



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

People's views in Birmingham: Summary report of findings, recommendations and responses from Trusts



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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.

We conducted a study of people's experiences of waiting in the following hospitals (the trust with overall responsibility for each hospital are in brackets):

- **Birmingham Children's Hospital** (Birmingham Women's and Children's NHS Foundation Trust)
- **Birmingham City Hospital** (Sandwell and West Birmingham NHS Trust)
- **Birmingham Dental Hospital** (Birmingham Community Healthcare NHS Foundation Trust)
- **Birmingham and Midland Eye Centre** (Sandwell and West Birmingham NHS Trust)
- **Birmingham Women's Hospital** (Birmingham Women's and Children's NHS Foundation Trust)
- **Good Hope Hospital** (University Hospitals Birmingham NHS Foundation Trust)
- **Heartlands Hospital** (University Hospitals Birmingham NHS Foundation Trust)
- **The Queen Elizabeth Hospital Birmingham** (University Hospitals Birmingham NHS Foundation Trust)
- **The Royal Orthopaedic Hospital** (NHS Hospital Foundation Trust).

We produced a report for each hospital. We found that many of the experiences described to us were common across all the hospitals, and that some hospitals were managing the waiting experience of patients better than others. This report summarises the findings across all nine hospitals. The recommendations made to each Trust, and their response can be found in the Appendix.

Background

Patients come into contact with the NHS at their most vulnerable, so emotions and negative feelings are heightened. The government's best practice guidance states 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.¹

We started our investigation into NHS hospital waiting rooms in Birmingham in autumn 2018. Our 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. We held focus groups 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 we asked during our visits to waiting rooms and at focus group meetings. We shared this 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 extensively via 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. We contacted a selection of patients who chose the latter. This was to participate in more in-depth interviews. We wrote these up as case studies, and these appear in the individual reports for each hospital.

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. This is 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.^{2,3} 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.⁴ 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.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

Summary

- In the majority of hospitals, we found that waiting times, particularly in accident and emergency departments, are too long.
- In some instances, patients reported that waiting areas were overcrowded and seating was uncomfortable; factors made worse by long waiting times.
- The experiences of people with a disability were less positive than for those without. For example, cramped waiting rooms in one hospital made access in a wheelchair difficult, and problems with parking in another meant that patients with mobility problems had to walk long distances.
- In a majority of these hospitals, patients had problems accessing refreshments, especially at busy times and in accident and emergency departments.
- Several patients said that there was a lack of consistent and accessible signage.
- We found that in all but one hospital, the systems for calling people for their appointments did not meet the needs of patients, particularly those with hearing and/or visual impairments.
- The British Sign Language (BSL) interpreter booking system is not working for some patients. Although some reported good experiences, the majority of patients who used interpretation services, across most of these hospitals, told us that interpretation services are difficult to arrange, unreliable and do not take into account appointment delays, meaning that interpreters sometimes leave part-way through an appointment.
- Some communication is good, but this is inconsistent across the hospitals, and it does not always taken into account patients' needs or preferences.

Findings

Waiting times

In all the hospitals we studied, there were occasions when patients experienced a waiting time of two hours or more before they were seen. The hospitals where people said waiting times were shortest were Birmingham Children's Hospital, Birmingham Dental Hospital and The Royal Orthopaedic Hospital, where most clinics ran on time:

It's my seventh visit - they are very good, on-time appointments with full information and support. Very good. (Outpatients Department, ROH)

Have been waiting 5 minutes, which is unusual as appointments are normally on time. Good waiting areas - great hospital. (Outpatients Department, Birmingham Children's Hospital)

At Good Hope Hospital and the Birmingham and Midland Eye Centre, one-third of people were satisfied with the waiting times:

I attend the clinic for injections and have been attending for three years. Over the years, the waiting times have reduced and I have recently been seen much nearer to the time of my appointment. (Outpatients Department, Birmingham and Midland Eye Centre)

However, the majority of people responding to our study did have concerns about long waiting times, not just in accident and emergency department, but in other clinics too. For example, at Birmingham Women's Hospital, half the people we spoke to said they had experienced long waiting times:

The waiting times were unbearable. I ended up spending most of the day in the hospital waiting room, just waiting to be seen. It was very uncomfortable being pregnant and suffering from extreme morning sickness. (Antenatal Department, Birmingham Women's Hospital)

At Birmingham City Hospital, two-thirds of the patients we spoke to said they had experienced long waiting times:

Roughly have been waiting 12 to 14 hours - 4 hours for ambulance, 4 hours in a corridor, 4 hours being seen by someone whereby results haven't been given. It's not good for an 80-year-old who suffers from many disabilities.

(Accident and Emergency Department, Birmingham City Hospital)



It's my seventh visit - they are very good, on-time appointments with full information and support. Very good. (Outpatients Department, ROH)

Some patients reported delays after their initial consultation, for example delays in receiving their medication or in having an X-ray taken:

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, The Queen Elizabeth Hospital)

I have had a quick service, however have had to wait an hour for prescription from pharmacy. The hospital was not busy!

(Accident and Emergency and Pharmacy departments, Birmingham and Midland Eye Centre)

Patients told us that long waiting times affected their experience of care, access to refreshments and general level of comfort in waiting areas:

I've come here many times and every time I have waited more than an hour to be seen. Sometimes it's been two hours, which has spoiled the overall experience.

(Outpatients Department, Heartlands Hospital)

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

(Accident and Emergency Department, The Queen Elizabeth Hospital)

However, many people also 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 Department, The Queen Elizabeth Hospital)

I have had a quick service, however have had to wait an hour for prescription from pharmacy. The hospital was not busy!

(Accident and Emergency and Pharmacy departments, Birmingham and Midland Eye Centre)



Some patients told us that they appreciated it if staff acknowledged or explained the delays. This seemed to show a relationship with greater overall satisfaction:

If clinics are running late, there is a separate screen, which exactly tells you at what time you will be seen. (Outpatients Department, The Royal Orthopaedic Hospital)

They have someone who makes sure the kids are entertained. Clean and seating comfortable. Impressed with hospital. Staff amazing - can't fault anything.

(Outpatients Department, Birmingham Children's Hospital)

Where the hospital did not keep patients informed about the reasons for delays, their overall experience of waiting felt worse:

Been waiting for 4.5 hours - no information given re wait. Only two counter staff available and long queue to speak to them.

(Accident and Emergency Department, Birmingham and Midland Eye Centre)

Environment

People's experience of the waiting area environment differed depending on which department they were attending.

Cleanliness

We heard from patients that Good Hope Hospital, The Royal Orthopaedic Hospital and the Birmingham Dental Hospital had high standard of cleanliness in their waiting areas and toilet facilities:

Very modern and clean hospital with kids playing area and clean toilets and organised seating arrangements. (Birmingham Dental Hospital)

Waiting area is bit small, but very neat and clean.

(Accident and Emergency Department, Good Hope Hospital)

By contrast, the majority of people who reported on Birmingham City Hospital and Birmingham and Midland Eye Centre were not satisfied with the standard of cleanliness. A smaller proportion of people had concerns about cleanliness at Birmingham Women's Hospital, Heartlands Hospital and Birmingham Children's Hospital:

The staff here are very good, but the waiting room is not very clean as the floor is grubby.

(Accident and Emergency Department, Birmingham Children's Hospital)

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 Department, Birmingham City Hospital)



Waiting area is bit small, but very neat and clean.

(Accident and Emergency Department, Good Hope Hospital)

Space and comfort

In some hospitals, people found waiting areas to be overcrowded at busy times, and seats were uncomfortable or not available. This affected Birmingham City Hospital's Accident and Emergency Department in particular, but also Good Hope Hospital and Birmingham Children's Hospital:

Normally too busy in the waiting area, not enough seats.

(Orthopaedics Department, Good Hope Hospital)

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, Birmingham City Hospital)

The waiting room is crowded - too much furniture and no space.

(Rehabilitation Department, Birmingham Children's Hospital)

Refreshments

The experience of waiting for long periods was exacerbated if people could not easily obtain refreshments. Although there were no complaints about the standard of refreshments, at Birmingham City Hospital, Birmingham Children's Hospital, Heartlands Hospital and Birmingham Women's Hospital, several patients said they had found it difficult to obtain food and drink, for a variety of reasons. Sometimes, refreshments and water fountains were at a distance from the waiting area, so patients could not access them in case they missed their turn. At other times, vending machines were not re-filled often enough, or there weren't enough water fountains:

There is no coffee or drinks machine unless you go to the new-built part of the hospital

(Accident and Emergency Department, Heartlands Hospital)

Because of the long waiting time and being worried that I would miss my appointment if I left, I was unable to leave the waiting room to get food, so I ended up not eating anything all day. By the time I got to the blood test at the end of the day the nurses had difficulty getting blood as they said I was so dehydrated by that point.

(Antenatal Department, Birmingham Women's Hospital)

Even a glass of water would be better than vending machines. There's nowhere to get a glass of water. (Accident and Emergency Department, Birmingham City Hospital)

A smaller proportion of patients at The Queen Elizabeth Hospital also reported problems in obtaining food and drink:

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 Queen Elizabeth Hospital)

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, Birmingham City Hospital)



Accessibility

Physical access

In the feedback we received from people with visual and/or hearing impairments, or with limited mobility, we heard concerns across all hospitals about gaining access and finding their way around:

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. (The Queen Elizabeth Hospital)

The downside is difficult disabled access from the rear entrance. Manual help recommended. (Birmingham Dental Hospital)

We also heard from people affected by conditions such as anxiety, depression and autism. Busy waiting areas, long waiting times and having to ask staff for help presented barriers to access for people in this situation:

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, Birmingham City Hospital)

If you have to attend with children who have any special needs, it will be very difficult due to the noise levels and lack of space and a quiet area.

(Accident and Emergency Department, Birmingham Children's Hospital)



The downside is difficult disabled access from the rear entrance. Manual help recommended.

(Birmingham Dental Hospital)

British Sign Language interpretation services

We uncovered particular problems for people who are hearing impaired and who need a British Sign Language (BSL) interpreter during their visit. These problems were reported by patients at Good Hope Hospital, Birmingham and Midland Eye Centre, Birmingham City Hospital, Heartlands Hospital, The Queen Elizabeth Hospital and Birmingham Women's Hospital. Although there were instances of good interpreter support, particularly at Good Hope Hospital and The Queen Elizabeth Hospital, it was worrying to hear about the variety of issues patients experienced in accessing interpreter support in these hospitals.

Issues included having to make bookings by telephone, interpreters not being booked for long enough or not booked at all, problems when they didn't show up, and people being refused an interpreter altogether.

Several patients said that they had to book the interpreter themselves, by telephone. This presented an obvious barrier, and meant that they were obliged to rely on friends or family to book on their behalf, resulting in a loss of independence and privacy:

I am required to book the interpreter and am completely dependent on friends and family to do this. As it can take ages to get through, I feel I am exploiting my relationships and also my privacy is significantly reduced. (Good Hope Hospital)

[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. (City Hospital)

Some patients reported that they were not always sure whether the interpreter was booked:

When I arrived at A&E, I asked the receptionist to provide a [British Sign Language] interpreter. They said they would arrange this, but I didn't feel very confident about this. I kept asking for the interpreter repeatedly but never got one. When I saw the doctor, we had to communicate through gestures, so I didn't really have any idea what was going on. (Audiology Department, Heartlands Hospital)

Others had to manage without an interpreter:

The staff tried to write things down, but I couldn't read their notes and got very distressed and left. No one tried to get me an interpreter. They should have been informed about my impairments beforehand. I felt embarrassed.

(Gynaecology Department, The Queen Elizabeth Hospital)

I asked for a British Sign Language interpreter. Hospital did not book interpreter and said they will not pay for it. How can I communicate with the hospital if I do not have an interpreter? I am in the waiting room now and they are calling out names, but I don't know if they are calling me or not. (Good Hope Hospital)

We found that in some instances, interpreters are not booked for long enough and often have to leave before the end of the consultation. This situation can occur if appointments do not keep to time:

Last time my interpreter was booked for less than one hour and had to leave on time for the next appointment. When I was with the consultant, I felt under pressure to rush through – thus not satisfied afterwards. Not fair as the consultancy was the most important of all appointments. (Birmingham and Midland Eye Centre)

The departure of interpreters part way through a consultation had a significant effect on patients' ability to take part in planning their own care and treatment, as well as causing anxiety:

They should book interpreter for longer, or allow me to have my appointments earlier so interpreter time is not wasted on waiting. It just feels awkward asking for help from them. They don't have awareness of deaf people's needs ... The care would be good if only they would ensure I have an interpreter with me during all the appointments. I am really worried how I will cope in labour and how am I going to be able to communicate with staff then, if they can't manage my communication needs with pre-booked appointments.

(Antenatal Department, Birmingham Women's Hospital)

Communication

In most cases, general communication by staff at all the hospitals was rated as satisfactory by most patients, and in some hospitals it was very good:

Right from the time we entered, all members of staff made us feel really welcome and at ease. The staff were very thorough and the dentist explained everything that would be happening. (Birmingham Dental Hospital)

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

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. (Outpatients Department, The Queen Elizabeth Hospital)

If patients were kept informed about delays, they generally rated communication as good:

I have had to wait about 45 minutes for my appointment. However, the staff have kept me informed of the situation. When the clinics are running late, they cannot do anything about it - they just apologise. Staff are always polite. (Gynaecology Department, Birmingham Women's Hospital)

Conversely, failure to keep patients informed increased their stress levels, and lowered general levels of satisfaction:

An hour's delay to appointment but there was no communication. I had to be rushed here by my daughter who had another appointment. If I had been told, I would have taken my time. No liaison with patients. We already have many other worries and this compounds it. (Ophthalmology Department, Good Hope Hospital)

90-minute wait for an appointment with no explanation. Lost notes ... Total lack of organisation and no compassion shown. (Gynaecology Department, Birmingham Women's Hospital)



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

(Outpatients Department, The Queen Elizabeth Hospital)

Appointment announcements

A common concern for patients was knowing when it was their turn to be seen. Apart from The Royal Orthopaedic Hospital, which uses an electronic screen with visual and audio displays, all the hospitals in our study at some point used calling out to tell patients it was their turn:

As a person who is registered blind, I am unable to see who is calling me, so I stand with my son looking like an idiot until they come to collect us on our name being called a couple of times. (Ophthalmology Department, Birmingham Children's Hospital)

Several patients told us that signage in waiting areas could be better, by using bigger letters, better placement, colour-coding or electronic signs to help them understand where they need to go and what is going on. Others felt they would feel happier if they were sight guided to the correct room. This affected patients in all the hospitals studied, except The Royal Orthopaedic Hospital:

Information should be in larger point-I cannot read small print. No good for me, I cannot read electronic writing. I need big printed information.

(Audiology Department, Heartlands Hospital)

Only thing they need is brighter signposting for toilets and other facilities. Also all sign boards are too small to be noticed. (Birmingham Dental Hospital)

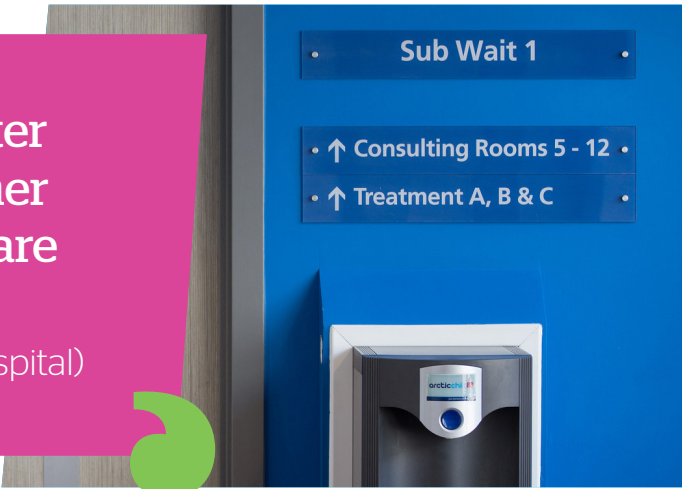
They do not come over and get people, there are so many people. It would be helpful if staff collected patients from their seats. (Birmingham and Midland Eye Centre)

Other patients with visual impairments told us they had benefited from sight guiding from staff when attending a clinic, or being collected for their appointment in person:

I think if somebody guides you, it would be helpful, as you don't know where you are going in the waiting room. (Outpatients Department, Heartlands Hospital)

Only thing they need is brighter signposting for toilets and other facilities. Also all sign boards are too small to be noticed.

(Audiology Department, Heartlands Hospital)



• Sub Wait 1 •

• ↑ Consulting Rooms 5 - 12 •

• ↑ Treatment A, B & C •

Dignity and respect

For most of the hospitals in our study, we heard positive reports of patients 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.

(The Queen Elizabeth Hospital)

They can't do any better as far as my case is concerned. Excellent staff with a high quality of service. I am very happy and satisfied. Thank you, NHS.

(Ear, Nose and Throat Department, Heartlands Hospital)

Very knowledgeable about my needs - couldn't wish for better help!

(Oncology Department, Good Hope Hospital)

However, there were instances where people had felt ignored or treated without consideration by members of staff:

I did not feel that staff understood or paid attention to my needs.

(Accident and Emergency Department, Good Hope Hospital)

This particularly affected people with visual and/or hearing impairments:

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 was very stressed.

(Accident and Emergency Department, Birmingham City Hospital)



I did not feel that staff understood or paid attention to my needs.

(Accident and Emergency Department, Good Hope)

Conclusions

The feedback we received across the nine hospitals we studied shows there is considerable variation in patients' experiences of waiting. We found that, in particular, the needs of patients with visual and/or hearing impairments were being partly overlooked in most of these hospitals. Patients in this group told us they need more help to access services: to know where they should go, and when their appointment is being called, for example. Those with hearing impairments need the interpreter service to be much better, with interpreters booked and confirmed where needed and in ways that enable the interpreter to stay for the whole duration of the patient's appointment.

Views on waiting times and the waiting environment were mixed, with only The Royal Orthopaedic Hospital and Birmingham Dental Hospital being thought to be consistently good by patients. Some waiting rooms were overcrowded and uncomfortable at busy times, and access to food and drink was sometimes difficult because it was in a different part of the hospital, for example, or not kept stocked up.

Communication was important to patients. We found that in many cases, keeping patients informed about delays helped them to see their visit in a better light overall. Most patients felt they were dealt with courteously by staff, but at times, some hospital staff fell short of what is expected.

Next steps

Healthwatch Birmingham made recommendations to each Trust, based on the issues heard. These, together with the Trusts' responses to these recommendations, are included in Appendix One of this report. They are also included in the nine individual hospital reports, which are available on our website:

www.healthwatchbirmingham.co.uk/about-us/reports/

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.



References and Endnotes

¹Department 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

²Leather, 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.

³Ortega-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.

⁴Yoon, 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.

⁵Leather, 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.

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

Appendix

This appendix includes the recommendations, responses and the follow-up evidence Healthwatch Birmingham will require.

Trusts provided their response in either table or letter format. These are printed verbatim below. They include:

- Sandwell and West Birmingham Hospitals (S&WB) NHS Trust: City Hospital and Birmingham Midland Eye Centre (page 17).
- University Hospitals Birmingham (UHB) NHS Foundation Trust: Queen Elizabeth Hospital, Good Hope Hospital, Heartlands Hospital (page 22).
- Birmingham Women's and Children's NHS Foundation Trust (page 26).
- Dental Services Division, Birmingham Community Healthcare NHS Foundation Trust (page 27).
- Royal Orthopaedic Hospital (page 29).

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.

City Hospital and BMEC

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>

<p>Ensures actions are put in place to improve cleanliness and react quickly to patient and staff feedback where this is an issue.</p>	<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>
<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.</p>	<p>Due to the large number of clinics held within BMEC OPD area electronic signage is not felt to be helpful.</p>	<p>Current patient feedback heard by the Trust that demonstrates that the current handwritten whiteboard signage enables patients to clearly see waiting times and where they need to be when called.</p>
<p>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 overrun.</p>	<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. Our Group Directors of Nursing will monitor clinic running times. BSL interpreters are booked for patients who need them.</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 relating to BSL interpreters have been heard and collected by the Trust and evidence that these issues have been resolved, including their availability for full consultations even when clinics overrun.</p>
<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).</p>	<p>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.</p> <p>Staff within BMEC are provided with training on how to guide visually impaired people run by our Eye Clinic Liaison Officers.</p>	<p>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.</p> <p>Details how frequently new staff induction training is delivered.</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.	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. A copy of the relevant policy and evidence that this policy is being adhered to.
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. Evidence that the Trust is actively listening and collecting feedback about whether the interpreter system is working.

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. Details of the system to book interpreters, and evidence that patients who need interpreters are being specifically asked if this system provides accessible routes for them to book interpreters.

Birmingham Midland Eye Centre (BMEC)

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.
Ensures all waiting rooms should have allocated wheelchair zones and priority-seating systems are in place.	We have zoned seating areas for clinics and emergency patients. We have increased our wheelchair availability. We provide support to patients / relatives in wheelchairs. Replacement colour coded seating has been ordered for BMEC ED to support the patients with navigating around the department.	That zoned seating areas include areas for wheelchairs that are clearly demarcated. Current patient feedback heard by the Trust that demonstrates that the issues relating to wheelchair zones and priority seating arrangements have been resolved.
Ensures that staff collect patients who are visually impaired in order to guide them to their appointments.	We agree and will reinforce this important message and ensure that this is monitored. Staff within BMEC are provided 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 of not guiding patients with visual impairments to appointments has been resolved.

Reviews the efficiency and response times of call handling and produces an action plan to address issues identified.	We have done this to ensure that calls are answered at all times.	Findings of review undertaken detailing any changes made by the Trust. Current patient feedback heard by the Trust that demonstrates there is a marked improvement in call handling, and that calls are answered in a timely manner.
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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.
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.

<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>Evidence of how good practice and suggestions have been implemented from the Council sessions.</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>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 disabled patients feeling adequately supported by staff has been resolved.</p> <p>A copy of the relevant action plan.</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>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>A copy of the Trust's AIS policy.</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>

<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.</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>Feedback plan to understand how this has improved the experiences of those with a hearing impairment.</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>Evidence that a review has been undertaken, and findings 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>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 staff collect patients who are visually impaired in order to guide them to their appointments.</p>	<p>We will consider this.</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 relating to interpreter booking systems have been resolved.</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.	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 BSL interpreters are not always available for the whole of the consultation, even when clinics overrun, has been resolved.
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.	Evidence that clinics have been identified and an action plan put in place. Current patient feedback heard by the Trust that demonstrates that the issue of clinic running times has been resolved.

Queen Elizabeth Hospital - (recommendation only made for this 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.

Good Hope Hospital - (recommendation only made for this hospital)

Recommendations based on issues heard	UHB response	Healthwatch Birmingham will request the following information, for inclusion in our six-month follow-up report.
Undertakes a full review of medical notes to ensure that people's individual communication preferences are up to date.	Work continues in ensuring that the Accessible Information Standard becomes fully embedded to ensure that we are fully aware of our patients' communication needs.	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. A copy of the Trust's AIS policy.
Reviews systems for allocating appointments and the transferring of patient files and develops an improvement plan to address deficiencies identified.	This recommendation will be reviewed to ascertain if there is an issue.	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 whether this is an issue, and if so that it has been resolved.

Birmingham Women's and Children's NHS Foundation Trust

1. Healthwatch Birmingham recommendations.

That the Trust:

- 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
- offers patients with a hearing impairment a buzzer, or equivalent mechanism, so that they know when it is their turn to be seen
- makes fresh drinking water readily available to all patients, and puts up clear signposting to food and facilities such as toilets
- 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
- Examples of where the Trust has actively sought to collect feedback on these issues and acted upon it.

That Birmingham Women's Hospital:

- 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
- 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 automatically booked for subsequent visits (dependent on communication preferences)
- ensures that staff collect patients who are visually impaired in order to guide them to their appointments
- 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 needs
- addresses the concerns about the room temperature in Gynaecology Outpatients, and monitors any adjustments by seeking patients' views
- 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.

That the Birmingham Children's Hospital:

- reviews the efficiency and response times of call handling and produces an action plan to address issues identified
- reviews its current performance management systems to ensure that cleanliness improves and is more responsive to patient and staff feedback
- introduces 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.

2. Birmingham Women's and Children's NHS Foundation Trust Response

We recognise the issues raised in the report and have plans in place to improve upon the experience in our waiting rooms. We are pleased that our efforts to ensure children, young people and their families wait for their appointments in a fun and relaxed environment were noted. We also appreciate that we have some improvements to make and these will be monitored by our Patient Experience Committee. We have plans to re-run the methodology with our Young Persons' Advisory Group or Family and Patient Advisory Council members to test out that the improvements have been sustained.

3. Healthwatch Birmingham will request the following information, for inclusion in our six-month follow-up report.

In six months we will require the Birmingham Women's and Children's NHS Foundation Trust to provide evidence the following.

- Evidence of policies, plans and reviews, including the findings of any reviews undertaken due to recommendations, detailing any changes made by the Trust
- Current patient feedback heard by the Trust that demonstrates that all the issues highlighted in our recommendations have been resolved. Examples of where the Trust has actively sought to collect feedback on these issues and acted upon it.

Dental Services Division, Birmingham Community Healthcare NHS Foundation Trust

1. Healthwatch Birmingham recommendations.

That the Trust:

- reviews the efficiency and response times of call handling and produces an action plan to address issues identified
- reviews its current performance management systems to ensure that cleanliness improves and is more responsive to patient and staff feedback, for example by implementing spot-checks of toilets and waiting areas
- 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
- 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
- reviews access for disabled people to make sure that people who use a wheelchair are easily able to access the hospital building and have the constant use of disabled toilets.

2. Dental Services Division, Birmingham Community Healthcare NHS Foundation Trust Response

Birmingham Community Healthcare NHS Foundation Trust (BCHC) Dental Services Division are appreciative of the time and care taken by the Healthwatch Birmingham team, who spoke to 48 patients during their visit to audit our waiting areas on 12th December 2018. The feedback was shared and discussed at our Divisional Quality Committee meeting which took place on 7th March 2019. Alison Last, Director of Patient Experience has also responded individually to each item on the Healthwatch Birmingham website on behalf of the Trust.

It was pleasing to hear about the positive areas highlighted by patients, who appreciated the check-in process, the care and understanding from staff, the holistic assessment process that included taking necessary x-rays on the same day and the general environment of the Hospital.

We were also pleased to be given the opportunity to address some of our not so good points. People commented on the waiting times and some patients felt they had waited a long time (35 to 60 minutes) to see someone after their arrival. Others commented there was little entertainment particularly for children. The long waiting time was also commented on in relation to contacting the Hospital by telephone and navigating the call centre system.

In relation to making contact with the hospital we acknowledge there have been challenges with this system and following discussions at both our Divisional Quality Committee and Patient Engagement Forum are currently reviewing communication and access to our services. This work is ongoing and will be monitored via our Divisional Quality Committee.

Whilst we acknowledge the actual root cause of the waiting time needs to be addressed, since December last year we have taken steps to provide the Children's and Orthodontic Department waiting areas with 'Starlight' distraction boxes and magazines to include items suitable for children in racks provided in waiting areas. These are supplied and updated regularly by an external contractor.

Staff have been made aware that people in waiting areas can be distracted or unable to hear when their names are being called out- staff and students have been encouraged to step further into the waiting areas and to speak louder when calling in their patients. We have placed whiteboards in waiting areas to

help inform patients in writing of “wait times”. There is an ongoing project regarding the use of waiting areas TV Screens to facilitate the provision of important information to patients to include clinical waiting times and/or delays along with other items such as health promotion activities, live travel feeds as well as dental specific information.

In order to find out what may be causing some patients to wait longer for their appointment, we have discussed the issues within Quality Committee, which is attended by Heads of Service/senior dental staff and managers. One suggestion has been to review clinic timings and capacity within each area to understand the specific cause as to why people are waiting. As part of the Divisional Governance review arrangements a clinical capacity review has been undertaken which we hope will inform future clinical planning etc.

An internal review of signage has taken place, and based on this and other feedback received from patients we will be updating signage including that used to support patients attending the X-Ray department.

The Division have introduced Customer Care Training for front line staff as well as Human Factors training which we envisage will support more positive patient experiences going forward.

Administration and clinical teams have also been reminded to ensure that delays are minimized when patients have been transferred to and from the X-Ray department.

We are very proud of our new Dental Hospital and are very keen to ensure this is kept as good as new. We have shared relevant feedback in relation to the cleanliness of toilets and public areas with our contract cleaners and are currently working with them to introduce a more robust system for supporting the maintenance and cleanliness of our facilities and also to support patients who may need to highlight any areas that are not up to standard.

In conclusion, we are very pleased with the many positive comments and we have addressed or are addressing all the issues raised in the Healthwatch Birmingham report. We have shared this report with our staff and students and thanked them for providing an excellent experience to the majority of our patients.

We welcome further visits and reports from Healthwatch Birmingham that supports our Divisional work that ensures we hear the patient voice and that any concerns identified are addressed.

3. Healthwatch Birmingham will request the following information, for inclusion in our six-month follow-up report.

In six months we will require the Birmingham Community Healthcare NHS Foundation Trust to provide evidence of the following:

- Findings of reviews undertaken as a result of the recommendations, detailing any changes made by the Trust
- Current patient feedback heard by the Trust that demonstrates that all the issues highlighted in our recommendations have been resolved
- Evidence and findings of the clinical capacity review, including any changes undertaken and planned by the Trust
- Current patient feedback heard by the trust that demonstrates improvement through the following initiatives:
 - ‘Starlight’ distraction boxes
 - Hospital staff improving the way they announce which patient is next, including whether the written whiteboards are accessible to patients, particularly those with visual impairment.

The Royal Orthopaedic Hospital NHS Foundation Trust

1. Healthwatch Birmingham recommendations.

That the Trust:

- 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
- considers whether the current parking arrangements adequately meet the needs of patients with mobility problems
- considers sharing identified best practices with other trust's e.g. waiting room environment, use of volunteers and electronic screens
- considers providing staff and volunteer support to help people access wheelchairs
- 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.

2. The Royal Orthopaedic Hospital NHS Foundation Trust Response

The Royal Orthopaedic Hospital NHS Foundation Trust would like to thank Healthwatch Birmingham for working collaboratively with us to ensure that patients have the opportunity to influence and improve the work that we do. This report is a mainly positive reflection of the huge efforts made by our staff to ensure that patient experience is integral to everything that we do.

We are particularly pleased to see that the work we have undertaken to reduce waiting times in Outpatients has been so positively received by our patients. The Trust undertook a Quality Initiative in the last 12 months to ensure that 95% of our patients would be seen in less than 60 minutes and are pleased to report that this was achieved. As a national specialist provider for Oncology Services, we operate a drop-in clinic to allow any of our patients who need to be seen urgently to attend. We took the decision that this was a more vital need that to meet the 60-minute target we had set and our patients agreed with us.

We acknowledge that waiting times whilst being admitted is an issue that we need to focus on and this is a specific Quality Priority that has been proposed to our Governors for the next twelve months.

Parking is always going to be a challenge for the Trust as we are not able to expand our site footprint and are restricted with Building Regulations applied. We have more than the required number of disabled spaces on-site, but appreciate that many orthopaedic patients have mobility issues. We work continually with our Patient and Carer Forum, the City Council, the Local Business Community, Local Residents and Travel West Midlands to provide as many options to access the hospital as possible.

The Trust has been working with Healthwatch Birmingham on an ambitious new Patient Involvement, Experience and Volunteer Strategy, which will reinvigorate our Volunteer Service. The recommendations made by this report regarding more volunteer involvement will be considered as part of this strategy.

All staff and volunteers receive Customer Service training at the start of their time at the hospital, with more in-depth courses being available to those who require it. The specific concerns raised in the report have already been addressed and we thank the patients involved and Healthwatch Birmingham for bringing these to our attention.

The Trust is more than happy to highlight the work that has been undertaken here and to learn from other organisations about their improvement work. Please contact Lisa Kealey, Patient Services Manager at ROH if you would like to explore this further.

3. Healthwatch Birmingham will request the following information, for inclusion in our six-month follow-up report.

Based on the Royal Orthopaedic Hospital NHS Foundation Trust's response, we will ask for evidence of:

- Findings of any reviews undertaken due to recommendations, detailing any changes made by the Trust
- Current patient feedback heard by the Trust that demonstrates that all the issues highlighted in our recommendations have been resolved.

healthwatch
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

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