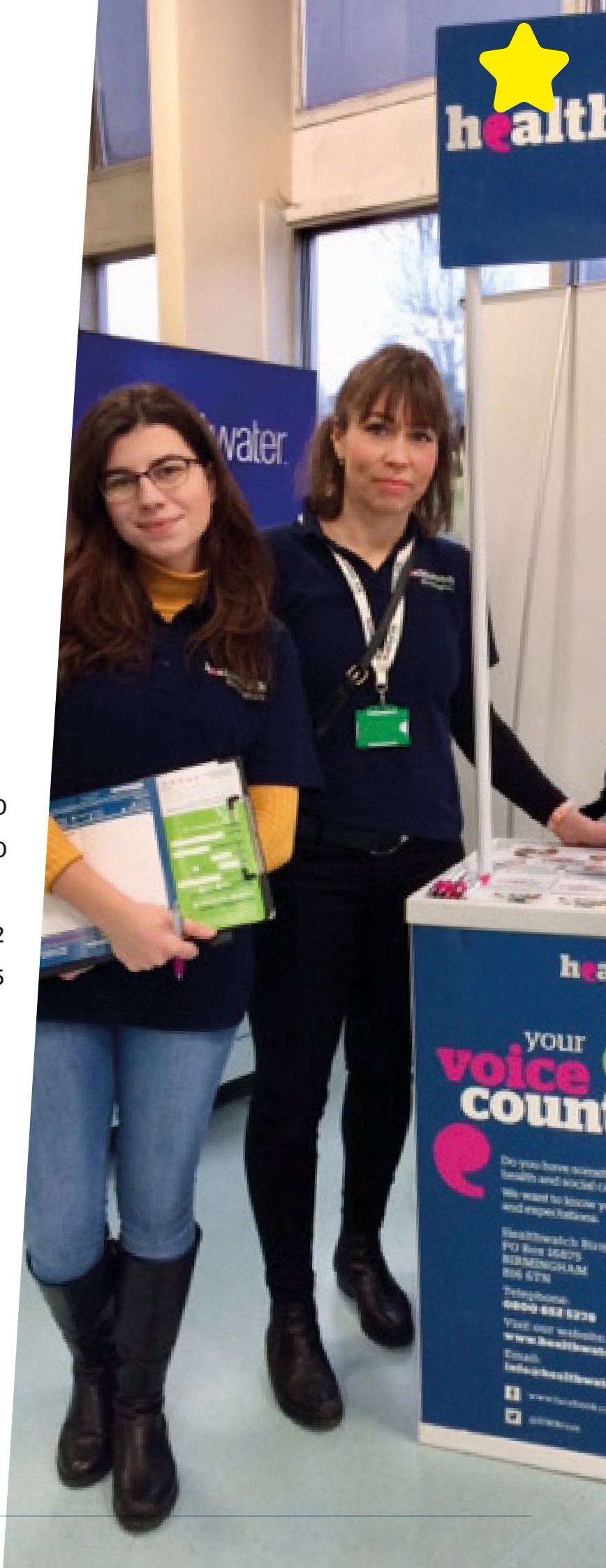
What's it like being in a hospital waiting room?

People's views: Birmingham City Hospital



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Birmingham City Hospital

Key findings



Patients told us about long waiting times, with outpatient clinics frequently over running and patients in the Accident and Emergency Department waiting several hours for treatment.



People with visual impairments said that signage and electronic call systems are inadequate, because the print size is too small



Patients told us that the standard of cleanliness throughout the hospital is poor



Most patients with a hearing impairment said they were not offered British Sign Language (BSL) interpreters to help them communicate



People said that the seating is uncomfortable and in a bad state of repair



Where interpreters were booked, they were regularly late or left before the appointment was completed



Patients also said there are no quiet areas, which were particularly needed by people with sensory impairments or mental health problems



People said they felt that staff attitudes had improved, although people with hearing impairments reported that some staff were rude and unhelpful





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 Birmingham City 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

Based on initial feedback that led to the study and the experiences we heard in stage one, 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



Birmingham City Hospital

Birmingham City Hospital is located in the Soho and Jewellery Quarter ward, Ladywood in Birmingham. It provides general and specialist hospital services to people in Birmingham and Sandwell. It is managed by Sandwell and West Birmingham NHS Trust.

As part of this study Healthwatch Birmingham heard 480 pieces of feedback from people across Birmingham, of which we heard 38 pieces of feedback about their experiences of the Birmingham City Hospital. Feedback was heard through our online Feedback Centre, Information and Signposting Service and through our community engagement activities. This included feedback on waiting areas in Accident and Emergency, Ear, Nose and Throat (ENT), Diabetic Medicine, Haematology, Hearing Aid Service, Immunology, Oncology and Outpatients departments.

We visited the audiology, ENT and A&E departments to collect feedback from patients attending the hospital on the day of our visit.

Of the 11 people who completed our online survey with experiences of City Hospital, 18% had a hearing impairment, 55% had a visual impairment and 27% had both a hearing and visual impairment.

What people said

Waiting times

For those patients who mentioned waiting times, approximately two-thirds said they had to wait a long time. They reported that many outpatient clinics did not run to time, while people attending the Accident and Emergency Department reported waiting between 2 and 8 hours.

Many people found these long waiting times difficult, especially if they were disabled, had some form of sensory condition, or had a child with them.

Roughly have been waiting 12 - 14 hours – 4 hours for ambulance, 4 hours in a corridor, 4 hours bel[ing] seen by someone whereby results haven't been given. It's not good for an 80-year-old who suffers from many disabilities. Spending lots of my life waiting around in hospital or waiting for ambulances. (Accident and Emergency Department)

I was waiting about an hour, which was difficult with a child. (Outpatients Department)

Waited about an hour, which wasn't too bad but could be better. (ENT Department)

Environment

Most patients were not satisfied with the standard of cleanliness, particularly those attending the Accident and Emergency Department. Many patients stated that the toilet areas were dirty, toilet seats were broken, and there were no paper towels for drying their hands. One patient slipped on a spillage that had been left unattended.

Toilets are horrific and some of the seats are broken. (Accident and Emergency Department)

The seats were terribly dirty and I found myself having to bring baby wipes with me to wipe them down. I was that disgusted with them they looked as if they had never been cleaned. (Outpatients)

While near the waiting area, I slipped on a spillage which was present on the floor. Brought the spillage to a nearby nurse's attention but was ignored. It took me several attempts and the prompting of my friend to get the nurse to pay attention.

(Accident and Emergency Department)



The waiting area seemed to be the place where all broken and odd chairs in the hospital came to retire.

(Immunology Department)

Given the lengthy waiting times, patients attending the Accident and Emergency Department commented of how cold the environment was. These long waiting times also created difficulties for some people in accessing refreshments. Although vending machines are provided, not all patients said they had money with them or could afford to buy food and drink.

It's so cold in here and the heating is not working. This place needs an urgent update.

(Accident and Emergency Department)

I am diabetic. Sometimes when I am at hospital, I don't know how long I will need to wait and need someone to help me with food and drink. No one has asked me if I need food and drink, or the toilet, and there were no receptionists I could ask if I needed help. (ENT Department)

Everyone who took part said that the quality of seating throughout the hospital was poor. Seats were reported to be broken and uncomfortable.

The waiting area seemed to be the place where all broken and odd chairs in the hospital came to retire. (Immunology Department)

The waiting area at A&E is really uncomfortable and some of the seats are broken. The seats should at least be a bit more comfortable as the waiting times are so long.

(Accident and Emergency Department)

One patient with anxiety described his difficulties in waiting in the Accident and Emergency Department. Overcrowding and noise made the waiting worse for this patient.

I have anxiety and depression and it is hard to be around other people. It would be useful to have a quieter space to wait for the appointment. (Accident and Emergency Department)

Lack of space and a poor layout meant people who use a wheelchair also faced problems.

They could have spacious and comfy seats. The layout is too cramped. They should make [the] waiting room more accessible for people with wheelchairs. (Outpatients Department)

Accessibility

One patient highlighted her appreciation when she found she had access to staff who spoke Urdu. While this was a positive experience for this patient, we could not verify whether this support is available to other patients whose first language is not English.

I speak Urdu and the hospital finds staff that speak my language. (Hearing Aid Services)

People with visual impairments said that signage needed to be improved. They found the print size too small, both on signs and on electronic boards. People with visual impairments said that because the hospital is so large, they struggled to find their way around, and would have liked more help, such as through sight guiding, to find the correct department and room.

Couldn't read signage as too small print. Room [is] very cramped. Electronic system wasn't helpful as too small print. (X-Ray Department)

Only thing was, it's a very big hospital with so many waiting areas. Maybe manned help can make things easier for people like me. (Outpatients Department)

Two patients with hearing impairments told us they had missed their appointment slots due to a failure of the electronic call system. These patients also told us that the waiting room layout did not provide seating which faced the front therefore they could not see when staff came to call their names when it is their turn to be seen. Having no means of seeing and communicating with staff is stressful for patients and increases their sense of isolation.

Screen was broken and I was unable to hear. (Outpatients Department)

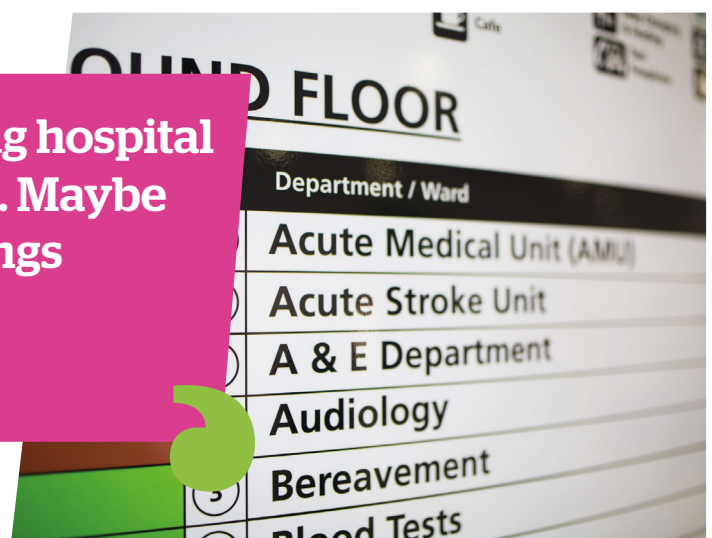
Have a buzzer, like at a restaurant, so it could go off when it's your time. (Audiology Department)

In regards to BSL interpreters co-ordinated by City Hospital, a few patients said they had not known about this support, even though they were regular visitors. These situations were only resolved when the patients got help from a third-sector organisation, which arranged for an interpreter to attend hospital appointments with them. It is important that staff promote this service to patients in order for them to retain their privacy, dignity and fully participate in the planning of their care and treatment.

I had to bring my brother and sister along to communicate before (for two years): doctor very good. Didn't request an interpreter as I wasn't aware. Now I have come through BID, and now it's so much better, to get help and access to doctors. Very sad before, no help, no work, but now have improved BSL skills. (Audiology Department)

Only thing was, it's a very big hospital with so many waiting areas. Maybe manned help can make things easier for people like me.

(Outpatients)



We also found that the hospital uses a telephone booking service for BSL interpreters, meaning that people who are deaf will need someone else to book the interpreter on their behalf, resulting in a loss of independence and confidentiality.

[You have to] call the number to make an appointment, on the letter it states if you need a translator. The number one barrier is trying to get a deaf person to call. Asking a deaf person to call is like asking a person in a wheelchair to walk to an appointment. You can't book direct with interpreters. Asked to book interpreter for an operation, finalised that, but when you get there, there's nobody there - confidence lost. (Audiology Department)

Patients with a hearing impairment also stated that they had experienced problems such as interpreters not being booked for long enough, not booked at all, not showing up, or having to leave before the appointment was finished because the clinics over run. This situation is unsatisfactory: patients are not being offered the support they need to allow them to take a full part in their care planning.

Communication

Many people told us that they were happy with the way staff communicated with them, and the majority of people felt that staff were helpful.

My consultant is excellent. (Immunology Department)

Staff are caring and supportive. (ENT Department)

Staff were very efficient. The receptionist was a lovely person and known to everyone, very nice people. (Oncology Department)

They know me and try their best to make me feel comfortable. (Outpatients Department)

However, the experience of people who have a disability, impairment or sensory loss, was dramatically different. Two patients with hearing impairments commented on the rude and unhelpful attitude of staff.

Staff attitude at Audiology at City Hospital is really bad. It is discrimination. They get really agitated with you if you're deaf and trying to communicate with you. If staff had BSL Level 2, it would be better than nothing. (Audiology Department)

Dignity and respect

The main concerns we were told about under this theme related to people with hearing and/or visual impairments, or other forms of disability or sensory conditions. Patients felt that disability awareness was generally poor throughout the hospital site.

For example, patients said that staff are not proactively promoting BSL interpreting services to people with a hearing impairment. They also said that staff are not consistently sensitive to the emotional and practical needs of this patient group.

I was not offered an interpreter, but it would have been extremely helpful to have had one. (Outpatients Department)

The person was talking - I couldn't hear, I couldn't write. Had to phone BID - needed an interpreter. I couldn't communicate. I felt ignored. I was getting aggravated, felt like I was being ignored, and it very difficult. I felt like I was waiting for hours - 4 hours - nobody seemed to come up to me. I was very stressed. (Accident and Emergency Department)

Summary

Many of the patients who took part in this study experienced problems when waiting for treatment and in accessing services. They found that waiting times were long, and this was exacerbated by a poorly heated environment, uncomfortable seating, dirty waiting areas and toilets, and lack of refreshments.

People with disabilities, including people with visual and/or hearing impairments, faced considerable issues, ranging from not being able to find space for a wheelchair, not being offered a BSL interpreter and unhelpful staff attitude.

Case study

A woman, 50–64 years old, and who is hearing impaired, attended a Neurology clinic. She didn't feel that the waiting room met her needs. Although she said it was clean and the seats were comfortable, it had poor signage and there were not enough chairs.



I had to sit on a chair which faced away from reception desk and wasn't able to see the nurse who called my name. I was very anxious as I was held in a waiting area surrounded by people. ... This really stressed me out as I was worried about what my diagnosis was going to be. It would be good if there was a separate waiting area for new patients awaiting a diagnosis.

She did also experienced problems in getting help from a BSL interpreter, who left before her appointment was finished.

On the day I arrived at the hospital, the interpreter was not there and the receptionist was very unhelpful and rude. There was only one receptionist at the desk and the hospital could have made things easier with more staff being available.

My interpreter, booked by the hospital, arrived late and was only booked for an hour and had to leave 15 minutes before the end of my appointment, which was extremely distressing as I was unable to understand what my diagnosis and treatment plan was. The consultant was very rough and was unsympathetic when my interpreter left early, leaving me without any information.

She suggested some improvements she would like to see.

Provide chairs facing the examination rooms, so you can see nurses coming out to call your name. It is essential to ensure interpreters are there on time for people with a hearing impairment, otherwise they have no way of knowing when it is their turn. We need a visual sign, with doctors' and patients' names displayed, along with the room number you need to go to.

Recommendations

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



Reviews the management of appointments for clinics that have consistently long running times, to make improvements to ensure they are being run in the most efficient manner possible



Take action in response to feedback on uncomfortable seating by making timely improvements, prioritising the 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



Ensure actions are put in place to improve cleanliness and react quickly to patient and staff feedback where this is an issue



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



Should provide 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)



Ensure 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



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)



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



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

NHS trusts should work with service user organisations, those with disabilities and impairment or sensory loss to understand what actions need to be taken to improve people's experience of waiting areas. Working in collaboration will ensure actions are patient-centred and effect positive improvements.

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.

Trust's Response

Sandwell and West Birmingham Hospitals (S&WB) **NHS Trust Response**

Detailed in the table is the response we received to the individual recommendations in our report for the two S&WB NHS Trust hospital sites in Birmingham. Outlined 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	S&WB NHS Trust Response	Healthwatch Birmingham will request the following information, for inclusion in our six-month follow-up report.
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.	<p>We continue to review how best to ensure our clinics run to time and ensure we apologise to patients if they are unavoidably delayed.</p> <p>All clinic areas at BMEC have boards, which are updated throughout the clinic session with expected waiting times.</p> <p>Letters for certain clinics at BMEC (e.g. glaucoma and medical retinal clinics) note that patients may be here for 3 hours as we often undertake investigations at the same clinic visit.</p> <p>Our Group Directors of Nursing will monitor clinic running times.</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>

Provides fresh drinking water which is readily available to all patients, and displays clear signposting to refreshments and toilets.	<p>We are in the process of reviewing our patient experience in BMEC and as part of that we will scope the introduction of refreshments available to our patients.</p> <p>Signage at BMEC has been reviewed and £5k of charitable funds has been utilised in the past year to upgrade the signage to black on yellow as per RNIB guidelines for visually impaired people.</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 directing patients to refreshments and toilets has been resolved.</p>
Ensures actions are put in place to improve cleanliness and react quickly to patient and staff feedback where this is an issue.	<p>We have dedicated service officers for all areas of the Trust. We will reinforce the message to staff to raise issues where they see anything that needs attention, and to follow up when a patient raises a concern. Our Group Directors of Nursing will monitor this.</p> <p>A walk round with facilities has been arranged for 05.04.19 to review the standards of cleanliness at BMEC OPD.</p>	<p>Findings of the Walk Around (5.4.19), together with actions taken as a result.</p> <p>Current patient feedback heard by the Trust that demonstrates that the issue of cleanliness has been resolved.</p>
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.	Due to the large number of clinics held within BMEC OPD area electronic signage is not felt to be helpful.	Current patient feedback heard by the Trust that demonstrates that systems enable patients to clearly see waiting times and where they need to be when called.
Ensure 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.	We continue to review how best to ensure our clinics run to time and ensure we apologise to patients if they are unavoidably delayed. Our Group Directors of Nursing will monitor clinic running times. BLS interpreters are booked for patients who need them.	<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 relating to BSL interpreters have been resolved, including their availability for full consultations even when clinics overrun.</p>

Ensure that staff undertake specialist 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).	Our staff are required to undertake equality and diversity training as part of our mandatory training programme. We run a BSL programme for staff to attend. Staff within BMEC are provided with training on how to guide visually impaired people run by our Eye Clinic Liaison Officers.	Current patient feedback heard by the Trust that demonstrates that the issue that patients with hearing or sight impairments do not feel adequately supported has been resolved.
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.	This is in place.	Current patient feedback heard by the Trust that demonstrates that patients with communication needs are identified and are communicated with appropriately.
Feedback from patients requiring interpreters that the system for booking interpreters meet these patient's needs, and action taken by the hospitals where improvements are identified.	We will consider this.	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 relating to interpreter booking systems have been resolved.

Birmingham City Hospital

Recommendations based on issues heard	S&WB NHS Trust 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	We continue to review how best to ensure our clinics run to time and ensure we apologise to patients if they are unavoidably delayed. Our Group Directors of Nursing will set up arrangements to monitor clinic running times.	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 relating to clinic running times have been resolved.

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	We are increasing our volunteer numbers in key waiting areas so that they can better support patients and visitors.	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.
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	We are increasing our volunteer wayfinders to support patients and visitors.	Current patient feedback heard by the Trust that demonstrates that the issues relating to patient navigation of the hospital have been resolved.
Should provide 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).	We have a robust system in place to book interpreters for appointments.	Current patient feedback heard by the Trust that demonstrates that the issues relating to interpreter systems 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.	<p>We continue to review how best to ensure our clinics run to time and ensure we apologise to patients if they are unavoidably delayed.</p> <p>All clinic areas at BMEC have boards, which are updated throughout the clinic session with expected waiting times.</p> <p>Letters for certain clinics at BMEC (e.g. glaucoma and medical retinal clinics) note that patients may be here for 3 hours as we often undertake investigations at the same clinic visit.</p> <p>Our Group Directors of Nursing will monitor clinic running times.</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>

Provides fresh drinking water which is readily available to all patients, and displays clear signposting to refreshments and toilets.	<p>We are in the process of reviewing our patient experience in BMEC and as part of that we will scope the introduction of refreshments available to our patients.</p> <p>Signage at BMEC has been reviewed and £5k of charitable funds has been utilised in the past year to upgrade the signage to black on yellow as per RNIB guidelines for visually impaired people.</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 directing patients to refreshments and toilets has been resolved.</p>
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Ensure that staff undertake specialist 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).	Our staff are required to undertake equality and diversity training as part of our mandatory training programme. We run a BSL programme for staff to attend. Staff within BMEC are provided with training on how to guide visually impaired people run by our Eye Clinic Liaison Officers.	Current patient feedback heard by the Trust that demonstrates that the issue that patients with hearing or sight impairments do not feel adequately supported has been resolved.
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.	This is in place.	Current patient feedback heard by the Trust that demonstrates that patients with communication needs are identified and are communicated with appropriately.
Feedback from patients requiring interpreters that the system for booking interpreters meet these patient's needs, and action taken by the hospitals where improvements are identified.	We will consider this.	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 relating to interpreter booking systems have been resolved.

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⁶ Accessible Information Standard: Overview 2017/18. At www.england.nhs.uk/publication/accessible-information-standard-overview-20172018/

⁷ A 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.

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Birmingham

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





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

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