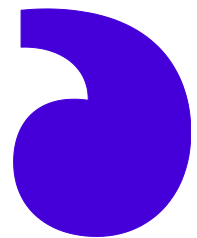




Care in the Corridor at the Worcestershire Royal Hospital

Survey Report

JUNE 2017



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Acknowledgments

HWW acknowledge the co-operation of the Trust's leadership, the matrons of the A&E Departments and A&E staff throughout the visit programme.

EXECUTIVE SUMMARY

Introduction

1. Healthwatch Worcestershire (HWW) provides an independent voice for people who use publicly funded health and social care services. Our role is to ensure that people's views are listened to and fed back to service providers and commissioners in order to improve services.
2. Patients have reported to Healthwatch Worcestershire their experience of long waits at the Accident & Emergency Department (A&E) at Worcestershire Royal Hospital, some of which took place on trolleys in corridor areas at the hospital.
3. Health and Care organisations in Worcestershire have stated that nursing patients on trolleys is not an acceptable practice¹. Figures published by NHS England² in March 2017 however identified Worcestershire Acute Hospitals Trust as the worst in the country for "trolley waits" of over 12 hours during January 2017.
4. Healthwatch Worcestershire agrees that patients being cared for in corridors is unacceptable and does not endorse this in any way. Nevertheless this situation is being experienced by patients.
5. We undertook the Care in the Corridor Survey to directly gather patient's experience of being cared for in corridors at A&E and the Medical Assessment Unit. From 13th February 2017 - 26th March 2017 HWW completed 31 unannounced visits to Worcestershire Royal Hospital and 13 unannounced visits to Alexandra Hospital using our powers to Enter & View³ premises. The WAHT has been fully cooperative with our Visit programme.

What we did

6. Our survey asked patients about information provided to them about being in the corridor area; their care; the environment; privacy and dignity; waiting times; and their overall experience of being in the corridor area of the hospital. We have already reported urgent issues that emerged from our visits to the WAHT.
7. There were no patients in the corridor at the Alexandra Hospital during any of our visits.
8. We spoke with 119 patients at the WRH, 96 in the corridor areas at A&E and 23 in the corridor of the Medical Assessment Unit, of whom 51% were female and 49% male.

What we found out

9. In the Report we have provided further information & commentary about our findings. The main headlines are set out below.
10. We found that the majority of respondents had not been given any information about being in the corridor area and 43% did not know the name of the person looking after them.
11. Most patients knew how to call for attention from staff but had not needed to do so. Of those (27%) that had called for attention 46% reported that they

¹ Risk Summit meeting 18th January 2017

² Monthly A&E Timeseries January 17, NHS England, published March 2017

³ Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013

had waited over 5 minutes for help or had not received the help that they needed. We also observed patients who appeared confused or distressed, had communication difficulties or sensory impairments in the corridor areas. We question whether a corridor is ever the right environment for these patients.

12. The majority of patients had been provided with a drink (88%) or food (62%) since being in the corridor area. When cross referencing patients who had been offered food by the time patients had waited we found 1 patient who had waited 8 - 12 hours and 3 patients who had waited over 12 hours who reported they had not been offered any food since being in the corridor area. We noticed that food and drink was sometimes placed at a distance to patients. A refreshment trolley was available in the MAU, but needed to be clearly signed with instructions available for patients and visitors.
13. Half of the patients that we spoke to had been in pain since being in the corridor area, 60% of these patients felt that staff were doing what they could to control their pain, whilst 19% thought this was true to some extent and 21% did not. A patient reported that they had not been given their prescribed medication during nearly 24 hrs in A&E.
14. We asked patients whether, in their opinion, there were enough staff on duty in the corridor area of the hospital to care for them. 65% said that yes there were enough staff, 19% said that there were not enough staff and 16% did not know.
15. Patients reported that it was difficult to sleep and rest in the corridor areas. We received negative comments about people & equipment moving around, noise, doors opening and closing and bright lighting. We observed staff leaning across patients on trolleys to use the electronic fob to open doors to another part of the hospital. We also observed staff coming through these doors into A&E.
16. 75% of patients reported that there was nowhere to safely keep their personal belongings in the corridor area of the hospital, or they did not know where this was (18%).
17. Whilst 30% of patients reported that they had definitely been given enough privacy when discussing their personal information; condition or treatment in the corridor area, 19% of patients agreed to some extent, however 28% disagreed. Despite moving away from patients to complete our observations we overheard patient's personal information, treatment and condition being discussed on 21 of our visits to the A&E corridor areas. We twice heard test results and diagnosis being given to patients by doctors in the corridor.
18. When asked whether patients had been given enough privacy when being examined or treated 31% reported that this was definitely the case, 19% agree to some extent and 12% disagreed. On three occasions we observed a mobile screen in use in the corridor when a patient was being examined. The screen was insufficient to completely shield the patient from view of other patients and passers-by.
19. Most patients (85%) had not been told how long they might be waiting in the corridor area for, and 16% did not know the reason that they were waiting. Most patients told us they were waiting to be admitted to a ward or MAU (48%), or were awaiting scans, tests or a decision about next steps (34%).

20. We asked patients how long they had ACTUALLY been waiting in the corridor area of the hospital. 47% (55) of respondents had been waiting for less than four hours. 19% (23) had been waiting 4 - 8 hours, 16% (19) had been waiting eight - twelve hours, 15% (18) had been waiting over 12 hours and 3% (3) didn't know or could not remember
21. Patients reported that overall they had been well looked after by hospital staff, with 74% saying that this was always the case, 18% sometimes the case and 9% disagreeing. The answers varied by age, with people over 50 more often saying that they had been well looked after than those under 50.
22. We asked patients "Overall do you feel that you have been treated with respect and dignity while you have been in this area of the hospital?" 76% reported this was always the case, 15% sometimes the case and 9% disagreed. Again people over 50 more often reported that they had been treated with respect and dignity than those under 50.
23. We asked patients to rate their overall experience of being nursed in the corridor by giving it a number between 1 - 10, where 0 was very poor and 10 was very good. 8% of patients rated their experience between 0 - 3; 46% rated their experience between 4 - 7 and 46% rated their experience between 8 - 10. Most (79%) of patients who rated their experience 8 - 10 were over 50, and many had given negative response to other questions in the Survey.
24. From our observations and the comments we received patients appear to be making a distinction between the staff in the A&E Department and the situation that they find themselves in of being cared for in the corridor area. Patients appear to empathise with the pressure on staff in the Department, whilst being unhappy about some aspects of the experience of being cared for in the corridor.
25. We observed that facilities for visitors can be very limited. On 16 occasions there was nowhere for at least one visitor to sit down. Visitors are not routinely offered drinks even after waiting with patients for some hours.
26. On three occasions patients reported to us inaccuracies in their records, and on four occasions we noted equipment partially obstructing fire exits.
27. We have made 38 recommendations based on the findings which can be found at 1. below.
28. Implementation of the Recommendations set out in this Report should ensure that patients experience and views are given proper consideration in the improvement process and assist with improving the patient experience in what are acknowledged as being extremely difficult circumstances.

1. RECOMMENDATIONS

(Numbers in brackets refer to the section of the Report where the recommendations originate)

Information (5.1)

1. All patients being cared for in the corridor of the A&E Department to be given the letter prepared by WRH explaining about being in the corridor.
2. The WRH letter should be amended to briefly explain HWW role. The text for this can be supplied by HWW.
3. All patients should be given a HWW leaflet so they are aware they can report their experiences to us independently of the hospital.
4. The designated corridor nurse to be identified by wearing a specific coloured badge (similar to the Nurse in Charge badge) to clearly identify them to patients.
5. All staff to introduce themselves to patients by name, in line with the #hellomynameis campaign.
6. Photos of A&E/MAU staff making this pledge could be shared in the A&E areas, subject to Health & Safety considerations.

Patient Care (5.2)

7. WAHT to ensure it is explained to all patients how to call for attention in corridor areas of the hospital, including the MAU where there are no call bells available.
8. WAHT to consider whether patients who appear to be confused or living with dementia, or who have specific communication difficulties or sensory impairments should be nursed in corridor areas of the hospital.
9. WAHT to provide reassurance that best practice on nutrition and hydration of patients on wards is being followed in corridor areas when patients are waiting for lengthy periods.
10. Staff to check patients are able to reach food and drink placed at the end of the trolley and whether any assistance with this is required.
11. Consideration to be given to reinstating a refreshment trolley in the A&E corridor area similar to that in the MAU for patients and visitors.
12. Refreshment trolleys to be easily identifiable to patients and visitors with clear instructions about their use.
13. WAHT to consider how signage could be improved to make this more visible to patients.
14. Patients to be routinely offered pillows and blankets when waiting on trolleys in the corridor areas.
15. Patients to be asked as part of "Care & Comfort" rounds if there is anything that can be done to make their wait more comfortable.
16. Patients to be told the location of the toilets and how to ask for assistance if they require it.
17. WAHT to provide reassurance that procedures are in place to control patient's pain whilst they are being nursed in corridor areas of the hospital.

18. WAHT to provide reassurance that procedures are in place to provide patients with their prescription medication when they are subject to extended waits in the A&E Department.
19. WAHT to provide information about how A&E and MAU staff will be clearly identified so that patients know who they can ask for assistance.
20. WAHT to consider, in light of the findings and recommendations from this Survey, whether there are sufficient staff to care for patients in the corridor areas in A&E and the MAU throughout the 24hr period.

The Environment (5.3)

21. Consider whether doors to the A&E Assessment corridor need to remain open throughout the day, accepting that this may be the least disruptive option for patients.
22. Consider whether doors to the staff toilets can be modified to prevent them from banging.
23. Relocate the electronic fob in the side corridor to the opposite wall to ensure patients are not disturbed by staff operating the doors into the hospital.
24. Monitor staff movement from the hospital side of the doors into A&E to reinforce the message that this should not be used as a short cut.
25. Dim the lights in the corridor areas earlier at night to allow patients to rest and sleep.
26. WAHT to provide information about how noise will be controlled in corridor areas, particularly at night.
27. Provide secure storage space for patient valuables and belongings when they are being nursed for extended periods in the corridor area of the hospital.

Privacy & Dignity (5.4)

28. Consistently use private areas when providing patients with diagnosis or test results.
29. Consistently use the reserved curtained cubicles within the A&E Department when examining or treating patients.
30. When it is unavoidable to discuss patient's personal information in the corridor areas ensure patients are screened and voices are kept as low as practicable.
31. When it is unavoidable to examine or treat patients in the corridor areas ensure patients are screened sufficiently to protect their privacy and dignity.

Waiting Times (5.5)

32. Provide patients with an indication of how long they might be waiting in the corridor area and provide reassurance to patients whilst they are being nursed in the corridor.
33. Provide patients with a clear reason why they are waiting in the corridor area.

34. WAHT to provide information and reassurance to the public about the specific actions that are planned to ensure that WAHT is able to meet national standards for trolley waits, and the timetable for implementation.

Other Recommendations (6)

35. Provide basic facilities for relatives and visitors, including a seat and access to drinks.

36. Visitors who are staying overnight should be informed of where hospital facilities can be found and offered blankets.

37. WAHT to provide reassurance that processes are in place to ensure patient records are accurate.

38. Ensure that health and safety requirements in respect of the corridors are always complied with.

2. ABOUT HEALTHWATCH WORCESTERSHIRE

Healthwatch Worcestershire (HWW) provides an independent voice for people who use publicly funded health and social care services. Our role is to ensure that people's views are listened to and fed back to service providers and commissioners in order to improve services.

3. WHY DID WE UNDERTAKE THE “CARE IN THE CORRIDOR” SURVEY?

Worcestershire Acute Hospitals NHS Trust (WAHT) is responsible for the provision of acute hospital services in the County. The Trust run two Accident & Emergency (A&E) Departments.

One is located at the Worcestershire Royal Hospital (WRH) in Worcester. The Department is responsible for all emergency care for children in the County. It also sees patients who have had a suspected Stroke. The WRH has a Medical Assessment Unit (MAU). Patients are admitted to the MAU for observation or for further tests to see whether admission to a ward is required.

The other A&E Department is located at the Alexandra Hospital (the Alex) in Redditch. This is for adults requiring emergency care. During 13 visits to the Alex we did not observe any patients being cared for in the corridor area. This Report is therefore focused on the Worcestershire Royal Hospital.

Patients have reported to Healthwatch Worcestershire their experience of long waits at A&E at Worcestershire Royal Hospital, some of which took place on trolleys in corridor areas at the hospital. Figures published by NHS England in March 2017 identified Worcestershire Acute Hospitals Trust as the worst in the country for “trolley waits” of over 12 hours during January 2017. In the same period 65% of patients were seen within 4 hours of arriving at A&E, the national average was 77% and the government target is 95%⁴.

The WAHT has identified pressure on the A&E Department at WRH is due to:

- high demand - number of patients coming to A&E in person or by ambulance
- overcrowding - not enough cubicles/ beds available in the department for the number of patients attending
- lack of available beds in the main hospital to transfer patients into, often due to delays in patients leaving hospital when they are medically fit to do so

⁴ Monthly A&E Timeseries January 2017, NHS England, Type 1 A&E, published March 2017

As a result patients at Worcestershire Royal Hospital are being cared for on trolleys in the corridor areas of the A&E Department or on chairs, trolleys or beds in the corridor area of the Medical Assessment Unit (MAU), as all other spaces in the Departments are occupied. The situation occurs regularly, to the extent that 6 “call bells” have been installed in the A&E corridor areas where the trolleys are placed at the request of the WAHT Patients Public Forum in an attempt to improve patient experience.

WAHT has been in special measures since December 2015 after being rated inadequate by Care Quality Commission (CQC) Inspectors. In December 2016 the Trust was re-inspected. At a Risk Summit held on 18th January 2017 health and care organisations in Worcestershire, including the WAHT, stated that nursing patients on trolleys is not an acceptable practice. There is a lot of work going on both within WAHT and from other health and social care agencies in Worcestershire with the aim of improving performance across the Trust.

Healthwatch Worcestershire agrees that patients being cared for in corridors is unacceptable and does not endorse this in any way. Nevertheless this situation is being experienced by patients. It is recognised that this is unsatisfactory for both patients and hospital staff.

Healthwatch Worcestershire has been involved in both Quality Monitoring and Risk Summit meetings relating to the Trust and has regularly highlighted the implications for patients of the difficulties being experienced, including through local and national media.

HWW undertook the Care in the Corridor Survey to directly gather patient’s experience of being cared for in these areas. One of the roles of Healthwatch is to make recommendations about how local health & care services could or ought to be improved.

Implementation of the Recommendations set out in this Report should ensure that patients’ experience and views are given proper consideration in the improvement process and assist with improving the patient experience in what are acknowledged as being extremely difficult circumstances.

4. HOW DID WE UNDERTAKE THE SURVEY?

4.1 Unannounced Enter and View Visits

HWW wrote to WAHT and informed them of our intention to carry out a series of unannounced Enter and View visits to the A&E Departments during the period 13th February 2017 - 26th March 2017.

Healthwatch has the power to “Enter and View”⁵ premises where health or social care services are being provided, speak with patients and to observe for ourselves how care is being delivered.

Over the 6 week period Healthwatch Worcestershire completed 44 visits. Of these 31 were to Worcestershire Royal Hospital and 13 to the Alexandra Hospital. We decided to visit the WRH more frequently than the Alexandra Hospital as statistical data and information from the Care Quality Commission (who are responsible for regulating and inspecting hospitals), indicated that corridor waits were more frequent at the WRH.

Visits were carried out at different times in the day and in the evening on weekdays and weekends. The hospital staff did not know when we would be visiting. For further details of the visit programme see Appendix One.

4.2 The Corridor Areas

Worcestershire Royal Hospital

a. Accident & Emergency

The corridor areas that we visited are in two parts. Both are relatively narrow, brightly lit spaces. When there are patients waiting on trolleys in the corridors areas it is difficult for beds, trollies or other equipment to get through the corridor.

Main Corridor

This is located just outside the main A&E area and separated from the assessment area corridor where patients arrive by ambulance by double doors. On one side of the corridor there is space for three trolleys. There are call bells fitted to the wall on this side. Further along there is another set of doors into the main A&E area and a door to a staff only area. On the other side of the corridor there is a unisex patient toilet, double doors to a lab area and 3 staff only doors to sluice, drugs and storage areas. Further along there is a door to an office. The corridor is a busy thoroughfare, with people (staff, patients and visitors) and equipment coming and going through the corridor.

Side Corridor

The second is a shorter corridor leading off from the main corridor area. On one side of the corridor there is space for three trolleys. There are call bells fitted to

⁵ Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013

the wall on this side. There is also a door to a staff changing area which is located between the second and third trolley area. On the other side of the corridor are separate female and male staff toilets and 2 further doors labelled as staff changing rooms.

At the end of this corridor there are double doors into another part the hospital. On the A&E side of the door there is an electronic pad which staff swipe with cards to open the doors. This is located on the wall behind one of the trolley bays. Although this corridor is generally quieter than the main corridor areas it can be particularly busy at staff handover times.

b. Medical Assessment Unit (MAU)

There is a short corridor area through double doors at the entrance to the main MAU. We observed that chairs, trolleys and on 2 occasions beds are placed on the left hand side of the corridor for patients who are waiting either to be admitted to the MAU or for test results. We also observed a refreshment trolley here on occasions. On the other side of the corridor are 3 doors labelled as offices. There are boards displaying useful information for patients and visitors on both sides of the corridor and photographs of staff receiving awards and thank you cards on display. The unisex toilet, waste room and staff room are located just outside of this area, further along the corridor.

Alexandra Hospital

The corridor area is in the main body of the A&E Department, along from the area where patients arrive by ambulance. We did not observe any patients being nursed in this area. Staff drew to our attention that the area is cold and heating inadequate. We have passed on these observations to WAHT.

4.3 Survey and Observations

We developed a survey focusing on different aspects of patient care. Some of the questions were based on the CQC National Inpatient Questionnaire. We piloted the Survey with patients at WRH and made some revisions based on the pilot.

The Survey asked patients about their care; the environment; privacy and dignity and the information that had been provided to them. We also asked patients to rate their overall experience. The Survey can be found at Appendix Two.

Where we have received comments from patients these have been coded as neutral, positive and negative and then themed. Themes identified are presented in order of frequency. Anonymised quotes from patients are also used to highlight issues within the Report.

We also carried out observations and recorded what we saw during our visits using prompt sheets. Findings drawn from observations are reported where relevant in the Commentary sections below.

4.4 Total Respondents

A total of 119 surveys were completed face to face by HWW at Worcestershire Royal Hospital.

- 96 took place in the corridors in the A&E Department
- 23 took place in the corridors in the Medical Assessment Unit

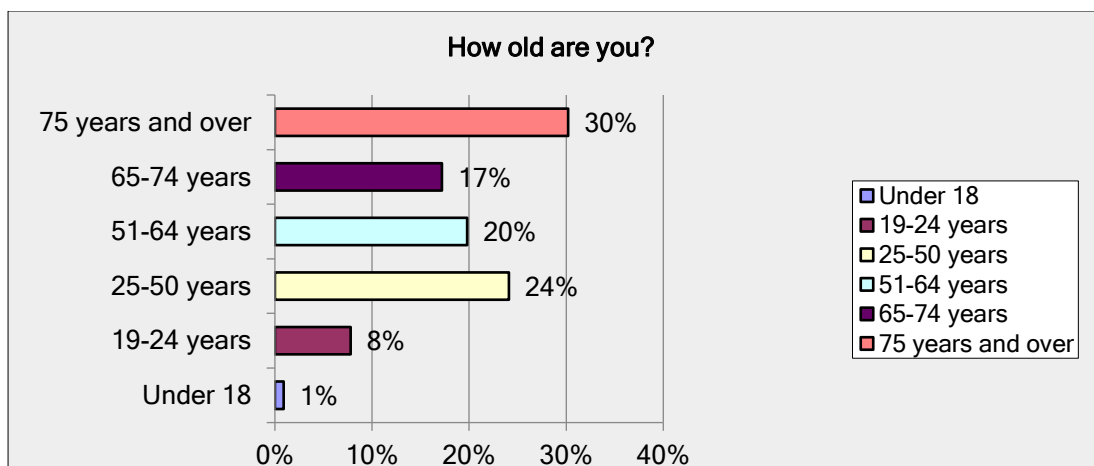
92% (108) of the surveys were completed with the patient, 6% (7) were completed with the patient and a friend or relative and 3% (3) were completed with a friend or relative of the patient.

4.4.1 Respondents by gender

- 51% (61) of respondents are female
- 49% (58) of respondents are male

4.4.2 Respondents by Age

The chart below shows that of the people who answered this question 30% are aged 75+, 24% are aged 25 -50, 20% are aged 51 - 64, 17% are aged 65 - 74, 8% are aged 19 - 24 and 1% are aged Under 18.



4.4.3 Respondents by Ethnicity

97% of the people who answered this question identified themselves as White British. The 3% of respondents who gave a different response identified themselves as Any Other Background (White European)

NOTE

Not all questions were answered by all respondents. When non-response is present, percentages are reported based on the numbers answering the question. The number of respondents to each question can be found at Appendix Two.

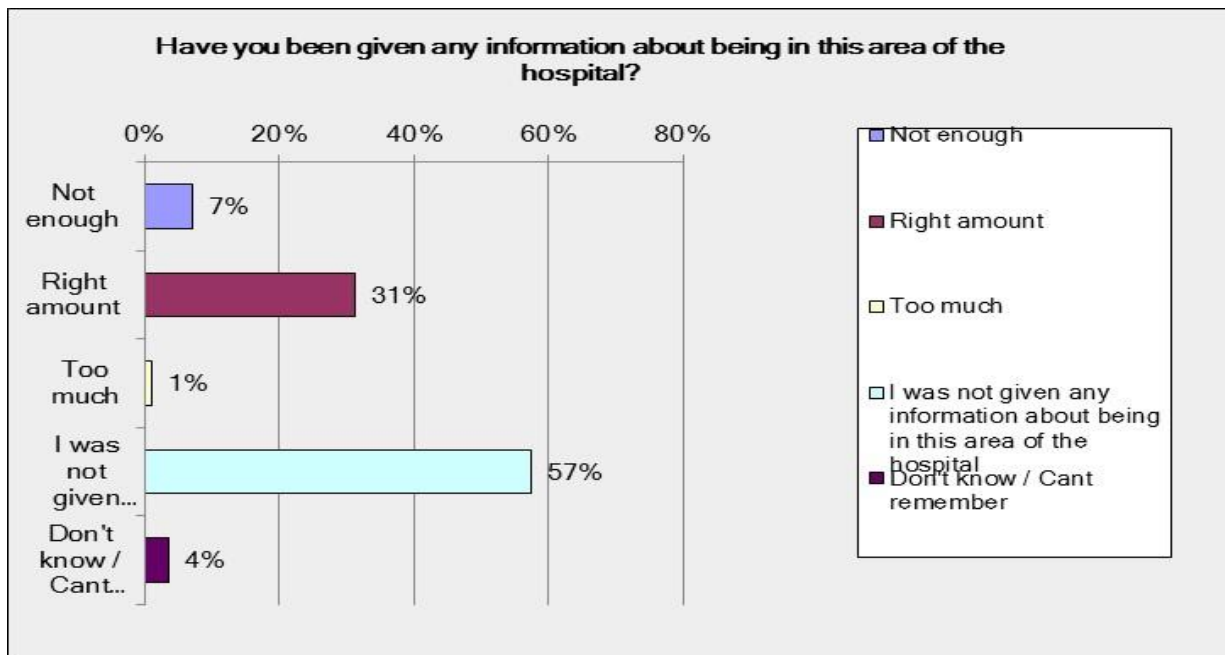
Results have been rounded to the nearest whole number, therefore will not always sum to 100%.

5. SURVEY RESULTS

5.1 INFORMATION

5.1. a. Have you been given any information about being in this area of the hospital?

The chart below shows that the majority of respondents (57%) reported that they had not been given any information about being in the corridor area of the hospital. 31% felt they had received the right amount of information, 7% had not had enough information and 1% too much and 4% did not know or could not remember.



Commentary

HWW observed that some patients have been given an explanatory letter prepared by the Emergency Department “Worcestershire Royal Hospital Emergency Department Patient Information Being in the Corridor”. The letter does not seem to be provided consistently to every patient.

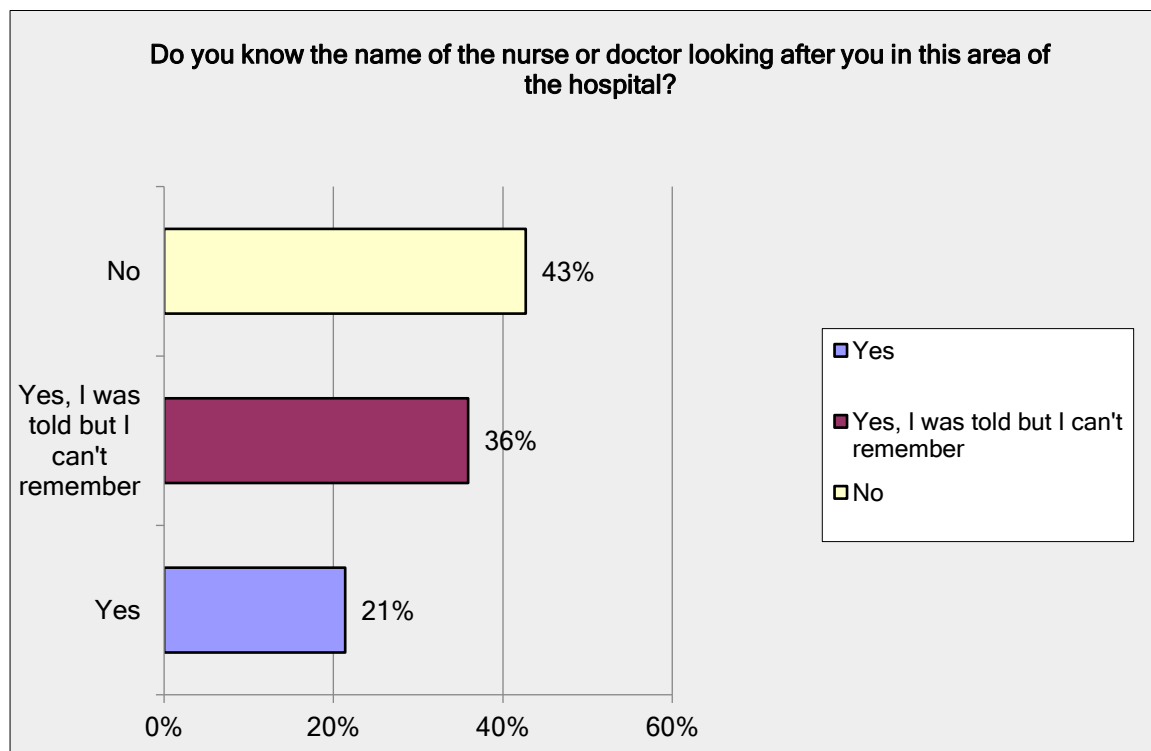
Recommendations

- i. All patients in the corridor of the A&E Department to be given the letter prepared by WRH explaining about being in the corridor.
- ii. The WRH letter should be amended to briefly explain HWW role. The text for this can be supplied by HWW.
- iii. All patients should be given a HWW leaflet so they are aware they can report their experiences to us independently of the hospital.

5.1. b. Do you know the name of the nurse or doctor looking after you in this area of the hospital?

WAHT is a supporter of the #hellomynameis campaign, which aims to encourage staff to introduce themselves to patients, ensuring patients feel respected and welcomed and to improve their quality of care.

57% of the respondents to this question had been told the name of the nurse or doctor looking after them, however of these 36% were unable to remember the person's name. 43% of respondents reported that they did not know the name of the person looking after them.



Patients Said ...

"I would have liked someone to come and introduce themselves I feel a bit cut off here" (A&E)

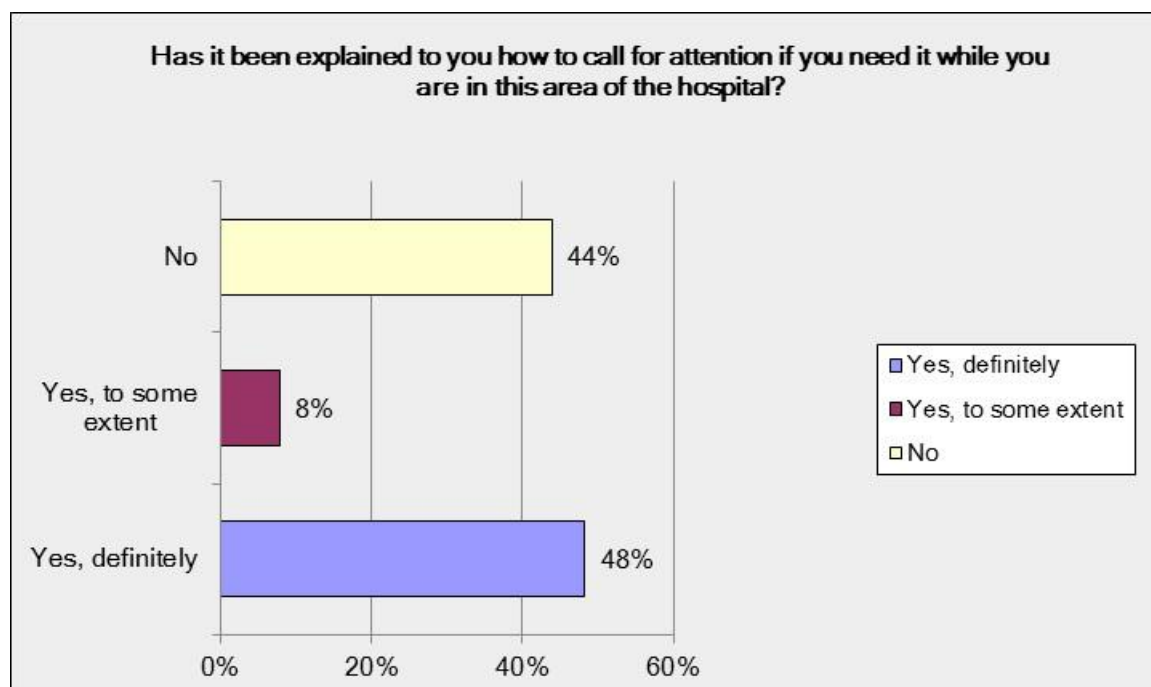
Recommendations

- i. The designated corridor nurse to be identified by wearing a specific coloured badge (similar to the Nurse in Charge badge) to clearly identify them to patients
- ii. All staff to introduce themselves to patients by name, in line with the #hellomynameis campaign.
- iii. Photos of A&E /MAU staff making this pledge could be shared in the A&E areas, subject to Health & Safety considerations.

5.2 PATIENT CARE

We asked a series of questions about the care received by patients in the corridor area of the hospital.

5.2.a. Getting Help - Calling for Attention and Response Times

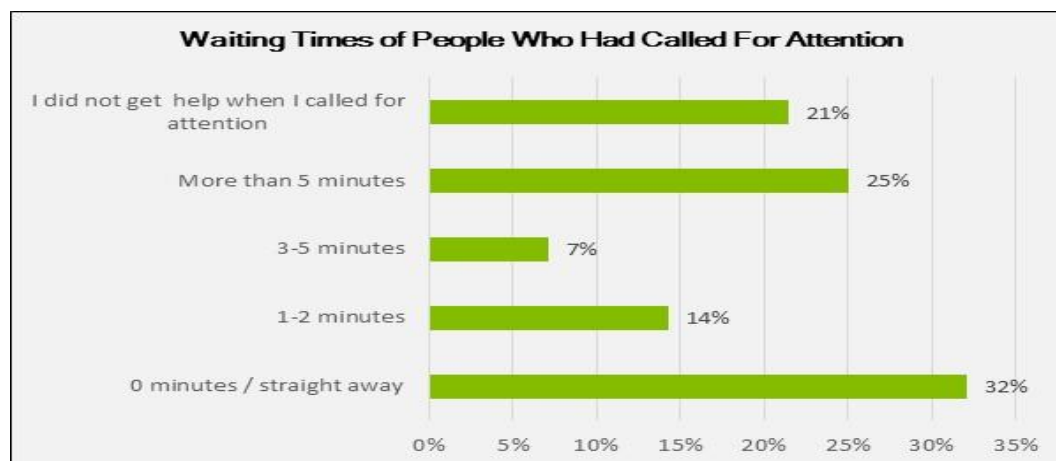


The chart shows that 48% of patients reported that it had definitely been explained to them how to call for attention if they needed it in the corridor area of the hospital, whilst 8% felt this had been explained to some extent. 44% had not had this explained to them.

We asked patients how many minutes it took after they had called for attention before they got the help they needed.

27% of patients had called for attention, whilst 74% had not.

The chart below shows the time that patients who had called for attention reported they waited to get help. 46% of patients waited more than 5 minutes to get help or had not received the help that they needed.



Patients Said

We received 7 comments from patients about getting help. These have all been coded as Negative Comments

Negative Comments

- Have not got a bell - 2
- Have a bell but cannot access it - 2
- Delays in answering the bells - 2
- Broken call bell - 1

<i>“There are staff but you can never find them when you need them. I was in pain & I was crying. Staff walked past me when I was crying. It took 20 minutes for someone to come” (A&E)</i>	<i>“It’s a matter of getting hold of staff when I need them. I don’t want to run them down, they are lovely” (A&E)</i>
<i>“I’ve seen the buzzer, but I’ve not been shown how to use it” (A&E)</i>	<i>“Have not got a bell, nurse said to shout for help” (MAU)</i>

Commentary

On 5 of our visits to WRH we observed older patients, who appeared to be confused or distressed, waiting on trolleys in the corridor areas.

We also observed one patient who was unable to communicate and a patient who was blind in the corridor (both were accompanied by a visitor).

We question whether a corridor is ever the right environment for these patients.

It is also concerning that, although the actual numbers are low, of the patients who had called for attention 21% (6) reported that they did not get the help they needed and 25% (7) waited for more than 5 minutes before they got help.

Recommendations

- WAHT to ensure it is explained to all patients how to call for attention in corridor areas of the hospital, including the MAU where there are no call bells available
- WAHT to consider whether patients who appear to be confused or living with dementia, or who have specific communication difficulties or sensory impairments should be nursed in corridor areas of the hospital.

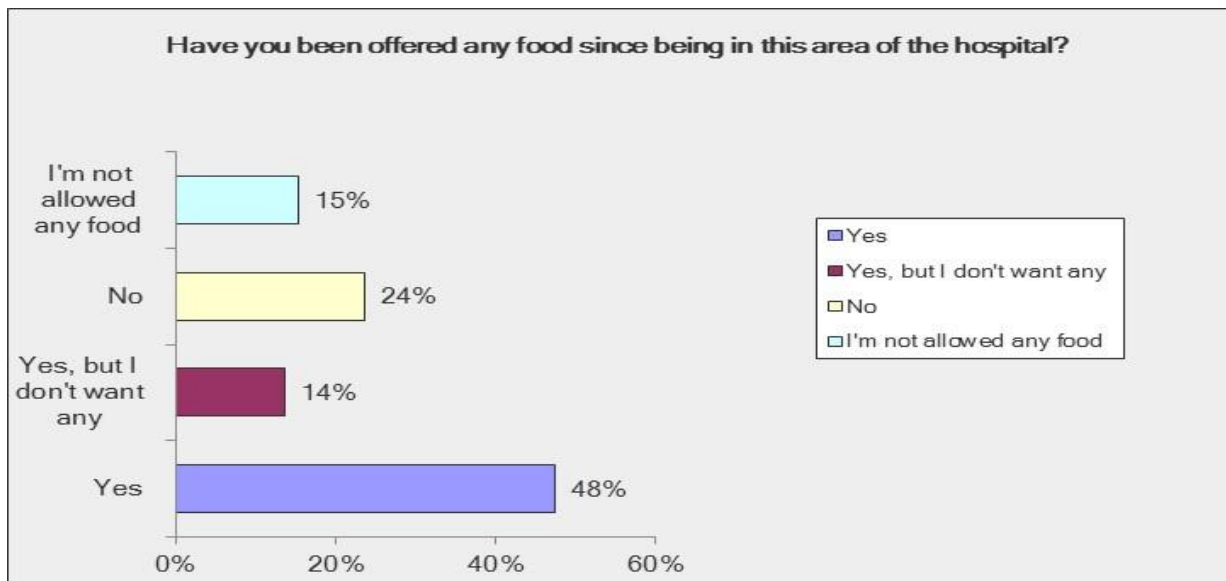
5.2.b. Food and Drink

We asked if patients had been able to get a **drink** since being in the corridor areas of the hospital. 88% of respondents had been able to get a drink, 7% had not been able to get a drink and 5% were not allowed a drink.

Of the patients who had been able to get a drink 88% had been provided with a drink by staff, 7% by a friend or relative and 5% had got a drink themselves.

Most of our respondents (75%) did not need help from staff to have their drink, 16% reported that they definitely got enough help from staff to have their drink, 3% reported that they had help from staff to some extent and 6% reported that they did not get the help that they needed from staff to have their drink.

We asked if patients had been offered any food since being in the corridor area.



62% of patients had been offered food, 15% were not allowed any food and 24% of patients had not been offered any food.

Of the patients who had been offered food 62% had been offered a sandwich or savoury snack; 15% had a cold meal (usually breakfast); 5% had a biscuit, cake or sweet snack; 2% a hot meal and 16% reported they had another food option (usually the patient had a sandwich and a cold meal e.g. breakfast).

We asked if patients had enough help from staff to eat their food. 86% (51) reported that they did not need any help, 7% (4) had definitely had the help they needed, 3% (2) had help from staff to eat their food to some extent whilst 3% (2) reported that they did not get the help they needed.

Patients Said

We received 14 comments from patients about food and drink. Of these 2 were positive and 12 were negative. Themes identified in order of frequency are:

Positive Comments

- Food was nice/meals of good quality (2)

Negative Comments

- Can't reach/No table (3)
- Waiting for staff to respond to request for a drink (3)
- Not offered food or drink (3)
- Not enough food or drink provided (1)
- Support not provided to eat or drink (1)
- Easier Access to drinks (1)

<i>"I asked for a cup of coffee at least 4 times. No drink for 7 hours" (A&E)</i>	<i>"Food was nice" (A&E)</i>
<i>"Only two cups of tea within 16 hours" (A&E)</i>	<i>"Meals of good quality" (A&E)</i>
<i>"Unsure if supposed to drink, nurse said she would return and tell me. No one returned after 20 minutes, so I drank it as I had not had one all day" (A&E)</i>	
<i>"It's a bit far away, I can't reach it" (A&E)</i>	
<i>"Cold, burnt toast for breakfast" (A&E)</i>	

Commentary

Whilst the numbers of patients who reported they did not get the help that they needed with food and drink are small hydration & nutrition are obviously important areas.

When cross referencing patients who had been offered food by the time patients had waited we found 1 patient who had waited 8 - 12 hours and 3 patients who had waited over 12 hours who reported they had not been offered any food since being in the corridor area.

We observed on our visits that patients had been provided with small bottles of water. We are not clear of the frequency at which these are provided to patients.

We also observed the trays on which drink and food are placed are fixed to the end of the trolleys. This means that for some patient's food and drink is placed at a distance from them.

On our preliminary visit to the A&E Department prior to the start of the E&V programme we observed that there was a drinks trolley available in the corridor, although this did appear to be causing an obstruction when beds / trolleys were passing through. We did not observe this trolley on any subsequent E&V visits.

In the Medical Assessment Unit we observed that there was sometimes a trolley in the waiting area that contained magazines, water and biscuits. We welcome the initiative to provide these for patients and visitors, however the trolley is not clearly identified as a refreshment trolley. We did not observe anyone helping themselves from the trolley. On one occasion on the top of the trolley we observed two laminated A4 notices. One said "Help yourself to food and drink". The other said "Please ask a member of staff if you can eat or drink".

In the A&E corridors we observed, following some initial feedback to the WAHT from our E&V visits, laminated A4 notices have been placed above the trolley bays

and on the wall in the corridor area. These say “Meal rounds begin at 08:00; 12:30; 18:00 and 22:00 - if you require refreshments outside of these times please ask a member of staff to assist you”. On a number of occasions we pointed out these notices to patients who did not appear to have noticed them.

Recommendations

- i. WAHT to provide reassurance that best practice on nutrition and hydration of patients on wards is being followed in corridor areas when patients are waiting for lengthy periods
- ii. Staff to check patients are able to reach food and drink placed at the end of the trolley and whether any assistance with this is required
- iii. Consideration to be given to reinstating a refreshment trolley in the A&E corridor area similar to MAU for patients and visitors
- iv. Refreshment trolleys to be easily identifiable to patients and visitors with clear instructions about their use
- v. WAHT to consider how signage could be improved to make this more visible to patients

5.2.c. Patient comfort

We asked patients if anything more could be done (excluding pain relief) to make them more **comfortable on the trolley**.

65% answered No, 16% would have liked more pillows and 14% more blankets. 4% did not know.

It should be noted that the majority of patients that we saw in the MAU were seated on chairs rather than on trolleys or beds.

We asked patients did they get enough help from staff to **use the toilet**. 65% of respondents reported that they did not need any help from staff to do this; 29% reported that they had definitely got the help that they needed; 1% reported that they had been helped to some extent, and 5% reported that they did not get the help they needed from staff to use the toilet.

Patients Said ...

We received 46 comments about patient comfort (going to the toilet and being comfortable on the trolley). 5 were positive and 41 were negative.

Positive Comments

- Help received from staff to go to the toilet (3)
- Have been provided with pillows (2)

Negative Comments

- Discomfort - Needed more pillows/blankets (13)
- Discomfort - trolley (12)
- Couldn't access the toilet/found the toilet myself (7)
- Sides up on the trolley (5)
- A friend/relative helped me to the toilet (3)

- Length of time for staff to take to toilet (1)

<i>“A longer trolley, my feet are jammed against the end of the trolley. If I did not have a friend I would not be able to get out because the bars were up. When had to go to the toilet a friend lowered the bars.” (A&E)</i>	<i>“Staff moved the trolley to right in front of the toilet door and then waited outside for me” (A&E)</i>
<i>“It would be nice if the trolley was softer” (A&E)</i>	<i>“Staff pushed me to the toilet in a chair” (A&E)</i>
<i>“Pillows are very hard” (A&E)</i>	<i>“Nurse walked with me to the toilet” (A&E)</i>
<i>“The chair is uncomfortable. I could have done with a cushion” (MAU)</i>	
<i>“I had to wait 15 minutes for them to put the side down so I could go to the toilet” (A&E)</i>	

Commentary

7 patients reported they did not know where the toilets were or had found them by themselves.

5 patients reported they could not get off their trolley because the rails on the trolley had been put in the raised position. We raised this issue with WAHT following which laminated notices were put up on the walls in the A&E area which state: “Trolley sides are for your safety. If you wish to have them down please ask a member of staff to assist you”.

In the MAU one patient reported that it was difficult to manoeuvre a wheelchair into the toilet. Another reported that another patient had got stuck in the toilet cubicle and they had called staff for help. The patient who got stuck was told by a member of staff to ask for help next time as it causes problems.

Recommendations

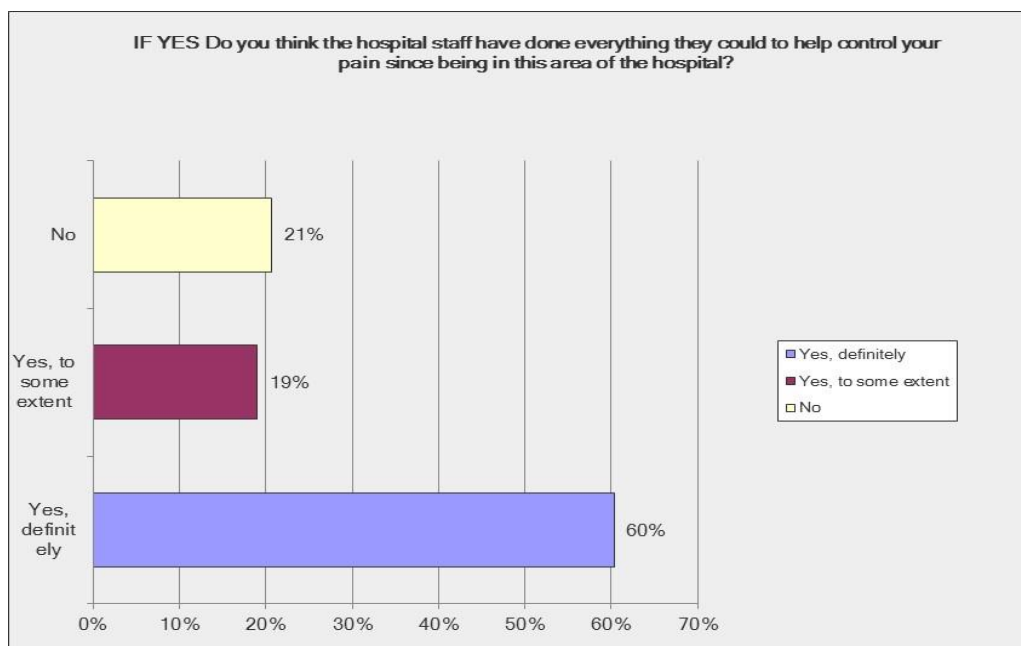
- i. Patients to be routinely offered pillows and blankets when waiting on trolleys in the corridor areas
- ii. Patients to be asked as part of “Care & Comfort” round if there is anything that can be done to make their wait more comfortable
- iii. Patients to be told the location of the toilets and how to ask for assistance if they require it

5.2.d. Managing Pain

We asked patients if they had been in pain since being in the corridor area of the hospital. 50% of patient’s reported that they had been in pain and 50% reported they had not.

We asked those patients **who had been in pain** if they thought that hospital staff had done everything they could to help control their pain since being in the corridor area.

The chart below shows that 60% answered Yes definitely to this question, 19% said Yes, some extent and 21% said No.



Patients Said ...

We received 11 comments about managing pain. 3 of these were positive and 8 were negative.

Positive Comments

- Received pain relief (2)
- Staff were supportive (1)

Negative Comments

- Time patients spent waiting for pain relief (4)
- Not being offered pain relief (3)
- Pain relief ineffective (1)

<i>“Had to wait quite a long time for pain relief. Also have not had my prescribed meds” (A&E)</i>	<i>“Been very supportive” (A&E)</i>
<i>“Been waiting 1 hour for pain medication, not received” (A&E)</i>	<i>“Given paracetamol” (A&E)</i>

Commentary

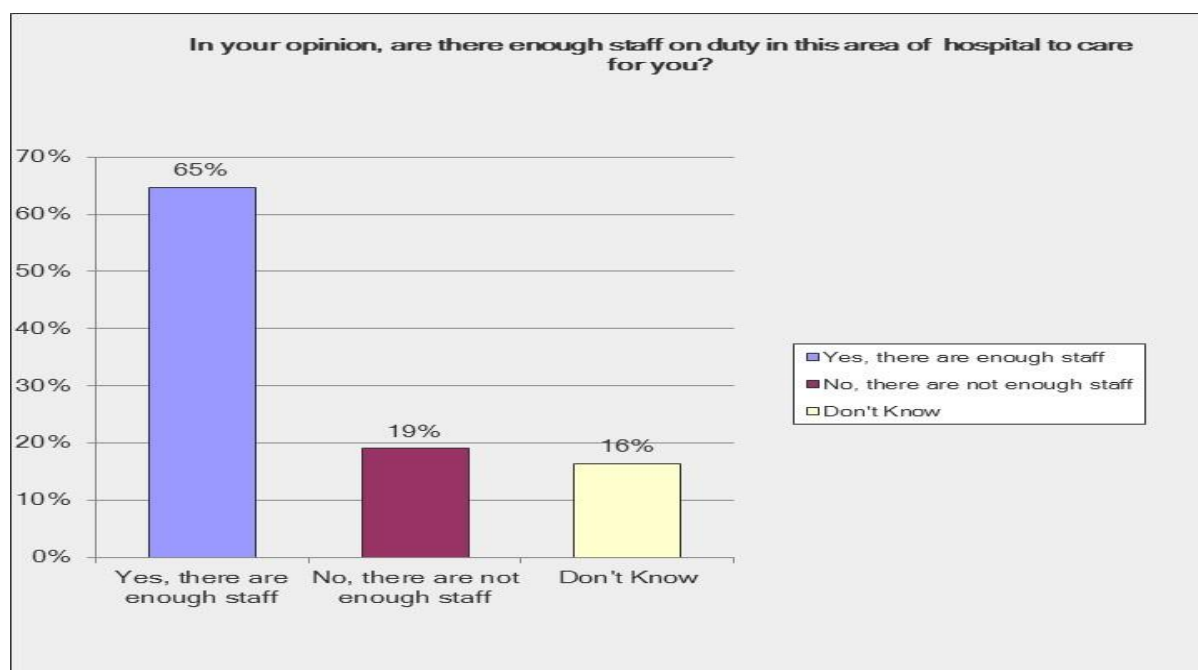
A patient reported that he/she had not been given prescribed medicines during the nearly 24 hours they had been in A&E, including 8 hours whilst being nursed on a trolley in the corridor and that no explanation for this had been provided. We have made the WAHT aware of this issue.

Recommendations

- i. WAHT to provide reassurance that procedures are in place to control patients pain whilst they are being nursed in corridor areas of the hospital
- ii. WAHT to provide reassurance that procedures are in place to provide patients with their prescription medication when they are subject to extended waits in the A&E Department

5.2.e. Staffing levels

We asked patients whether, in their opinion, there were enough staff on duty in the corridor area of the hospital to care for them. 65% said that yes there were enough staff, 19% said that there were not enough staff and 16% did not know



Patients Said ...

We received 21 comments in total about staffing levels. 2 were neutral, 2 of the comments were positive and 17 were negative.

Positive comments

- Staff walking about (1)
- Last night 1 nurse between 3 (1)

Negative comments

- Lots of staff but they are all busy (9)
- Not enough staff (5)

- Don't see nurses / feel out of the way (3)

<i>"There are lots of staff constantly passing me but I have not had a lot of attention" (A&E)</i>	<i>"Last night there was 1 nurse between 3 patients" (A&E)</i>
<i>"Barely, staff are very busy" (A&E)</i>	<i>"Staff appear to have too many people to look after, so I am alright but were they?" (A&E)</i>
<i>"They are stretched" (MAU)</i>	<i>"There seems to be staff but how they are allocated I don't know" (A&E)</i>
<i>"They appear run off their feet" (MAU)</i>	

Commentary

A number of patients commented that there are lots of staff coming and going along the corridors, but they are not always sure which staff are part of the A&E or MAU and can therefore be asked to help them.

Recommendations

- i. WAHT to provide information about how A&E and MAU staff will be clearly identified to patients so that patients know who they can ask for assistance
- ii. WAHT to consider, in light of the findings and recommendations from this Survey, whether there are sufficient staff to care for patients in the corridor areas in A&E and the MAU throughout the 24hr period

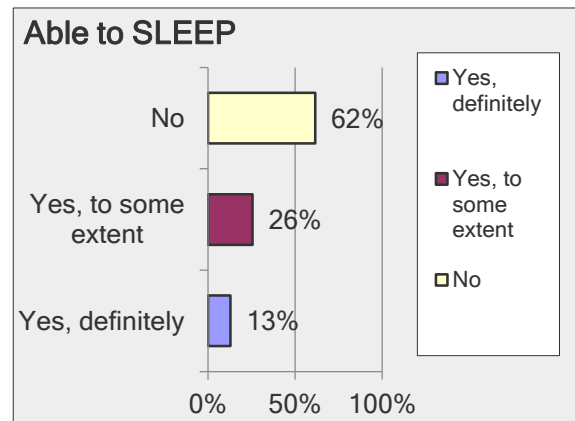
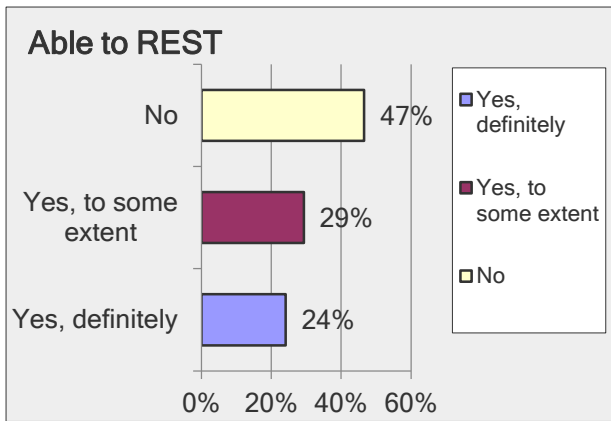
5.3 THE ENVIRONMENT

5.3.a. Noise, Rest and Sleep

We asked patients whether they had been bothered by **noise** since being in the corridor area of the hospital. 42% reported that they had been bothered by noise whilst 58% had not.

We asked patients if they were able to **rest** in corridor areas of the hospital. 47% of patients did not feel able to rest in the corridor area, 29% could rest to some extent and 24% were definitely able to rest.

We also asked if patients were able to **sleep** in corridor areas of the hospital. Fewer patients felt able to sleep than to rest. 62% reported that they would not be able to sleep, 26% said they could sleep to some extent and 13% said they could definitely sleep in the corridor area.



Patients Said ...

We received 89 comments relating to noise, rest and sleep. 9 comments were neutral; 5 were positive and 75 were negative.

Positive Comments

- Staff turned lights off (2)
- Moved to a warmer part of corridor (1)
- Better than a cubicle (1)
- Not noisy (1)

Negative Comments

- People/equipment moving (23)
- Noise (22)
- Doors opening/closing/key pads (9)
- Too bright (9)
- Buzzers/beeping/printer (6)
- Discomfort (3)
- Strange environment (2)
- Unhygienic (1)

<i>"Noisy, trolleys moving. Bleeps going off all the time" (A&E)</i>	<i>"Noise does not bother me. I know they are busy. They are all working hard" (A&E)</i>
<i>"It's like the M5, everything and everybody coming past you" (MAU)</i>	<i>"Quite noisy but I did manage to get some rest" (A&E)</i>
<i>"I am right by the doors with the fob scanner above my right shoulder. The corridor is busy, including with waste bins. I would rather be here than by the toilet though" (A&E)</i>	<i>"I find it better out here than in a cubicle with the curtain closed, at least there is stuff going on" (A&E)</i>
<i>"Bright lights - didn't go off until early hours of the morning" (A&E)</i>	<i>"They turned the lights off at one point which really helped me [sleep] (A&E)</i>
<i>"It's difficult to sleep at night because of all the banging going on. Particularly difficult because staff are using the loos during the night and the doors bang" (A&E)</i>	
<i>"It is noisy. The floor moves when people walk up and down" (MAU)</i>	

Commentary

On 20 of our 31 visits we observed the main corridor area in the A&E Department was especially busy, with lots of people (staff, patients and visitors) and equipment coming and going through the corridor.

On 16 occasions we described the A&E corridor areas as noisy.

We observed that the double doors to the corridor area where patients who have arrived by ambulance are sometimes assessed were often open during our visits.

The side corridor in the A&E Department was generally quieter but could be particularly busy at staff handover times when the changing rooms are in use. Patients also reported being disturbed through the night by staff using the toilets located in this corridor.

On 2 occasions we observed Trust staff leaning over patients on trolleys to use the electronic fob to open the doors into the hospital. Patients (5) also reported to us that Trust staff leaned over them to access the fob. We also observed staff from the hospital coming through these doors into the A&E corridor area. We observed a sign on the hospital side of the door instructing that the corridors should not be used as a "short cut" as patients are being nursed on the other side of the doors. We have already passed on these observations to WAHT.

Patients reported noise at night time. Two examples were a printer being used at 03:00 a.m. and staff holding non work related conversations at night in the corridor areas by patients on trolleys.

We observed that the lighting in the corridor areas is bright, with lights located above the trolley areas. Patients told us the lighting was sometimes not dimmed until the early hours of the morning.

Patients in MAU observed the floor shudders when people walk through the corridor area.

Recommendations

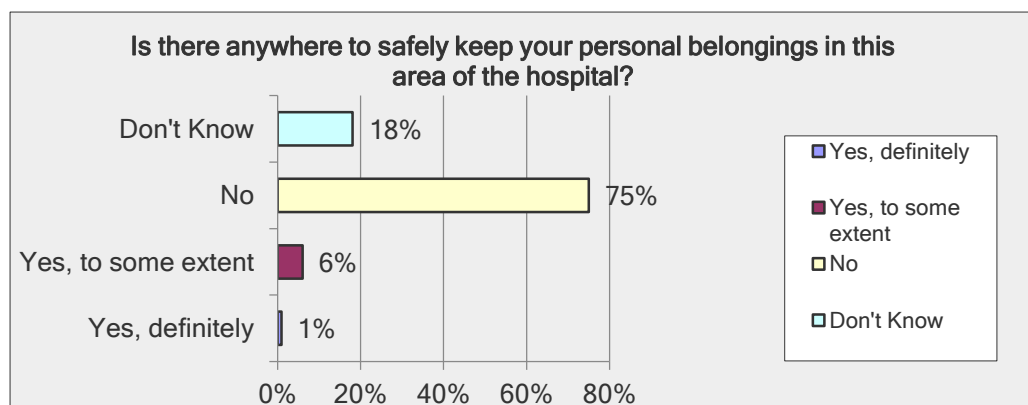
- i. Consider whether doors to the A&E Assessment corridor need to remain open throughout the day, accepting that this may be the least disruptive option for patients
- ii. Consider whether doors to the staff toilets can be modified to prevent them from banging
- iii. Relocate the electronic fob in the side corridor to the opposite wall to ensure patients are not disturbed by staff operating the doors into the hospital
- iv. Monitor staff movement from the hospital side of the doors into A&E to reinforce the message that this should not be used as a short cut
- v. Dim the lights in the corridor areas earlier at night to allow patients to rest and sleep
- vi. WAHT to provide information about how noise will be controlled in corridor areas, particularly at night

5.3. b. Temperature

Most patients (66%) found the temperature in the corridor area of the hospital about right. 15% reported that it was hot (7%) or too hot (8%) or, whilst 20% found it cold (17%) or too cold (3%)

5.3. c. Personal belongings

75% of patients reported that there was nowhere to safely keep their personal belongings in the corridor area of the hospital or they did not know where this was (18%).



Patients Said

We received 6 comments about personal belongings. All were negative.

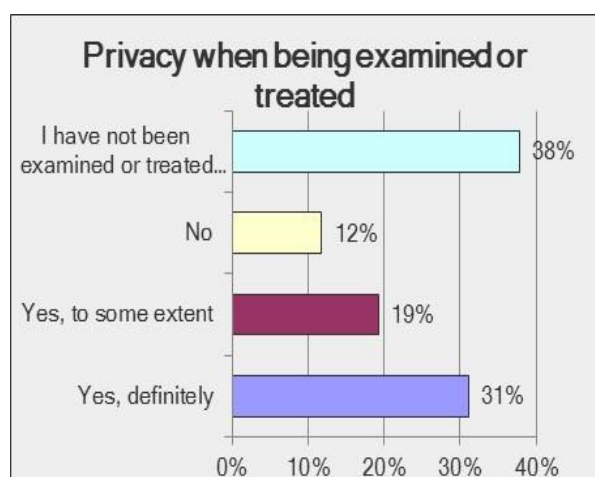
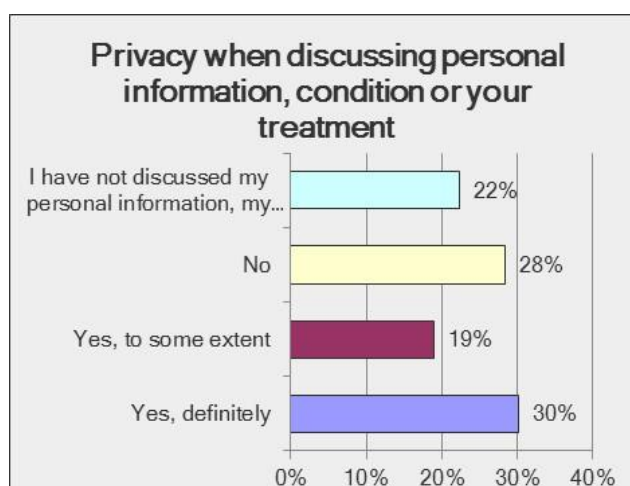
- Fear of losing belongings (3)
- Don't know where belongings are (2)
- Nowhere safe for belongings (1)

<i>"I took my shoes off when I was admitted but no one knows where they are" (A&E)</i>	<i>"I had my arm on my bag all night just in case" (A&E)</i>	<i>"I was panicking because I couldn't find my bag" (A&E)</i>
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Recommendations

- Provide secure storage space for patient valuables and belongings when they are being nursed for extended periods in the corridor area of the hospital.

5.4 PRIVACY AND DIGNITY



We asked patients whether they had been given enough privacy when discussing **personal information, your condition or your treatment** since being in the corridor area of the hospital. The chart shows that 30% of respondents reported this was definitely the case, 19% agreed to some extent, 28% did not agree that they had been given enough privacy and 22% had not discussed these subjects since being in the corridor area.

We asked patients whether they had been given enough privacy when being **examined or treated** since being in the corridor area of the hospital. The chart shows that 31% of respondents reported this was definitely the case, 19% agreed to some extent, 12% did not agree they had been given enough privacy and 38% had not been examined or treated since being in the corridor area.

Patients Said

We received 30 comments relating to privacy and dignity. 2 comments were neutral; 7 were positive and 21 were negative.

Positive Comments

- Taken to a cubicle or private area for discussion or treatment (4)
- Screen used to provide privacy (3).

Negative Comments

- Lack of privacy during examination/consultation (5)
- No privacy/the situation is not right for privacy (5)
- Can overhear/be overheard (4)
- Feel watched/people walking past (4)
- No screens (1)
- Curtains needed for privacy (1)
- Could be treated with more dignity (1)

<i>“None whatsoever [privacy] when discussing personal information and completely opposite to privacy when being examined” (A&E)</i>	<i>“They put a screen around me” (A&E)</i>
<i>“The location doesn’t make being treated with dignity and respect easy - especially if you are worried about being overheard” (A&E)</i>	<i>“Wheeled screen, staff tried, to the best of their ability” (A&E)</i>
<i>“I feel a bit watched. There is no privacy. I can overhear everything the doctors are saying” (A&E)</i>	<i>“I was pushed into a cubicle when they needed to look at my leg” (A&E)</i>
<i>“I overheard all the details of a consultation with a lady who was on the trolley next to me, also had to avoid looking through the screen that was around her” (A&E)</i>	<i>“When in the corridor the doctor examined me but he was quickly put right by a nurse who suggested he should move me into a cubicle which he did” (A&E)</i>
<i>“I was examined in hallway where everyone can see including personal areas, I am not happy about that” (A&E)</i>	
<i>“A lady was examined by the doctor in the corridor and I could see her stomach and breasts, she laughed but I felt it was not right” (A&E)</i>	

Commentary

Despite moving away from patients to complete our observations we overheard patient’s personal information, treatment and condition being discussed on 21 of our visits to the A&E corridor areas.

We twice overheard test results and diagnosis being given to patients by doctors in the corridor. Other patients in the corridor at the time would also have heard this information. On one other occasion we observed a screen was being used and efforts were being made to speak softly and maintain patient privacy.

On three occasions we observed a mobile screen in use in the corridor when a patient was being examined. The screen was insufficient to completely shield the patient. Other patients and people walking past could see the patient being examined.

We also observed patient's blood being taken; a cannula fitted and bandages being removed. More routine checks such as blood pressure were also undertaken in the corridor area.

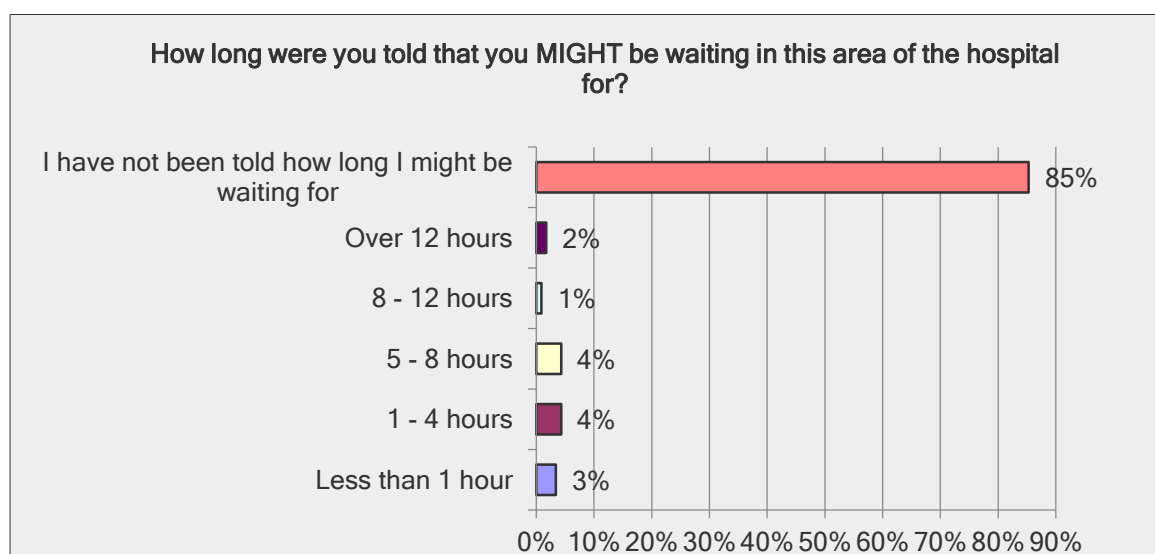
Recommendations

- i. Consistently use private areas when providing patients with diagnosis or test results
- ii. Consistently use the reserved curtained cubicles within the A&E Department when examining or treating patients
- iii. When it is unavoidable to discuss patient's personal information in the corridor areas ensure patients are screened and voices are kept as low as practicable
- iv. When it is unavoidable to examine or treat patients in the corridor areas ensure patients are screened sufficiently to protect their privacy and dignity

5.5 WAITING TIMES

5.5.a. Informing patients about how long they MIGHT be waiting

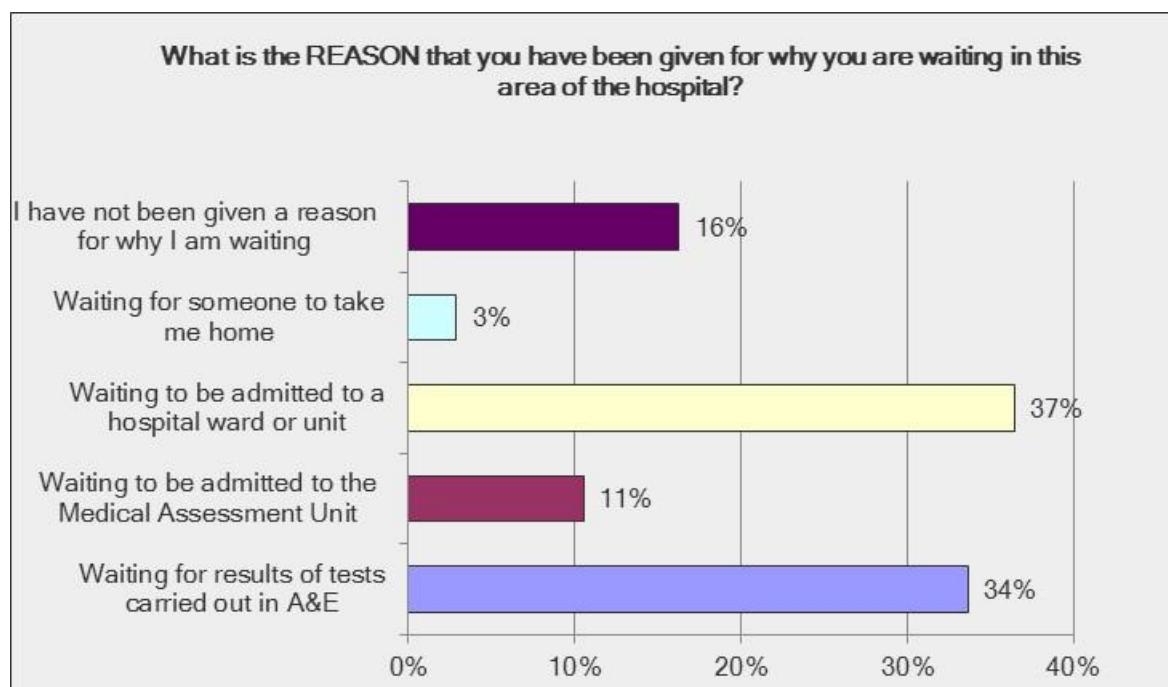
We asked patients if they had been told **how long they MIGHT be waiting** in the corridor area. 85% of respondents had not been told how long they might be waiting, the chart below gives the distribution of remaining answers. Patients who had been told they would be waiting more than 12 hours had usually been informed they would be in hospital overnight.



5.5.b. Informing patients about the reason they are waiting

We asked patients what was the **reason** they had been given for why they were waiting in the corridor area of the hospital.

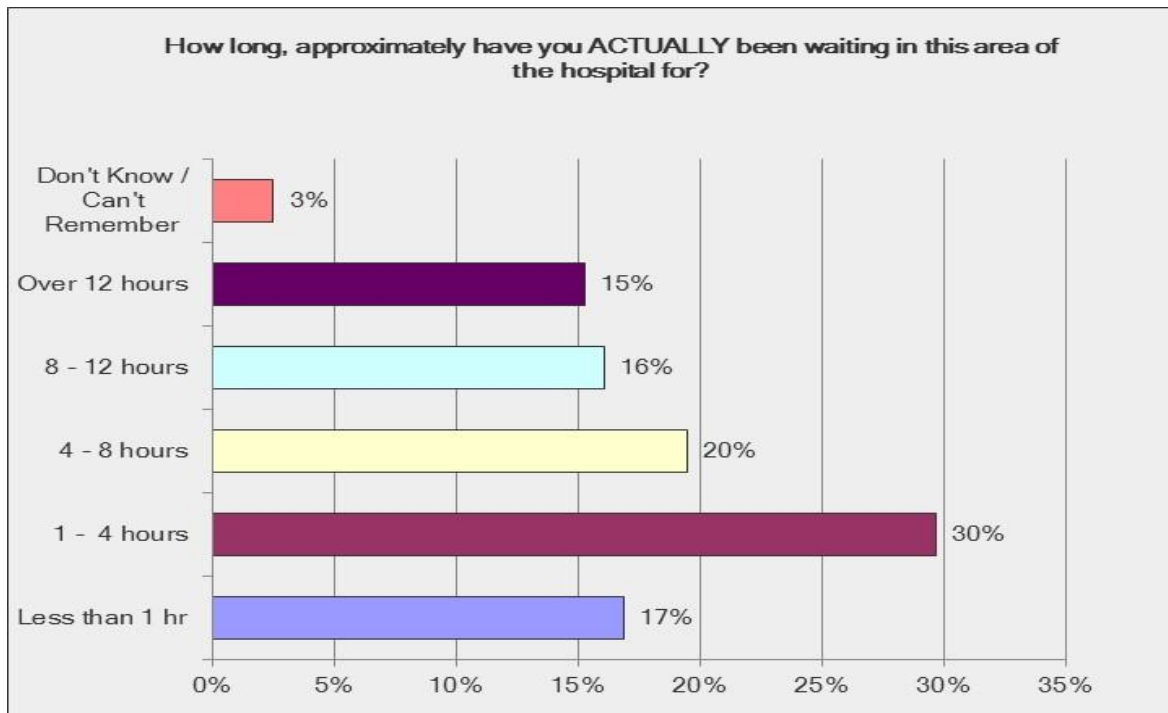
The chart shows that 37% of patients were waiting to be admitted to a hospital ward or unit, and a further 11% were waiting to be admitted to the Medical Assessment Unit. 34% of patients were waiting for results of tests carried out in A&E. It should be noted that patients who told us they were waiting to go for scans or tests, or who were waiting to speak with doctors or consultants so a decision could be made about next steps have been included in this category. 3% of patients were waiting for someone to take them home. 16% of patients had not been given a reason for why they were waiting in the corridor area of the hospital.



5.5.c. How long patients had ACTUALLY been waiting

We asked patients how long approximately have you **ACTUALLY** been waiting in the corridor area of the hospital. We were clear with patients that we were not asking about when they had first arrived in the Emergency Department, we were asking about time spent waiting in the corridor.

17% (20) of respondents reported they had been waiting for less than an hour, 30% (35) had been waiting between one - four hours; 19% (23) had been waiting 4 - 8 hours, 16% (19) had been waiting eight - twelve hours, 15% (18) had been waiting over 12 hours and 3% (3) didn't know or could not remember.



The table below shows waiting time by age.

Age	Waiting time				
	Under 1 hour	1-4 hours	4 - 8 hours	8 - 12 hours	Over 12 hours
Under 18	0%	0%	0%	5%	0%
19 - 24	0%	12%	9%	16%	0%
25 - 50	30%	15%	36%	26%	22%
51 - 64	20%	21%	18%	21%	11%
65 - 74	20%	15%	14%	11%	28%
75 +	30%	36%	23%	21%	39%

The table shows that the highest percentage of patients waiting over 12 hours are aged 65+, this could be due to patients who are older having multiple medical conditions.

Patients Said ...

We received 7 comments relating to waiting times all of these were negative and referred to length of wait.

<i>“At first I was told I was waiting for a bed. I was offered a trolley about 8pm. I thought there will be a bed soon so I refused. I finally got a bed at midnight. I am in bed but I am still in the corridor” (MAU)</i>	<i>“Staff have been brilliant, but could keep you better informed about how long you have to wait” (A&E)</i>
<i>“I wish treatment would happen quicker” (A&E)</i>	<i>“Had to wait 7 hours to see a doctor” (A&E)</i>

Commentary

We were specifically asking patients how long they had been waiting in the corridor, we did not ask patients about the total time they had spent in the A&E Department. We are therefore unable to make comparisons with national targets. 35% of our sample reported they had been waiting in the corridor over 4 hours and 15% over 12 hours at WRH. During this project we made 13 visits to the Alexandra Hospital but we did not see any patients in corridor areas at the hospital. There may be learning or practice from the Alexandra Hospital or elsewhere that could help the situation at the WRH.

On one occasion we heard staff apologise to a patient for the long wait and provide reassurance that they had not been forgotten and would be seeing a doctor.

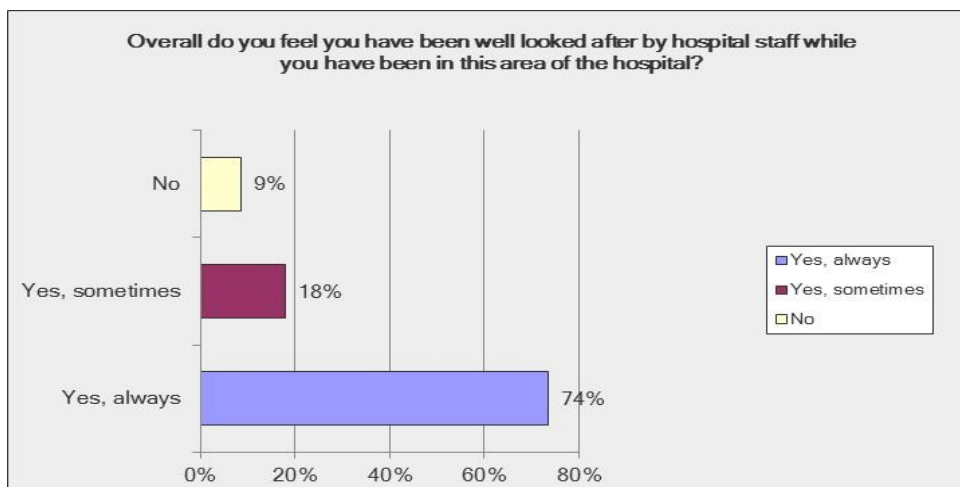
Recommendations / Points to Consider

- i. Provide patients with an indication of how long they might be waiting in the corridor area and provide reassurance to patients whilst they are waiting
- ii. Provide patients with a clear reason why they are waiting in the corridor area
- iii. WAHT to provide information and reassurance to the public about the specific actions that are planned to ensure that WAHT is able to meet national standards for trolley waits, and the timetable for implementation

5.6 PATIENTS OVERALL EXPERIENCE

5.6.1. Have patients been well looked after by hospital staff

We asked patients “Overall do you feel you have been well looked after by hospital staff while you have been in this area of the hospital?” 74% replied they had always been well looked after, 18% had sometimes been well looked after and 9% answered no to this question.



There is a variation in responses to this question according to the age of the respondent, with 80% of those over 50 reporting they had always been well looked

after compared to 58% of those under 50. More under 50's (18%) answered no to this question than over 50's (4%).

By Age - Well looked after by hospital staff

	Under 50	Over 50	All
Yes, Always	58%	80%	74%
Yes, Sometimes	24%	16%	18%
No	18%	4%	9%

This may be because, in HWW experience, people in the 50+ age group are more reluctant to complain about their care than younger respondents.

Patients Said ...

We received 23 comments about staff (as opposed to staffing levels which were reported at 4.2.e.). 18 comments were positive and 5 were negative.

Positive Comments

- Staff are kind/helpful/excellent (14)
- Staff have looked after me/care was good (4)

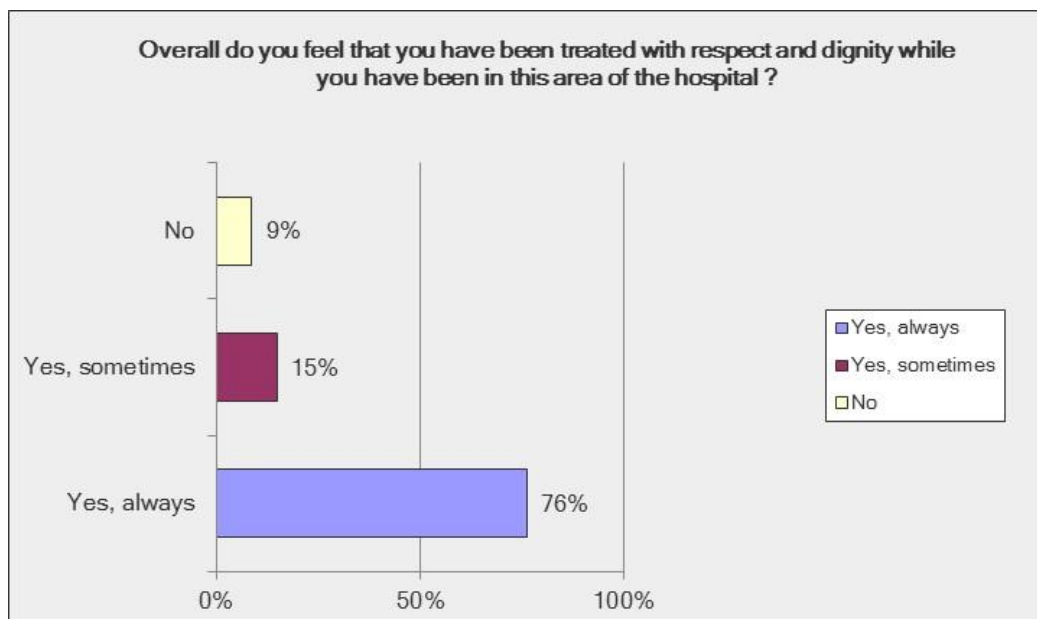
Negative Comments

- Attitude and care provided by doctors (2)
- Lack of respect and compassion (3)

<i>"Can't fault the staff, lucky to have the service and treatment" (A&E)</i>	<i>"As hospital staff pushed past me, no one said "Excuse me". No one asked me how I was feeling for about 8 hours" (A&E)</i>
<i>"I couldn't wish for anything better. If you are on a trolley there are other people worse than you. I have had very bad experiences at this hospital before but not here today" (A&E)</i>	<i>"Some orderlies walked past when I was crying, I asked for help and they said you'd have to see a nurse. It took a member of the public visiting another patient to get me a nurse ... there has got to be a bit of compassion" (A&E)</i>
<i>"I am very satisfied, they cannot do enough for you. I have had two doctors, they have explained things to me and the nurse has been popping back" (A&E)</i>	<i>"I repeatedly asked for someone to contact my wife. I left home seven and a half hours ago. Eventually a visitor to another patient let me use her mobile phone" (A&E)</i>
<i>"Everyone has been extremely kind and thoughtful"</i>	

5.6.2. Have patients been treated with respect and dignity

We asked patients “Overall do you feel you have been treated with respect and dignity while you have been in this area of the hospital?” 76% responded they had always been treated with respect and dignity, 15% they had sometimes been treated with respect and dignity and 9% answered no to this question.



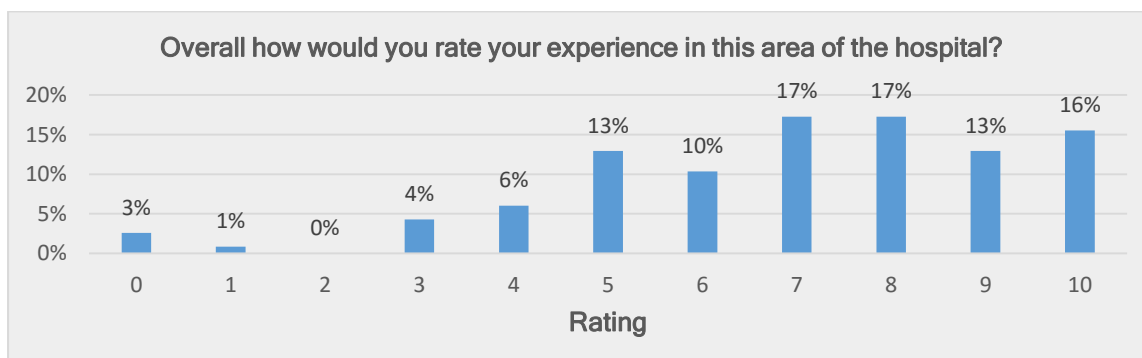
There is a variation in responses to this question according to the age of the respondent with 81% of those over 50 reporting they had always been treated with respect and dignity compared to 65% of those under 50. More under 50’s (14%) answered no to this question than over 50’s (7%).

By Age - Treated with respect and dignity

	Under 50	Over 50	All
Yes, Always	65%	81%	76%
Yes, Sometimes	22%	12%	15%
No	14%	7%	9%

5.6.3. Overall Rating

We asked patients to rate their overall experience in the corridor area of the hospital, where 0 = I had a very poor experience and 10 = I had a very good experience.



The chart shows that:

8% of patients rated their experience between 0-3

46% of patients rated their experience between 4-7

46% of patients rated their experience between 8-10

The table below shows rating by Age

Age	Rating		
	0 - 3	4 - 7	8 - 10
No of respondents			
Under 18 (No. 1)	0%	0%	100%
19 - 24 (No. 9)	11%	66%	22%
25 - 50 (No. 28)	22%	57%	22%
51 - 64 (No. 21)	5%	58%	38%
65 - 74 (No. 20)	0%	45%	55%
75+ (No. 34)	3%	30%	67%
All	8%	46%	46%

Of the patients who gave a rating of between 8 - 10 of their experience those aged under 18 and those aged 65+ gave the highest ratings.

The table below shows rating by waiting times

Waiting Times	Rating		
	0 - 3	4 - 7	8 - 10
Under 1hr	5%	65%	30%
1 - 4 hrs	3%	30%	67%
4 - 8 hrs	13%	66%	22%
8 - 12 hrs	15%	45%	39%
12+ hrs	6%	34%	61%
All	8%	46%	46%

Although there is no clear pattern between ratings and waiting times the findings suggest that patients waiting between 4 - 8 hrs rate their experiences lower (0 -7) than other patients (79%). The comparatively high number of patients who are waiting over 12 hrs and have rated their experience between 8 - 10 may be related to the age group of these patients.

Patient Said

We asked patients whether there was anything else they would like to tell us about their experiences in the corridor areas of the hospital. We received 33 comments. 3 were positive, 12 were neutral and 24 were negative

Positive Comment

- Being in corridor has been managed well / not a problem (3)

Neutral Comments

- Statements of appreciation for care provided, but unhappy about the situation of being in the corridor (10)
- Practical issues of being in corridor (no clock or phone charger available) (2)

Negative Comments

- Feeling left / forgotten / isolated (9)
- Situation of being nursed in the corridor poor / not acceptable (9)
- Poor environment for patients (4)
- Staff did not contact relatives (2)

<i>“Annoying that I am here but people have looked after me. I cannot give them a gold star for putting me in a corridor. I think it is a sorry state of affairs to be in a bed in a corridor all night this is my first experience of being out in the cold” (MAU)</i>	<i>“If no beds then I cannot be moved from the corridor and I have accepted it. It’s not the staffs fault” (A&E)</i>
<i>“I understand the pressure for beds but it’s not ideal for elderly people, or for anybody. You would only find this in third world countries” (A&E)</i>	<i>“ I think they have worked well in how they have managed this, being in the corridor” (A&E)</i>
<i>“No one really comes to me out here in the corridor” (A&E)</i>	<i>“ I have been quite happy here, it’s not been a problem at all” (A&E)</i>
<i>“Not nice being on a walkway. People going up and down. No privacy. Feel a bit forgotten round the corner (A&E)</i>	<i>“The staff have been brilliant, but the corridor situation is not good!” (A&E)</i>
<i>“From a staff point of view I would put 10, from a corridor point of view I would put 5” (A&E)</i>	<i>“Care very good but the situation is not ideal” (MAU)</i>
<i>“Care was fantastic until I was moved into the corridor. I was very upset for an hour and nobody came. I had to phone Mum. I had no pain relief and was crying. Around the corner I can hear others laughing and chatting while I am crying” (A&E)</i>	<i>“I have heard a lot of things about trolleys being used in corridors. This is my first experience. I sympathise, if you can’t fit everyone in what can you do? I can see the dilemma” (A&E)</i>
<i>“I don’t think anyone can be treated with respect in a corridor” (A&E)</i>	<i>“ It’s not the staff, it’s the environment” (A&E)</i>
<i>“Don’t know why I’m in the corridor. I just hate it. I feel like I am living here” (A&E)</i>	<i>“Just need more beds situation, not the care that is the issue” (MAU)</i>

Commentary

In HWW experience patients, particularly older patients, are grateful for the NHS and the care they are receiving.

It is interesting to note that of the patients who gave an overall rating of 8, 9 or 10 in answer to survey questions 29% had reported that they did not know the name of the person who was looking after them; 43% had not had it explained to them how to call for help; 6% had reported they did not think there were enough staff on duty to care for them and 15% were not sure about this. These patients also made 28 comments which have been themed as negative in response to questions on the survey. This suggests that patients are reluctant to give lower overall ratings and are taking other factors into consideration.

As can be seen from some of the “Patients Said” comments above patients appear to be making a distinction between the staff in the A&E Department and the situation they find themselves in of being nursed in the corridor area.

Patients appear to empathise with the pressure on staff in the Department whilst being unhappy about some aspects of the experience of being nursed on the corridor.

We also observed that patients seemed more reluctant to provide negative feedback than visitors. For example we received a follow up telephone call from a patient’s relative saying the patient “didn’t want to get anyone in trouble” and was reluctant to say anything bad about her care. The patient had been in A&E for a total of 28hrs (not all spent on the corridor).

6. FURTHER POINTS FROM OUR OBSERVATIONS NOT COVERED IN THE SURVEY

During our visits patients reported or we were told about the following issues that are not reported elsewhere in the Survey.

6.1 Relatives and Visitors

On 26 of our visits at least one patient in A&E had a relative or visitor with them. On 16 occasions there was nowhere for at least one relative or visitor to sit down. We observed 6 visitors sitting on the end of patient trolleys as there was nowhere else to sit down.

On at least three occasions we spoke with relatives or visitors who had remained with a patient overnight. One mentioned being unsure of the “rules” about visitors e.g. was it acceptable to stay overnight with a patient. We also noted that some of the relatives / carers we saw appeared themselves to be older people, but were reluctant to leave the patient unaccompanied overnight. We are concerned about the lack of facilities for people staying overnight.

There did not appear to be a clear policy about whether relatives / visitors, particularly of patients who have lengthy stays in A&E, were offered drinks, chairs or blankets.

<p><i>“As a visitor I have been standing most of the day. It would have been nice if someone had offered me a chair” (A&E)</i></p>	<p><i>“Porter offered Mum a chair” (A&E)</i></p>
<p><i>“I am not sure what the rules are about being here or not. I don’t want to go to the café in case I am not allowed back in or xx was moved” (A&E)</i></p>	<p><i>“The nurse gave me a couple of blankets” (A&E)</i></p>

Recommendations

- i. Provide basic facilities for relatives and visitors, including a seat and access to drinks
- ii. Visitors who are staying overnight should be informed of where hospital facilities can be found and offered blankets

6.2. Record Keeping

On 3 occasions patients reported inaccuracies in their records. These related to:

- Patient challenging the accuracy of the record in relation to pain relief and hydration - this issue has already been raised with WAHT
- Patient reported being recorded as the wrong gender on their record - the patient pointed this out and the record was changed
- Patient reported their records showed they had allergies which they did not have

One patient reported being asked for the same information on a number of occasions

Recommendations

- i. WAHT to provide reassurance that processes are in place to ensure records are accurate

6.3 Health and Safety

On 2 occasions we noted there was equipment in the A&E corridor area next to the sign: “No trolleys or equipment at this location. Caution fire evacuation route. No trollies or equipment”.

On 2 occasions we observed trolleys outside the MAU corridor that were partially blocking the evacuation route.

Recommendations

- i. Ensure that health and safety requirements in respect of the corridors are always complied with

7 CONCLUSION

It is widely recognised, and accepted by the Trust, that caring for patients in corridors does not provide the privacy and dignity that patients deserve.

Our Survey has identified that, whilst staff are doing their best to manage the situation of patients routinely being cared for in corridor areas, there are areas where patients experience indicates that care could be improved.

We have therefore made 38 recommendations which could and should improve the situation of patients who find themselves being cared for in corridor areas.

However this situation is not acceptable and rapid action needs to be taken to ensure that patients no longer find themselves being cared for in corridors.

APPENDICES

APPENDIX ONE - The Visit Programme

The table below summarises the number of visits that we undertook each week, the total number of patients that we observed in the corridor areas and the number of patients that we spoke with. Please note that the numbers of patients in the corridor could be fluid over the course of a visit as patients were taken for tests, allocated a bed or discharged. The total number of patients below is the maximum number that we observed during our visits.

Visit Summary

Week	WRH			ALEX		
	Visits by HWW	Total Patients observed in corridors (A&E / MAU)	No of patients HWW spoke with	Visits by HWW	Total Patients observed in corridor	No of patients HWW spoke with
1	4	25	15	1	0	0
2	5	38	26	2	0	0
3	6	44	23	2	0	0
4	6	34	17	2	0	0
5	5	35	24	3	0	0
6	5	24	14	3	0	0
TOTAL	31	200	119	13	0	0

The table below shows the **distribution of the visits over days of the week** across the two hospital sites.

Visits

Day	Visit	WRH	ALEX
Monday	AM	2	1
	PM	1	1
	EVE	2	1
Tuesday	AM	1	1
	PM	3	1
	EVE	2	0
Wednesday	AM	2	0
	PM	1	1
	EVE	2	0
Thursday	AM	2	0
	PM	0	2
	EVE	1	1
Friday	AM	1	1
	PM	1	0
	EVE	2	2
Saturday	AM	1	1
	PM	1	0
	EVE	1	0
Sunday	AM	2	0
	PM	1	0
	EVE	2	0
TOTAL		31	13

APPENDIX TWO - SURVEY QUESTIONS AND NUMBER OF RESPONDENTS (n =) TO EACH QUESTION

1. Have you been given any information about being in this area of the hospital? (n = 115)
2. Do you know the name of the nurse looking after you in this area of the hospital? (n = 117)
3. Has it been explained to you how to call for attention if you need it in this area of the hospital? (n = 116)
4. How many minutes did it take after you called for attention before you got the help you needed? (n = 106)
5. Have you been able to get a drink since being in this area of the hospital? (n = 118)
6. If YES how did you get a drink? (n = 104)
7. Did you get enough help from staff to have your drink? (n = 96)
8. Have you been offered any food since being in this area of the hospital? (n = 118)
9. IF YES what food have you been offered (n = 61)
10. Did you get enough help from staff to eat your food? (n = 59)
11. Did you get enough help from staff to use the toilet? (n = 104)
12. Have you been in pain since being in this area of the hospital? (n = 119)
13. If YES do you think the hospital staff have done everything they could to help control your pain since being in this area of the hospital? (n = 58)
14. Is there anything that could be done (excluding giving you pain relief) to make you more comfortable on this trolley? (n = 98)
15. In your opinion, are there enough staff on duty in this area of the hospital to care for you? (n = 116)
16. Do you feel that you are able to rest in this area of the hospital? (n = 116)
17. Do you feel that you are able to sleep in this area of the hospital? (n = 117)
18. Have you been bothered by noise since being in this area of the hospital? (n = 119)
19. How comfortable do you find the temperature in this area of the hospital? (n = 119)
20. Is there anywhere to safely keep your personal belongings in this area? (n = 116)
21. Were you given enough privacy when discussing your personal information, your condition or your treatment since being in this area of the hospital? (n = 116)
22. Were you given enough privacy when being examined or treated since being in this area of the hospital? (n = 119)
23. How long were you told you MIGHT be waiting in this area of the hospital for? (n = 116)
24. What is the REASON you have been given for why you are waiting in this area of the hospital? (n = 104)
25. How long, approximately have you ACTUALLY been waiting in this area of the hospital for? (n = 118)
26. Overall do you feel that you have been well looked after by hospital staff while you have been in this area of the hospital? (n = 117)

27. Overall do you feel that you have been treated with respect and dignity while you have been in this area of the hospital? (n = 114)
28. Overall how would you rate your experience in this area of the hospital? (n = 116)
29. Is there anything else you would like to tell us about your experience in this area of the hospital? (n = 33)