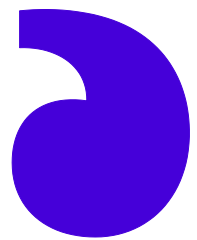




Care in the Corridor at the Worcestershire Royal Hospital

Follow Up Report June 2018



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Acknowledgments

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

We would also like to thank all the patients and visitors who spoke with us about their experiences

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1. 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. Healthwatch has the power to "Enter and View"¹ premises where health or social care services are being provided, speak with patients and to observe for ourselves how care is being delivered.

2. CARE IN THE CORRIDOR AT WORCESTERSHIRE ROYAL HOSPITAL, HWW REPORT, JUNE 2017

Healthwatch Worcestershire believes that patients being cared for in corridors is unacceptable and does not endorse this in any way. In its Report "Under Pressure - Safely managing increased demand in emergency departments" the Care Quality Commission, who are responsible for inspecting hospital services said: "we have made it clear in our guidance to trusts that the use of inappropriate spaces is not acceptable"². Nevertheless this situation is being experienced by patients.

Patients have reported to Healthwatch Worcestershire their experience of long waits at the Accident & Emergency Department (A&E) at Worcestershire Royal Hospital (WRH), some of which took place on trolleys in corridor areas at the hospital. The Worcestershire Royal Hospital (WRH) is run by the Worcestershire Acute Hospitals Trust (WAHT).

During February and March 2017 HWW undertook the Care in the Corridor Survey to directly gather patients' experience of being cared for in corridors at A&E and the Medical Assessment Unit (MAU). HWW completed 31 unannounced visits to Worcestershire Royal Hospital and 13 unannounced visits to Alexandra Hospital using our powers to Enter & View premises. There were no patients in the corridor at the Alexandra Hospital during any of our visits.

We spoke with 119 patients at the WRH. Our survey asked patients about the 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 made 38 recommendations to the Worcestershire Acute Hospitals Trust based on the findings from our Survey. The [full Care in the Corridor at the Worcestershire Royal Hospital report](#) and a [summary version](#) can be found on our website.

The WAHT welcomed the Report and produced an Action Plan which addressed the recommendations that we had made. The Action Plan set out the actions that would be taken in response to the recommendations and when these would be

¹ Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013

² Care Quality Commission "Under Pressure - Safely managing increased demand in emergency departments" May 2018

completed. Where no action was to be taken an explanation was provided. The [Action Plan](#) is also available on our website.

3. FOLLOW UP VISITS TO THE WORCESTERSHIRE ROYAL HOSPITAL

HWW wrote to WAHT and informed them of our intention to carry out unannounced Enter and View visits to the A&E Departments during the week of 9th April 2018.

The purpose of the visits was to follow up on the implementation of our recommendations as set out in the WAHT Action Plan.

We carried out 6 visits, at different times in the day and in the evening on weekdays and at weekends.

We developed both a visitor and patient survey which focused on the implementation of the actions in the plan, and the extent to which these had been experienced by patients and visitors. It was not our intention to carry out another comprehensive survey of patient views. The patients survey is available at Appendix One. The visitors survey will be made available on our website.

We also used observation sheets, organised under the headings in the Action Plan, to record whether we could see evidence that the action identified in the plan had been implemented.

HWW acknowledge the co-operation of the Trust's leadership, the Matron & Nurse in Charge and all A&E and Medical Assessment Unit (MAU) staff throughout the visit programme.

4. WHO WE SPOKE WITH

We spoke with 28 patients and 4 visitors about their experience. 25 patients were in the A&E corridor areas and 3 in the MAU.

We asked patients how long they had been waiting in the corridor area of the A&E Department or the MAU.

- 11 had been waiting less than 4 hours
- 7 had been waiting between 4 - 8 hours
- 5 had been waiting 8 - 12 hrs
- 4 had been waiting in the corridor for more than 12 hours

1 patient did not answer this question.

Further information about who we spoke with can be found at Appendix Two.

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 One.

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

5. SUMMARY - OUR ASSESSMENT OF WAHT IMPLEMENTATION OF THEIR ACTION PLAN IN RESPONSE TO OUR RECOMMENDATIONS

In the table below we have set out:

- The recommendations in our original Care in the Corridor Report, June 2017
- The Actions identified by the WAHT in response to our recommendations and the timescale for completion
- Our assessment of the extent to which these actions have been implemented
- Where the findings which led to this assessment can be found in this Report

Key to Assessment:

- ✓✓ Action fully implemented
- ✓ Action partially implemented
- ✗ Action not implemented
- No action identified but HWW believe that action is required
- ☒ No assessment possible through E&V visits

HWW Recommendation	WAHT Action Plan & Timescale	HWW Assessment	Finding in this Report on which assessment is based
✓✓ Action Fully Implemented ✓ Action Partially Implemented ✗ Action Not implemented ○ No action planned but action required ☒ No assessment possible through E&V visit			
INFORMATION			
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.	Learning disability patients to have an easier read version and large print version for those who have visual difficulties. September 2017	✗	7.1.a
2. The WRH letter should be amended to briefly explain HWW role. The text for this can be supplied by HWW.	Letter re-drafted to include additional information and checked by Comms Completed 12.6.17	✗	7.1.a
3. All patients should be given an HWW leaflet, so they are aware they can report their experiences to us independently of the hospital.	Ask for a supply from Healthwatch which will be made available to patients in the department wherever they are receiving their care. Completed July 2017	✗	7.1.a

HWW Recommendation	WAHT Action Plan & Timescale	HWW Assessment	Finding in this Report on which assessment is based
✓✓ Action Fully Implemented ✓ Action Partially Implemented ✘ Action Not implemented O No action planned but action required ☒ No assessment possible through E&V visit			
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.	After discussion with the team who raised concerns about normalising corridor care and as CQC concerns it has been agreed to not have a corridor name badge Decision to not complete	O	7.1.b
5. All staff to introduce themselves to patients by name, in line with the #hellomynameis campaign.	Comms team to create more information in the waiting room and more 'hello my name is' posters of ED staff. Staff were reminded at staff meeting in June 2017	✘	7.1.c
6. Photos of A&E/MAU staff making #hellomynameis pledge could be shared in the A&E areas, subject to Health & Safety considerations.	Superseded by new signage which is on order for the ED as per reducing violence and aggression in Accident and Emergency strategy Due Autumn 2017	✘	7.1.c
PATIENT CARE			
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.	Laminated signage already in place but further signage to be put in place. Complete August 2017	✓	7.2.a
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.	No patient should be in the corridor, particularly those with dementia and/or frailty. All patients to be risk assessed as per SOP. Escalation as per process Dynamic action	☒	7.2.a

HWW Recommendation	WAHT Action Plan & Timescale	HWW Assessment	Finding in this Report on which assessment is based
✓✓ Action Fully Implemented ✓ Action Partially Implemented ✘ Action Not implemented O No action planned but action required ☒ No assessment possible through E&V visit			
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.	Formal meals and drinks rounds are in place with: <ul style="list-style-type: none"> • Allocated HCA • Snacks available • Drinks machine and bottled water in corridor. Complete	✓	7.2.b
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.	Reminder to staff at staff meeting in May 2017. HCA training and action cards introduced in May. Dynamic action	☒	7.2.b
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.	There is one in place in the main department. Signage to ensure that patients and their relatives are aware of facility in place. Completed 12.06.17	✓	7.2.b
12. Refreshment trolleys to be easily identifiable to patients and visitors with clear instructions about their use.	A sign to be put in corridor in May 2017. ISS to top up supplies more regularly from May. Refreshment trolley topped up daily	✘	7.2.b
13. WAHT to consider how signage could be improved to make this more visible to patients.	Briony Mills signage review. JF/CB to choose signs from company (reduce aggression in ED). Review original order Signage is on order for the ED as per reducing violence and aggression in Accident and Emergency strategy. Due Autumn 2017	✘	7.2.b

HWW Recommendation	WAHT Action Plan & Timescale	HWW Assessment	Finding in this Report on which assessment is based
✓✓ Action Fully Implemented ✓ Action Partially Implemented ✘ Action Not implemented ○ No action planned but action required ☒ No assessment possible through E&V visit			
14. Patients to be routinely offered pillows and blankets when waiting on trolleys in the corridor areas.	Part of normal comfort and care. 200 pillows ordered a week Blankets to be always available Complete	✓	7.2.c
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.	Not addressed in Action Plan	☒	7.2.c
16. Patients to be told the location of the toilets and how to ask for assistance if they require it.	Improved signage as part of the signage action. Way finding signage due Autumn 2017	✓	7.2.c
17. WAHT to provide reassurance that procedures are in place to control patients' pain whilst they are being nursed in corridor areas of the hospital.	<ul style="list-style-type: none"> All patients assessed <15 mins from arrival which includes a pain score. 2 -4 hourly comfort rounding for all patients on trolleys which includes pain question Global Risk Assessment Tool (GRAT) used to assess patients if they remain in the care of the ambulance service at 60 minutes after arrival or 6 hours after arrival and then 2 hourly after this time. The GRAT includes a pain domain. In place	☒	7.2.d (see patient comments)

HWW Recommendation	WAHT Action Plan & Timescale	HWW Assessment	Finding in this Report on which assessment is based
✓✓ Action Fully Implemented ✓ Action Partially Implemented ✗ Action Not implemented ○ No action planned but action required ☒ No assessment possible through E&V visit			
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.	<ul style="list-style-type: none"> Patients do not receive an in-patient prescription chart until they have been admitted by the speciality team. Drugs required in ED are written on the ED cas card. If seen by Dr and agreed, patients may self-medicate only were appropriate. Dynamic actions	☒	7.2.d (see patient comments)
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.	Reminder discussion with team at staff meeting in June to included; <ul style="list-style-type: none"> Nurses to introduce themselves cultural work Uniform key chart for patients. Complete	☒	7.2.e
20. WAHT to consider, in light of the findings and recommendations from this Survey, whether there is sufficient staff to care for patients in the corridor areas in A&E and the MAU throughout the 24hr period.	<ul style="list-style-type: none"> Review staffing (workforce review 2016). Bench marked against other areas. NHSI workforce lead been reviewed in 2013, full recruited to posts Completed	☒	7.2.e
THE ENVIRONMENT			
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.	<ul style="list-style-type: none"> Doors need to stay open for health and safety reasons Patients and staff have report feeling isolated and forgotten when doors have been closed. Completed	✓✓	7.3.a

HWW Recommendation	WAHT Action Plan & Timescale	HWW Assessment	Finding in this Report on which assessment is based
✓✓ Action Fully Implemented ✓ Action Partially Implemented ✘ Action Not implemented ○ No action planned but action required ☒ No assessment possible through E&V visit			
22. Consider whether doors to the staff toilets can be modified to prevent them from banging	Estates to evaluate door for soft door closures. Matron to contact estates. August 2017	✘	7.3.a
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.	Completed	✓✓	7.3.a
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.	Completed - a sign has been put up.	✓	7.3.a
25. Dim the lights in the corridor areas earlier at night to allow patients to rest and sleep.	This can be done when it is seen to be safe. To be discussed with staff at staff meeting with risk assessment shift by shift. In place	☒	7.3.a
26. WAHT to provide information about how noise will be controlled in corridor areas, particularly at night	<ul style="list-style-type: none"> • Staff training and updates • Ear plugs are available - use to be advertised. • Trial of visual noise monitors to be investigated - wall based 'ear' that changes colour if the noise gets too high (Ear plugs available however dynamic environment. Staff turn down lights and try to reduce traffic at night only where possible).	☒ ✘ ☒	7.3.a

HWW Recommendation	WAHT Action Plan & Timescale	HWW Assessment	Finding in this Report on which assessment is based
✓✓ Action Fully Implemented ✓ Action Partially Implemented ✘ Action Not implemented ○ No action planned but action required ☒ No assessment possible through E&V visit			
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	-Valuables locked away in safe if required. - Other property to be kept with patients and relatives (documented). Now available	✘	7.3.b
PRIVACY & DIGNITY			
28. Consistently use private areas when providing patients with diagnosis or test results.	'M' cubicles available for discreet conversations and all examinations. Staff to reiterate this to all staff and corridor nurses to challenge inappropriate practice. In place	✓	7.4.a
29. Consistently use the reserved curtained cubicles within the A&E Department when examining or treating patients	In place - cubicles M1 and M2. Complete	✓	7.4.a
30. When it is unavoidable to discuss patients' personal information in the corridor areas ensure patients are screened and voices are kept as low as practicable.	Reviewing portable screens. Current portable screens to be used as much as possible. Complete	✓	7.4.b
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.	Privacy and dignity reminder to all staff, use M1 and M2. Communicated to all Senior Practitioners - corridor nurse to challenge if inappropriate. Dynamic actions	✓	7.4.b

HWW Recommendation	WAHT Action Plan & Timescale	HWW Assessment	Finding in this Report on which assessment is based
✓✓ Action Fully Implemented ✓ Action Partially Implemented ✘ Action Not implemented O No action planned but action required ☒ No assessment possible through E&V visit			
WAITING TIMES			
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.	Staff education to encourage honest conversations. Make patients expectations clear at start of journey and update regularly. Ensure patient has corridor letter Dynamic actions	<input checked="" type="checkbox"/> ✓ ✓	7.5.a
33. Provide patients with a clear reason why they are waiting in the corridor area.	A corridor letter has been created and given to all corridor patients. In place	✓	7.5.a
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.	Letter to be modified for the addition of 'actions'. Completed 12.06.17	✘	7.5.d
VISITORS			
35. Provide basic facilities for relatives and visitors, including a seat and access to drinks.	Chairs in corridor and access to drinks in the corridor where safe and appropriate. Drinks trolley in main department for visitors use In place	✓	7.6
36. Visitors who are staying overnight should be informed of where hospital facilities can be found and offered blankets.	Staff to inform visitors: <ul style="list-style-type: none"> Machines and facilities in waiting reception. Drinks machine and bottled water in main department. Dynamic actions	<input checked="" type="checkbox"/>	7.6

HWW Recommendation	WAHT Action Plan & Timescale	HWW Assessment	Finding in this Report on which assessment is based
✓✓ Action Fully Implemented ✓ Action Partially Implemented ✘ Action Not implemented ○ No action planned but action required ☒ No assessment possible through E&V visit			
OTHER RECOMMENDATIONS			
37. WAHT to provide reassurance that processes are in place to ensure patient records are accurate.	Documentation audit - SNAP In place	☒	7.7
38. Ensure that health and safety requirements in respect of the corridors are always complied with.	Monthly Environmental audit. Weekly fire alarm check and safety check by fire officer. Signage for staff (adhere to H&S) In place	☒	7.7
NEW RECOMMENDATIONS FROM HWW			
39. WAHT to provide reassurance that processes, and procedures are in place to ensure compliance with the NHS Accessible information standard	N/A	N/A	7.1.d
40. Consideration to be given to restricting use of the “tannoy” system at night	N/A	N/A	7.3.a
41. Consideration to be given to providing patient notice boards in corridor areas	N/A	N/A	7.2

6. RECOMMENDATIONS

1. WAHT to revisit our recommendations and their Action Plan
2. WAHT to provide an update on actions in the light of the findings of this Report within 20 working days of its receipt
3. WAHT to provide reassurance that processes and procedures are in place to ensure compliance with the NHS Accessible Information Standard
4. Consideration to be given to restricting use of the “tannoy” system in the A&E Department at night
5. Consideration to be given to providing patient notice boards in corridor areas
6. New recommendations 3 -5 above to be included in the updated Action Plan
7. The updated Action Plan to be reviewed by WAHT and shared with HWW on a three-monthly basis

7. THE FINDINGS ON WHICH OUR ASSESSMENT & RECOMMENDATIONS ARE BASED

In this section we have set out:

- The recommendations in our original Care in the Corridor Report, June 2017
- The Actions identified by the WAHT and the timescale for completion
- What we found out from our Follow Up visits. We have reported on what patients told us and where relevant our own observations.

7.1 INFORMATION

7.1.a. Information about being looked after in the corridor area

HWW Recommendation	WAHT Action Plan & Timescale
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.	Learning disability patients to have an easier read version and large print version for those who have visual difficulties. September 2017
2. The WRH letter should be amended to briefly explain HWW role. The text for this can be supplied by HWW.	Letter re-drafted to include additional information and checked by Comms Completed 12.6.17
3. All patients should be given an HWW leaflet so they are aware they can report their experiences to us independently of the hospital.	Ask for a supply from Healthwatch which will be made available to patients in the department wherever they are receiving their care. Completed July 2017

Findings

70% of the patients that we spoke to had not received a letter about being looked after in the corridor area. Of the patients who had been given this letter no one had been asked if they needed the letter in large print or Easy Read.

We noted during our observations that on some of our visits the letter was visible on the trays at the end of patients' trolleys and seemed to be routinely provided to patients, whilst on other visits this was not the case.

The text of the letter has been revised since our first visits but did not, at the time of our visit, contain information about Healthwatch Worcestershire.

We requested easy read and large print versions of the letter during our initial visits, but staff we spoke with were not aware that the letter was available in these formats.

None of the patients we spoke with had received a Healthwatch leaflet. We did observe however that these are available at the back of the main A&E waiting area by the taxi phone /vending machines.

7.1.b The corridor nurse

HWW Recommendation	WAHT Action Plan & Timescale
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.	After discussion with the team who raised concerns about normalising corridor care and as CQC concerns it has been agreed to not have a corridor name badge Decision to not complete

Findings

We observed that the corridor areas are busy environments, with staff coming and going. It was not clear to us who the nurses from the A&E Department were.

The WAHT decided not to identify the nurse/s who had primary responsibility for the corridor area to patients by giving them a badge due to concerns about normalising corridor care. However, we were informed when we enquired, that specific nurses were allocated responsibility for the corridor area.

We observed an A5 laminated sign in the main A&E Department by the refreshment trolley that informed patients, along with other information, that there was an assigned corridor nurse. This was also covered in the letter to patients.

HWW does not condone patients being nursed in the corridor. It is not an appropriate environment for patients. However, there are designated trolley bays in the corridor areas and patient call bells. The reality being experienced by patients, and our observations, suggest that corridor nursing is routine at WRH and therefore is "normalised".

Given this we are unclear why the WAHT is reluctant to identify the allocated corridor nurse to patients.

7.1.c Staff introducing themselves to patients by name

HWW Recommendation	WAHT Action Plan & Timescale
5. All staff to introduce themselves to patients by name, in line with the #hellomynameis campaign.	Comms team to create more information in the waiting room and more ‘# hello my name is’ posters of ED staff. Staff were reminded at staff meeting in June 2017
6. Photos of A&E/MAU staff making #hellomynameis pledge could be shared in the A&E areas, subject to Health & Safety considerations.	Superseded by new signage which is on order for the ED as per reducing violence and aggression in Accident and Emergency strategy Due Autumn 2017

Findings

71% of patients said that they knew the name of the nurse looking after them or had been told the name but could not recall it. 29% of people did not know this.

Fewer people knew the name of the doctor looking after them -59% reported that they knew or had been told this. 41% of patients did not know this. Two patients made specific comment that the consultant had not introduced themselves.

We observed both nurses and doctors introducing themselves by name to patients during our visits.

The A3 posters on display in the A&E corridor areas make a commitment to staff introducing themselves to patients and visitors, treating patients with dignity and care, and being polite, courteous and professional at all times. The font size on these posters is quite small, and we are not sure that patients will be able to read this from their trolleys.

97% of patients had not seen, or could not recall seeing, information about the #hello my name is campaign. 85% had not seen or could not recall seeing information about reducing violence and aggression against staff.

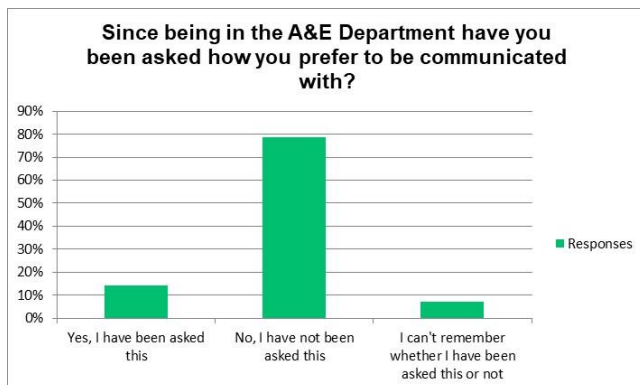
We did not observe any information in the waiting room related to either reducing violence and aggression against staff or the #my name is campaign.

We did observe some photos of A&E staff in the nurses’ station and a photo of the A&E Matron on the notice board in the main A&E Department. We did not see any information relating to this in the corridor areas.

7.1.d. NHS Accessible Information Standard

In July 2016 the NHS fully introduced the Accessible Information Standard. This mandatory standard requires the NHS to ask people if they have any information and communication needs and find out how to meet those needs. This information should be recorded and flagged on records to make it clear what those needs are. This information should be shared across NHS and adult social care providers to ensure that people get their information in an accessible way and that they have the communication support they need.

This is not an area that we covered in our previous visits, however as the Standard has now been in place for some time we asked patients if, since they had been in the A&E Department, they had been asked how they preferred to be communicated with.



79% of patients had not been asked how they prefer to be communicated with, 14% had been asked this and 7% could not recall whether they had been asked this or not.

7.2 PATIENT CARE

7.2.a. Calling for attention

HWW Recommendation	WAHT Action Plan & Timescale
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.	Laminated signage already in place but further signage to be put in place. Complete August 2017
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.	No patient should be in the corridor, particularly those with dementia and/or frailty. All patients to be risk assessed as per SOP. Escalation as per process Dynamic action

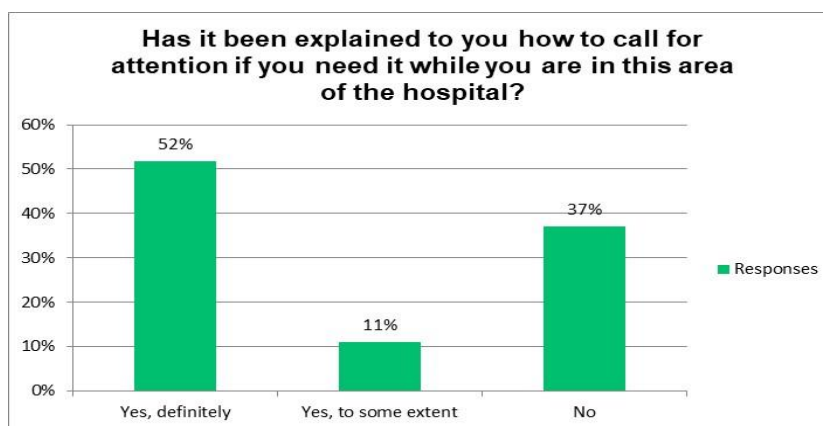
Findings

We did observe one laminated A5 sign located by the refreshment trolley in the main A&E Department which informed patients that they could use the orange call bell to attract attention. The same sign also advised patients with sensory or communications difficulties to let staff know if they required help. This sign was not displayed in the corridor areas of the A&E Department.

We did not observe any further signage about calling for attention in the A&E or MAU corridor areas.

We asked patients if it had been explained to them how to call for attention if they needed it.

Whilst 52% of respondents knew how to call for attention nearly half (48%) of patients had not had this explained to them or had only had this explained to some extent.



Most respondents (89%) had not called for attention. Of those who had 8% (2 people) reported that they had waited more than 10 minutes or did not get the help they needed.

During our visits we observed two patients who appeared to us to be confused in the A&E corridor area, and a further two patients with hearing difficulties. These patients reported that they had come to the A&E in an ambulance, but they did not have their hearing aids with them.

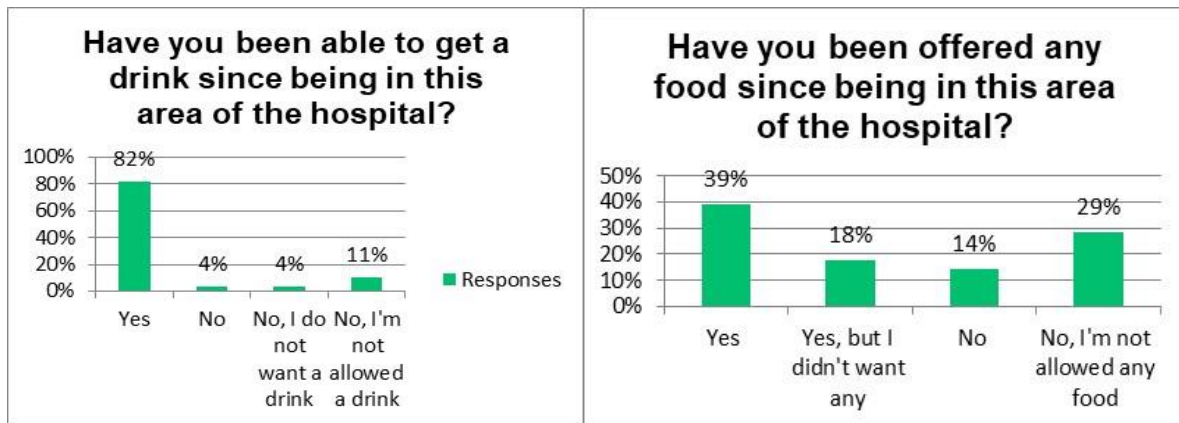
7.2.b - Food and Drink

HWW Recommendation	WAHT Action Plan & Timescale
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.	Formal meals and drinks rounds are in place with: <ul style="list-style-type: none"> • Allocated HCA • Snacks available • Drinks machine and bottled water in corridor. Complete
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.	Reminder to staff at staff meeting in May 2017. HCA training and action cards introduced in May. Dynamic action

There are laminated signs by each of the trolley areas in the A&E corridor areas which advise patients of meal times and to ask staff to assist them if they require refreshments outside of these times.

61% of patients that we spoke with had noticed these signs, whilst 39% had not.

82% of patients had been able to get a drink since being in the corridor area, 15% were not allowed a drink or did not want one, whilst 4% had not been able to get a drink.



57% of patients had been offered food since being in the corridor area, 14% had not been offered food and 29% were not allowed food.

The A3 posters on the wall in the A&E Department inform visitors that they can bring in food and drink.

We observed a meal round during our visits and saw that staff checked that patients could reach their food and asked whether any assistance was required. We observed wheeled over-bed tables in use in the corridor areas, which enabled food to be placed nearer to patients. These had not been available during our previous visits. None of the patients we spoke with reported that they needed any help from staff in eating the food provided.

We observed that there is a plastic, three drawer unit in the main corridor of the A&E Department which contains bottles of water in the bottom drawer. Our observation is that this is intended for use by staff, not patients or visitors, as the drawers above are used to store letters and medical equipment. The trolley is not signed / identified to patients or visitors as containing water.

One patient reported that they had been in the corridor area at the WRH for 2.5 hours and had not had a drink. They had previously been at the Alexandra Hospital and had not been provided with a drink. It was therefore 7 hours since the patient had been given a drink. A bottle of water was given to them whilst we were speaking with them. We observed that 2 other patients, who had been in the A&E Department for some time, were given bottles of water during our visit or when we were speaking with them.

On one of our visits we observed a patient requesting a further bottle of water. This had not been provided 1 hour and 20 minutes later.

Another patient reported that they had been in the A&E Department since the previous night but had not been offered any drink or food until the morning breakfast round.

We did not observe a drinks machine available in the corridor area as per the Action Plan, however there is a machine available in the main A&E Department (see below).

In the MAU there is information available about meal times and also a notice titled "patients snacks" with pictures of fruit, yoghurt and toast underneath. We did not observe drinks trolleys in MAU during our visits.

HWW Recommendation	WAHT Action Plan & Timescale
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.	There is one in place in the main department. Signage to ensure that patients and their relatives are aware of facility in place. Completed 12.06.17
12. Refreshment trolleys to be easily identifiable to patients and visitors with clear instructions about their use.	A sign to be put in corridor in May 2017. ISS to top up supplies more regularly from May. Refreshment trolley topped up daily
13. WAHT to consider how signage could be improved to make this more visible to patients.	Briony Mills signage review. JF/CB to choose signs from company (reduce aggression in ED). Review original order Signage is on order for the ED as per reducing violence and aggression in Accident and Emergency strategy. Due Autumn 2017

We observed one sign at one end of the A&E corridor that notified staff and visitors about the availability of drinks / snacks in the main A&E Department. This would not be visible to patients at the other end of the trolley spaces or those in the side corridor.

There is a refreshment trolley in the main A&E Department providing hot drinks, juice and biscuits. The trolley is available for use by visitors and patients but there is no sign to let people know that this is the case. The large A3 posters located throughout the Department advise patients to check with staff before taking food and drink. The print is small, and we are not sure how many patients and/or visitors will have read this. There is no signage on the trolley repeating this advice. There are no signs about how to use the machine. There are signs on the trolley about disposing of rubbish and advising caution with hot drinks, and to notify staff of spillages.

Stock levels on the trolley varied during our visits, but we did see it being replenished.

7.2.c. - Patient Comfort

HWW Recommendation	WAHT Action Plan & Timescale
14. Patients to be routinely offered pillows and blankets when waiting on trolleys in the corridor areas.	Part of normal comfort and care. 200 pillows ordered a week Blankets to be always available Complete
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.	Not addressed in Action Plan
16. Patients to be told the location of the toilets and how to ask for assistance if they require it.	Improved signage as part of the signage action. Way finding signage due Autumn 2017

64% of patients we spoke with had been given a pillow since arriving at the A&E Department. 36% reported that they had not been asked if they would like a pillow. Three patients reported that they had waited over an hour for a pillow, with one of these saying they had waited 12 hours for a pillow.

72% had been offered a blanket, whilst 28% had not been asked if they would like a blanket.

When we observed care and comfort rounds during two of our visits we heard staff asking patients if they were comfortable and if there was anything that they needed.

We noted that toilets in both MAU & A&E had large signs, both written and pictorial, on the doors. In the A&E there was also a “flag” sign drawing attention to its location. We did not however observe any signs in the corridors about asking for assistance with using the toilet.

59% of patients had noticed signs about the location of the toilets, but 41% had not. Most respondents (79%) did not require help from staff to use the toilet. Of those that did 14% reported that they received the help that they needed, whilst 7% did not.

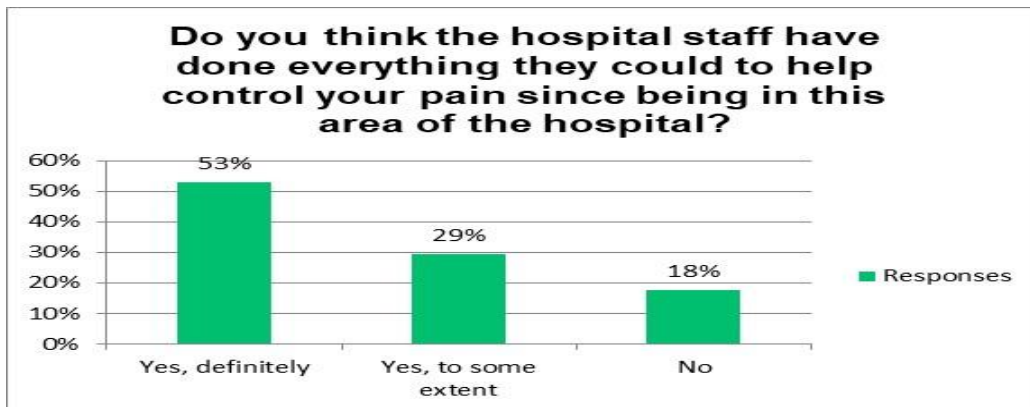
7.2.d - Pain control and Prescription Medication

HWW Recommendation	WAHT Action Plan & Timescale
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.	<ul style="list-style-type: none"> • All patients assessed <15 mins from arrival which includes a pain score. • 2 -4 hourly comfort rounding for all patients on trolleys which includes pain question • Global Risk Assessment Tool (GRAT) used to assess patients if they remain in the care of the ambulance service at 60 minutes after arrival or 6 hours after arrival and then 2 hourly after this time. The GRAT includes a pain domain. <p>In place</p>
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.	<ul style="list-style-type: none"> • Patients do not receive an in-patient prescription chart until they have been admitted by the speciality team. • Drugs required in ED are written on the ED cas card. <p>If seen by Dr and agreed, patients may self-medicate only were appropriate.</p> <p>Dynamic actions</p>

Pain Control

59% of patients’ we spoke with reported that they had been in pain since being in the corridor area of the hospital, whilst 41% had not.

53% of respondents thought that staff had done everything they could to control their pain since being in the corridor area, however 47% thought this was true to some extent or disagreed that this was the case.



Three patients reported waits of over an hour and a half to receive pain relief once they had been told by an A&E doctor that they could have this.

The A3 posters on display in the corridor ask visitors to inform staff if their relatives are in pain or experiencing bed sores.

Prescription Medication

89% of patients reported that they had been asked if they took prescription medication since they had been in the A&E Department, whilst 11% had not.

77% of respondents did take prescription medication. Of these 42% had taken their prescription medication, 26% had not needed to take it during the time they were in the Department and 5% were unsure if they had taken it or not.

Five patients reported that they had not taken their prescription medication. Of these two should have taken their prescription medication over 6 hours previously, one reported they should have taken it 1 -2 hours previously, and one under 1 hour previously. One patient did not know when they should have taken their medication.

None of the patients had been given an explanation about why they had not received their prescription medication.

7.2.e - Identifying staff and staff levels

HWW Recommendation	WAHT Action Plan & Timescale
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.	Reminder discussion with team at staff meeting in June to included; <ul style="list-style-type: none"> Nurses to introduce themselves cultural work Uniform key chart for patients. Complete
20. WAHT to consider, in light of the findings and recommendations from this Survey, whether there is sufficient staff to care for patients in the corridor areas in A&E and the MAU throughout the 24hr period.	<ul style="list-style-type: none"> Review staffing (workforce review 2016). Bench marked against other areas. NHSI workforce lead been reviewed in 2013, full recruited to posts Completed

Identifying Staff

92% of respondents in the A&E corridor area had not noticed any information about staff uniforms, 4% had seen this and 4% could not recall whether they had seen this or not.

We did observe that there was a uniform key chart on the notice board in the main A&E Department, however the location of this means that it is not visible to patients in the corridor areas or to many patients in the main A&E Department.

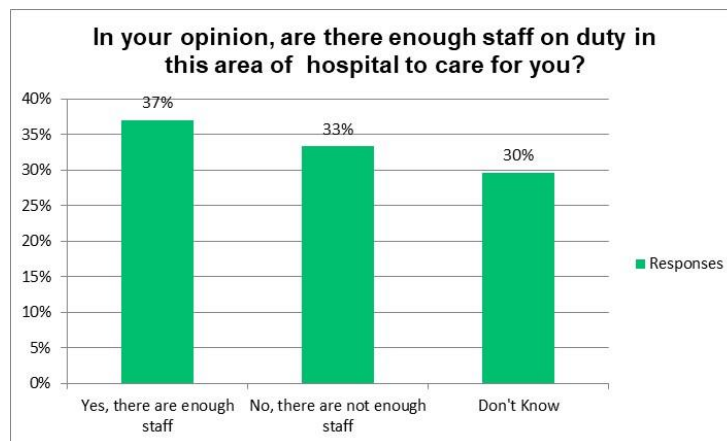
There is a Uniform Chart available in the MAU and this is clearly visible to patients in the corridor area, 100 % of respondents in the MAU said they had seen this.

We observed that the corridor areas can be busy environments and we were not clear ourselves which staff were part of the A&E Department.

32% of respondents to our Survey did not know which of the staff passing by they could ask for assistance should they need it, and 36% only understood this to some extent. Only 32% were definite about which staff they could ask for assistance.

Staffing Levels

We asked patients whether, in their opinion, there were enough staff on duty to care for them.



37% thought that there were enough staff, 33% did not think there were enough staff and 30% did not know.

We received 19 comments about staffing levels.

3 of these were coded as positive and related to helpful staff:

- "They were all so helpful. If anyone walked by and I asked them something they would go and get the right person or do it themselves"
- "They have said that they are short staffed tonight, but I have always had help when I needed it"

5 comments were coded as neutral. 4 of these comments related to concern for staff:

- "They are all working their socks off, but I don't know whether they are satisfied that they are working as effectively as they could. I wonder

whether management applies itself to making the job of staff easier and more efficient. I am not sure”

- “They have got a tough job, I wouldn’t pick it”

11 comments were coded as negative. 8 of these related to staff being too busy, 1 to length of wait, 1 to the care provided and 1 to the lack of beds on hospital wards.

- “Not enough, they could do with more. Some people were shouting for attention and no one turned up”
- “Everyone seems very busy and flying past. No one came over and stayed with me, they have done what’s needed and then left. Different from last time (10 days previously) when they were talking about what was going on and explaining things to me”

7.3 THE ENVIRONMENT

7.3.a Noise and Lighting

HWW Recommendation	WAHT Action Plan & Timescale
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.	<ul style="list-style-type: none"> • Doors need to stay open for health and safety reasons • Patients and staff have report feeling isolated and forgotten when doors have been closed. Completed
22. Consider whether doors to the staff toilets can be modified to prevent them from banging	Estates to evaluate door for soft door closures. Matron to contact estates. August 2017
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.	Completed
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.	Completed - a sign has been put up.
25. Dim the lights in the corridor areas earlier at night to allow patients to rest and sleep.	This can be done when it is seen to be safe. To be discussed with staff at staff meeting with risk assessment shift by shift. In place
26. WAHT to provide information about how noise will be controlled in corridor areas, particularly at night	<ul style="list-style-type: none"> • Staff training and updates • Ear plugs are available - use to be advertised. • Trial of visual noise monitors to be investigated - wall based ‘ear’ that changes colour if the noise gets too high (Ear plugs available however dynamic environment. Staff turn down lights and try to reduce traffic at night only where possible).

Noise

The doors to the A&E Assessment corridor were open during all of our visits.

We observed that the corridor areas in the A&E Department can be a noisy environment.

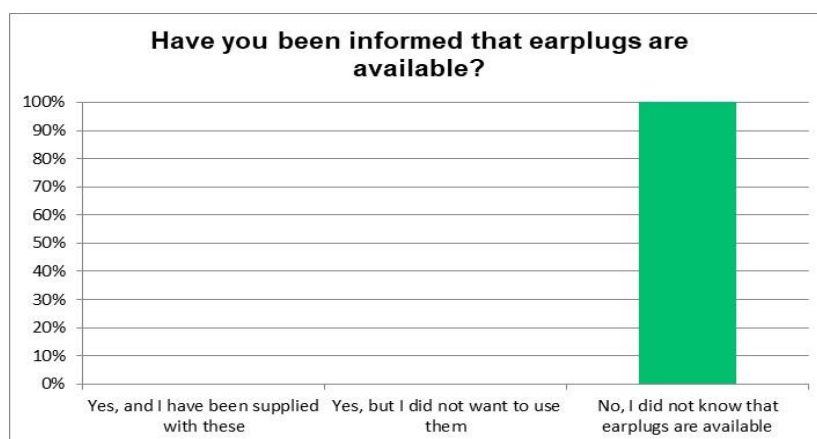
We asked patients if they had been bothered by noise since being in the corridor area. 56% had not been bothered by noise, whilst 44% had been bothered by noise.

We received 11 comments from patients in the A&E corridors about noise. All of these have been coded as negative.

- “I’m outside the staff toilets, there are people coming and going all the time. Staff are in and out of the A&E staff only door on the other side of the corridor. There are staff changing rooms and doors through to the hospital used all through the night. Its noisy! I’m here in a corridor. They know all that - it’s not their fault is it?”
- “It’s noisy, the bleeping and the intercom”
- “I have been woken up in the night. The double doors to the main hospital open and closed during the night. It woke me up. It happened a lot”

There was one comment about noise in the MAU, which has been coded as negative. This related to other patients shouting.

None of the patients we spoke to had been informed that earplugs are available.



We did not observe any patients wearing earplugs that appeared to be provided by the hospital on any of our visits.

We were unsure from our observations if the staff toilet doors had been fitted with soft closure devices, but we did not think that this is the case. The Matron at the A&E Department has subsequently confirmed that these devices have not been fitted.

We did observe that the electronic key fob has been relocated to the other side of the corridor.

During two of our visits we observed staff coming through the double doors from the hospital side into A&E and on one of our visits we saw staff going from A&E into the main hospital. Four patients also reported staff movements through these doors.

We noticed a wall mounted monitor in the main corridor area of the A&E Department, but we were not clear if its function is to monitor noise. The Matron at the A&E Department has subsequently confirmed that this not a noise monitor.

We noted the use of a “tannoy” system on 6 of our visits. Two patients reported that this was in use during the night. We did not notice this during our previous visits. We think that this would be noisy for patients if it was operated during the night.

Lighting

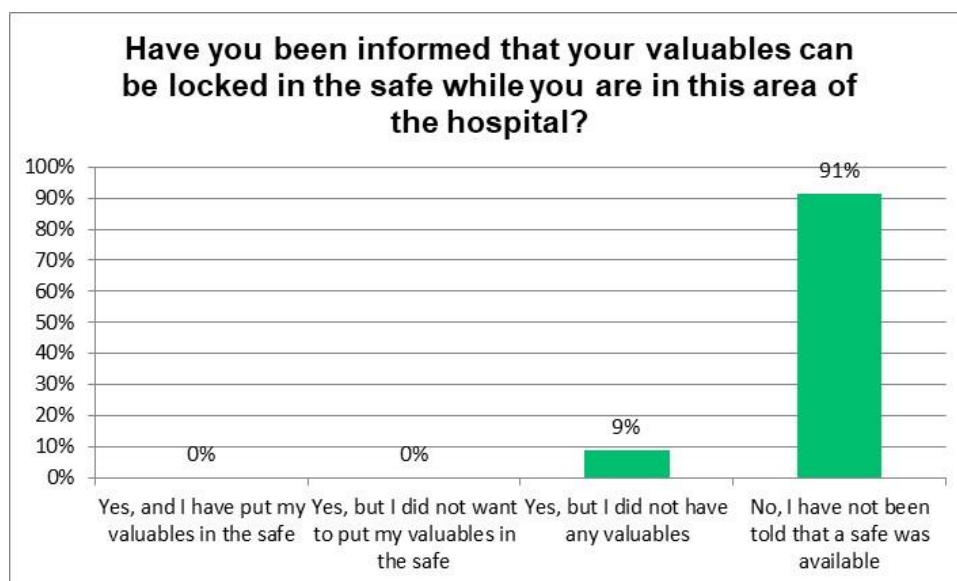
We asked patients if they had been bothered by the lighting since being in the corridor area. 81% had not been bothered by lighting, 11% had been bothered by lighting but understood why the lights are bright and 7% had found the lighting too bright. Two patients in the A&E corridor area and one patient in MAU reported that the lights had been dimmed at night.

7.3.b Valuables and Property

HWW Recommendation	WAHT Action Plan & Timescale
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.	-Valuables locked away in safe if required. - Other property to be kept with patients and relatives (documented). Now available

We observed that patients in both the A&E and MAU corridor area had valuables with them on their trolley / bed (e.g. mobile phone, purse, handbag). We observed on a number of occasions that when the trolley backrest had been raised valuables and belongings were stored underneath or at the back of the trolley where they were not visible /accessible to patients.

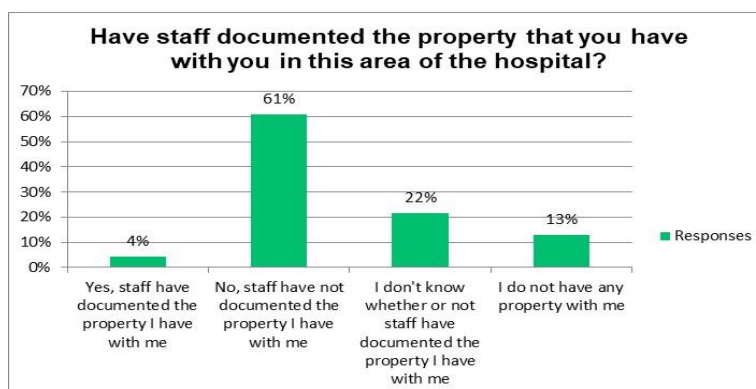
We asked patients if they had been informed that valuables could be locked in the safe while they were in the corridor area.



91% of patients in the A&E corridors had not been informed that there was a safe available. 9% reported that they had been informed of this but did not have any valuables.

In the MAU a notice on the corridor white board informs patients that items of value may get lost or broken and are brought into the hospital at their own risk. There is also a notice: “if you have any property that you would like to hand in for safe custody, please inform a member of staff ASAP”.

We asked patients if staff had recorded the property that they had with them in the A&E corridor area. 61% reported that staff had not documented this.



In the MAU 33% of patients reported that staff had documented the property they had with them, whilst 66% reported that staff had not done this.

We did not observe staff documenting property or advising patients about valuables on any of our visits.

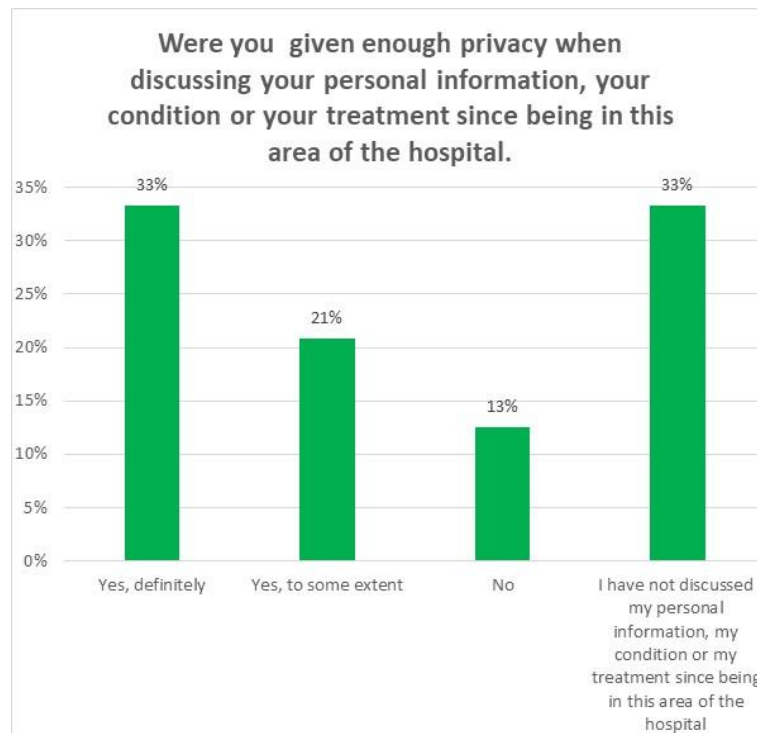
We did observe that the reduction in the number of designated trolley bays in the corridor area has contributed to improving the environment in the corridor.

7.4. PRIVACY AND DIGNITY

HWW Recommendation	WAHT Action Plan & Timescale
28. Consistently use private areas when providing patients with diagnosis or test results.	‘M’ cubicles available for discreet conversations and all examinations. Staff to reiterate this to all staff and corridor nurses to challenge inappropriate practice. In place
29. Consistently use the reserved curtained cubicles within the A&E Department when examining or treating patients	In place - cubicles M1 and M2. Complete
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.	Reviewing portable screens. Current portable screens to be used as much as possible. Complete
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.	Privacy and dignity reminder to all staff, use M1 and M2. Communicated to all Senior Practitioners - corridor nurse to challenge if inappropriate. Dynamic actions

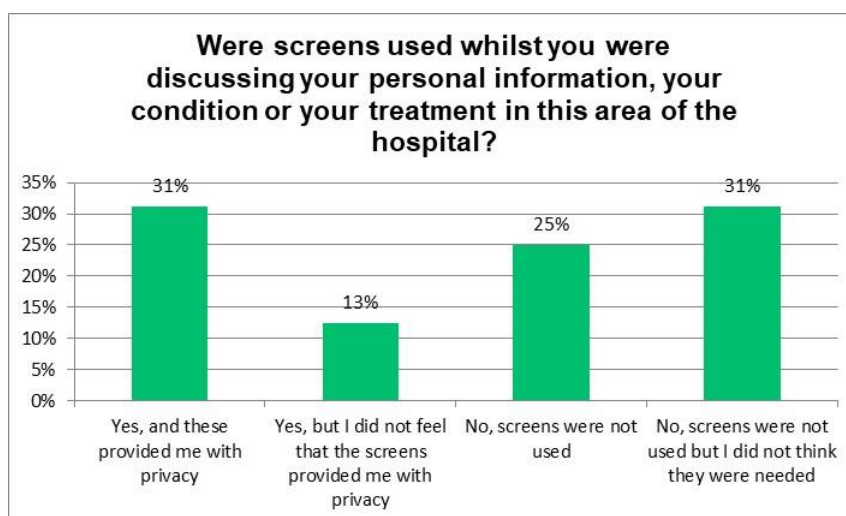
7.4.a Privacy when discussing personal information, condition or their treatment

We asked patients in the A&E corridor area if they were they given enough privacy when discussing their personal information, their condition or their treatment since being in the corridor area of the hospital.



Of those that had discussed their personal information, their condition or their treatment 33% felt that they had definitely been given enough privacy, 21% thought this to some extent whilst 13% felt that they had not enough privacy.

We asked patients who had discussed information in the corridor if screens been used.



44% of patients reported that screens had been used. Of these 31% felt that they provided enough privacy, whilst 13% did not feel that this was the case.

56% of patients reported that screens had not been used, 31% of these patients did not think that screens were needed.

Despite moving away, we overheard patients' personal information, condition or treatment being discussed on five of our visits. No screens were used. On two occasions in our view voices were kept as low as practicable, however on three occasions we did not think this was the case. For example, on one occasion the doctor was clearly audible, but the patient's response was not.

In the MAU 67% of patients reported that they had been given enough privacy when discussing their information. The remainder had not discussed this. All patients reported that screens were used and that these had provided them with privacy.

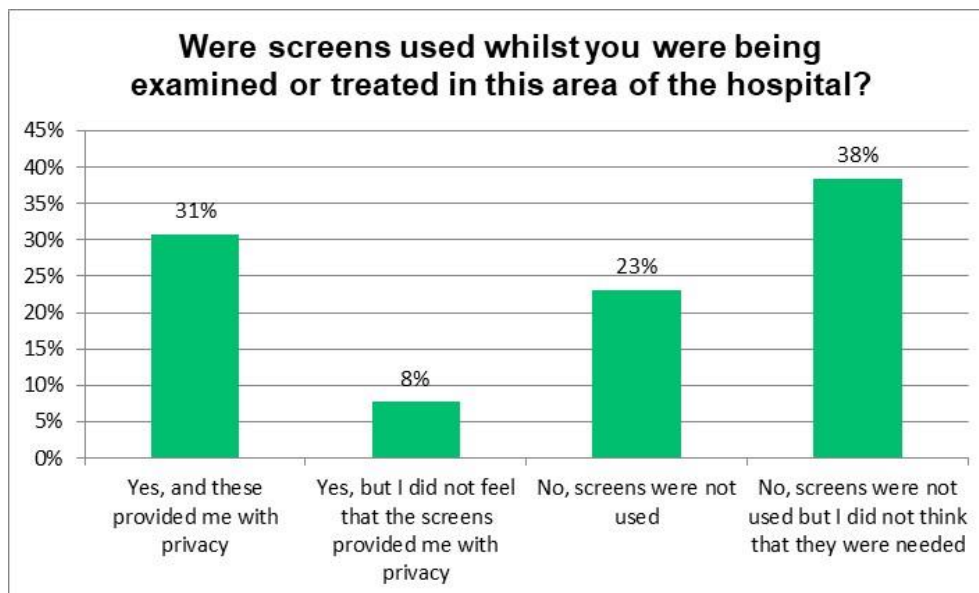
We did not hear personal information being discussed in the MAU during any of our visits.

7.4.b Privacy when being examined or treated

We asked patients if they were they given enough privacy when being examined or treated in the corridor area.

41% of patients had not been examined or treated in the corridor area. Of those that had 41% felt that they had been given enough privacy, 7% thought this was the case to some extent, whilst 11% reported that they had not been given enough privacy.

We asked those patients who had been examined or treated in the corridor area whether screens had been used, and whether these provided them with privacy.



39% of patients reported that screens had been used. Of these 31% felt that they provided enough privacy, whilst 8% did not feel that this was the case.

61% of patients reported that screens had not been used, 38% of these patients did not think that screens were needed.

On three of our visits we observed routine procedures, such as taking a blood sample, taking place in the corridor area. Screens were not in use.

On one of our visits we observed patients being moved to cubicle areas for discussion / treatment.

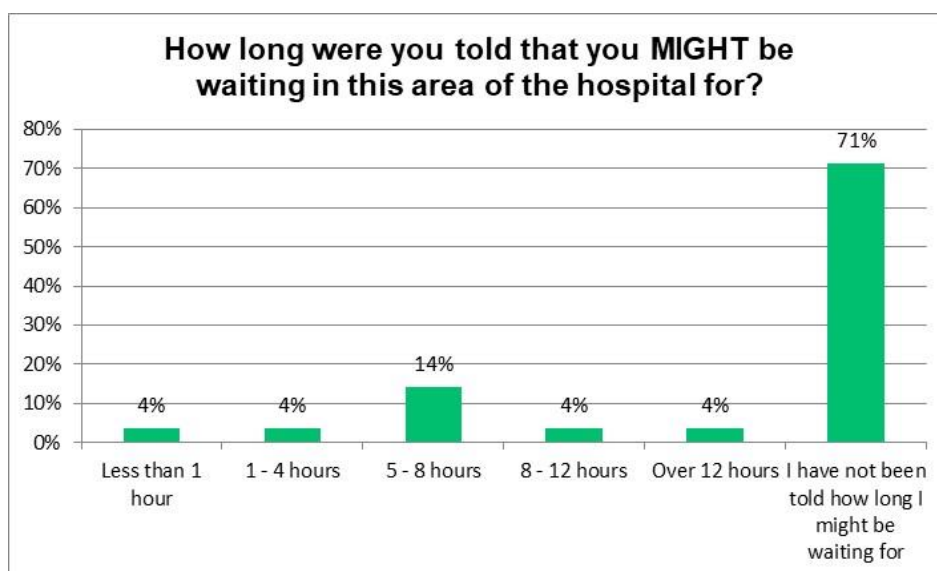
In the MAU all patients reported that they had enough privacy when being examined or treated, and that screens were either in use or not needed.

7.5 WAITING TIMES

HWW Recommendation	WAHT Action Plan & Timescale
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.	Staff education to encourage honest conversations. Make patients expectations clear at start of journey and update regularly. Ensure patient has corridor letter Dynamic actions
33. Provide patients with a clear reason why they are waiting in the corridor area.	A corridor letter has been created and given to all corridor patients. In place
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.	Letter to be modified for the addition of actions'. Completed 12.06.17

7.5.a. Informing patients about how long they might be waiting

We asked patients how long they were told they might be waiting in the corridor area for.

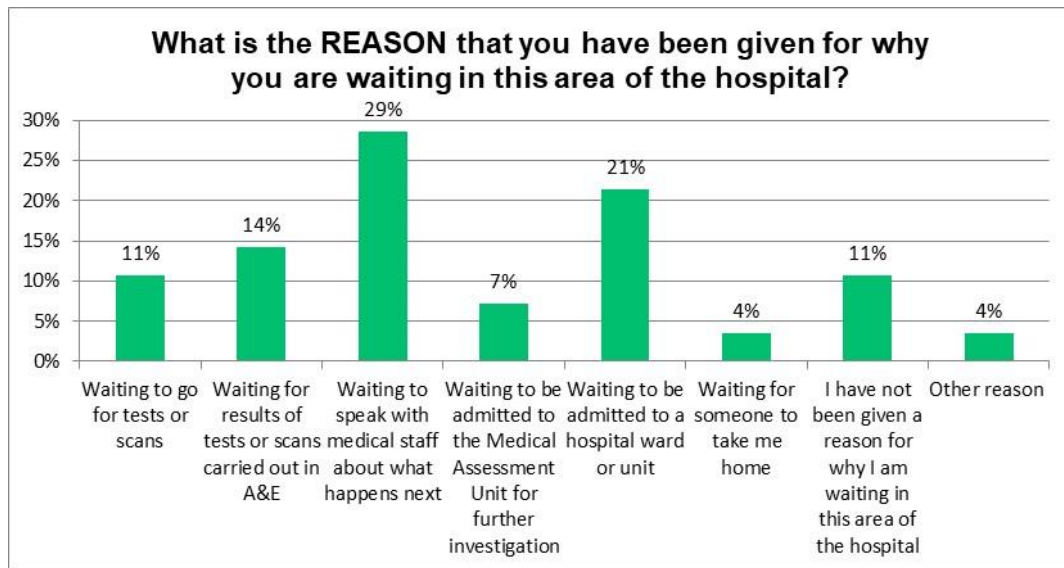


71% of respondents had not been told how long they might be waiting in this area of the hospital for, the chart above gives the distribution of the remaining answers. Patients who had been told they would be waiting more than 8 -12 hours had usually been informed they would be in hospital overnight.

On four of our visits we observed staff providing reassurance to patients whilst they were waiting in the corridor area.

7.5.b Informing patients about the reason they are waiting

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

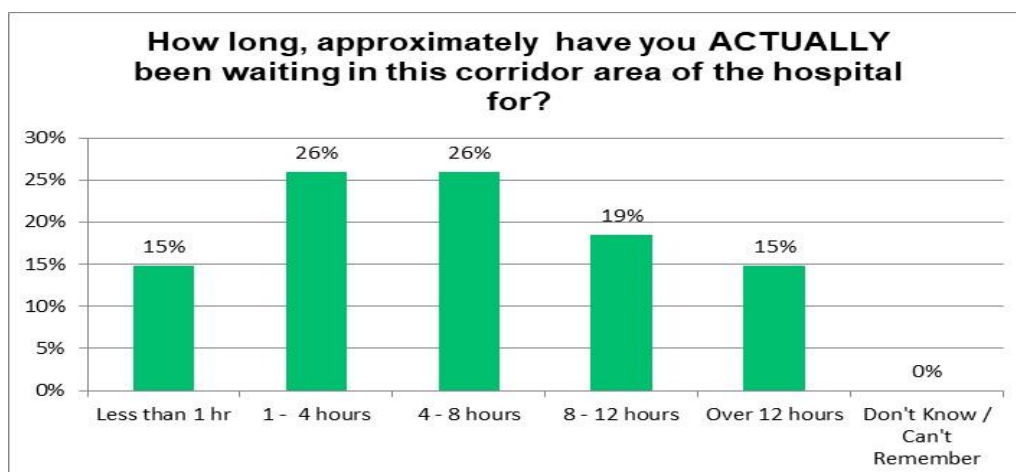


The chart shows that the top three reasons for waiting were: waiting to speak with medical staff about what happens next (29%); waiting to be admitted to a hospital ward or unit (21%) and waiting for results of tests or scans carried out in A&E (14%).

The WAHT Action Plan refers to the corridor letter providing a reason to patients about why they are waiting in the corridor. Our recommendation related to patients being told the specific reason that they were waiting rather than an explanation of why they were being cared for in the corridor. It is worth noting that 11% of patients had not been given a reason for why they were waiting.

7.5.c. How long patients had been waiting in the corridor

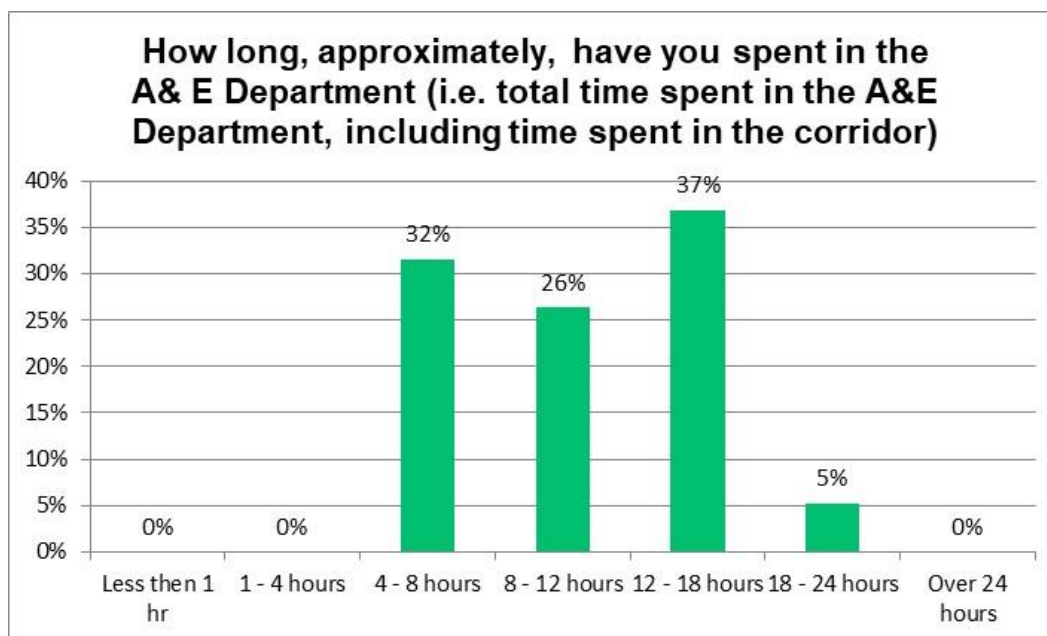
We asked patients how long, approximately, they had ACTUALLY been waiting in the corridor area.



The chart shows that 41% had been waiting less than 4 hours, 26% had been waiting between 4 - 8 hours, 19% had been waiting 8 - 12 hrs and 15% reported that they had been waiting in the corridor for more than 12 hours. Most of these patients had been in the corridor overnight.

7.5.d. How long patients had been waiting in A&E or MAU

We asked people how long they had been in the A&E Department or MAU



The chart shows that no one had been waiting in the A&E Department for less than 4 hours, 32% had been waiting between 4 - 8 hours, 26% had been waiting 8 - 12 hrs, 37% had been waiting between 12 - 18 hours and 5% reported that they had been waiting in the A&E Department for 18 - 24 hours. Most of the patients who reported that they had been in the Department over 12 hours had been in the corridor overnight.

This information shows that patients are still experiencing lengthy waits in the A&E Department.

We would reiterate our recommendation that WAHT should 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

7.6. VISITORS

HWW Recommendation	WAHT Action Plan & Timescale
35. Provide basic facilities for relatives and visitors, including a seat and access to drinks.	Chairs in corridor and access to drinks in the corridor where safe and appropriate. Drinks trolley in main department for visitors use In place
36. Visitors who are staying overnight should be informed of where hospital facilities can be found and offered blankets.	Staff to inform visitors: <ul style="list-style-type: none"> Machines and facilities in waiting reception. Drinks machine and bottled water in main department. Dynamic actions

We spoke with four visitors during our visits. Three visitors reported that they had been found a seat by a member of staff. One reported they had been standing by the trolley in the corridor area for over an hour.

Two of the four visitors had been informed of the drinks and vending machine in the public area of the AS&E Department.

Three of the visitors had been informed of the drinks trolley in the main A&E Department.

Two of the four visitors were looking after valuables for the person they were visiting but staff had not recorded this.

One visitor had stayed overnight and had been offered a pillow and blanket.

Information for visitors, such as numbers of visitors per patient, sharing information with relatives and behaviours expected of visitors is included in the A3 posters on display in the corridor areas.

There were visitors in the A&E Department on five of our visits. On all but one occasion the visitors had been able to find a seat.

7.7. OTHER RECOMMENDATIONS

HWW Recommendation	WAHT Action Plan & Timescale
37. WAHT to provide reassurance that processes are in place to ensure patient records are accurate.	Documentation audit - SNAP In place
38. Ensure that health and safety requirements in respect of the corridors are always complied with.	Monthly Environmental audit. Weekly fire alarm check and safety check by fire officer. Signage for staff (adhere to H&S) In place

We are not able to check the implementation of these actions as they are not patient facing. However, no patients reported to us any inaccuracies in their records. On one of our visits we did observe the Matron in the A&E Department undertaking a notes audit.

We also did not observe any obstructions in the corridor area in either the A&E Department or the MAU during any of our visits.

7.8. COMMENTS FROM PATIENTS

We asked patients if they had any other comments about their experiences in the corridor area of the hospital.

We received 19 comments about the **A&E Department**. 6 were positive and 13 were negative.

Positive comments related to: staff (2), the experience being better than expected (2), GP Out of Hours service (1), patient felt that others were in more need and so did not mind being in the corridor (1).

- “Staff have been brilliant”
- “They were really good in the beginning and then quite a long wait when nothing happened, I do know they are busy, but I have been looked at now. Everyone has been lovely, really just so friendly. They make you feel so at ease which makes it easier to wait. You do feel like you are being looked after when you are with them.”
- “I went to the Out of Hours GP who gave me a letter to take to A&E. They read it on reception and passed it to the nurse and it was bang, bang, bang done. Just waited for a doctor to come and see me. I have been here a long time but its included overnight. Staff are really friendly. Given that you can see there isn't enough space they really have tried hard, checking on me , making sure I am OK. That makes it easier.”
- “Better than I thought it would be”
- “Can't fault it”

Negative comments related to: Lack of information (5), the environment (3), waiting times (2), lack of beds in the hospital (1), Care / treatment (1) and lack of privacy (1). It should be noted that within these negative comments four made positive references to staff in the A&E Department.

- “My husband waited until 1.45 a.m. because there was no information that I was staying in overnight. He had already done a full day at work and will be at work again tomorrow. My daughter rang at 03.30 a.m. because she didn't know what was happening. I understand that they don't have time to worry about your next of kin but perhaps there should be someone here who is worried about that.”
- “My visitors asked in the main hospital about where I was. They were told that there is no communication between the A&E Department and the main hospital area. It was very difficult, in that situation for visitors to find a patient.”
- “Staff have been lovely, but there is not enough room, not enough space. There is a lack of any idea about timescales, timeframes. They estimated 4 hours this morning, it's actually been 12 hours. They took one set of observations when X came in & then nothing for 11 hours, and X is in for chest pain. (A&E visitor)
- “This part of the hospital, lots of people moving about. Staff coming & going, it is not very peaceful. I was moved from pillar to post, I have been back & forward”
- “It was horrendous - it was very, very busy but the nurses have been tremendous, they couldn't have been better. I just got fed up waiting for a doctor. At first it was oh there is a five-hour waiting time, then it was seven and a half hours. It was eleven hours before I got to see a doctor. I'm hoping they can find me a bed, I can't spend two nights on this trolley.”

We received 3 comments about the MAU. 2 were positive and related to staff, 1 was negative and related to the environment and waiting times.

- “All the staff have been lovely, there are difficult patients and they are angels. They are really. I would have lost my rag”

- “Three patients were waiting in corridor area of MAU. We were told it would be a short wait while a bed space was made available. We ended up spending the night in MAU corridor area, with all & sundry coming past. The floor vibrated when people walked past, it felt like it was vibrating through my head”

8 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 follow up visits have identified that patients are still routinely being cared for in the corridor areas at Worcestershire Royal Hospital.

Our original Report contained 38 recommendations aimed at improving patients experience whilst they are being looked after in the corridor areas.

Whilst some progress has been made on the implementation of the WAHT Action Plan which was developed in response to our 38 recommendations it is disappointing that our assessment is that:

- 2 actions have been fully implemented.
- 13 actions have been partially implemented
- 11 actions have not been implemented
- 1 of our recommendations did not have any actions to be completed by WAHT. We are asking the Trust to revisit this recommendation
- 11 actions we are unable to assess, as this cannot be done through observation or speaking with patients during an Enter and View visit

We have recommended that the Trust revisits and updates their Action Plan in the light of this follow up Report.

The A&E Department at Worcestershire Royal Hospital is still under pressure. Whilst staff are doing their best to remedy this our follow up visits indicate that there are still areas where patient experience could be improved.

We acknowledge the co-operation of the Trust and will continue to work with them to improve patient experience at the hospital.

APPENDIX ONE - PATIENTS SURVEY QUESTIONS AND NUMBER OF RESPONDENTS (N =) TO EACH QUESTION

1. Since being in the A&E Department have you seen any information about reducing violence and aggression towards staff? n = 28
2. Since being in the A&E Department have you seen any information about the #mynameis campaign or staff introducing themselves to patients? n = 28
3. Since being in the A&E Department have you been asked how you prefer to be communicated with? n = 28
4. What is your preferred method of communication? n = 28
5. Since being in this area of the hospital (i.e. A&E or MAU corridor area) have you been given a letter by A&E staff about being looked after in the corridor? n = 27
6. If YES were you asked if you needed this letter in a different format (e.g. Large Print or Easy Read) n = 23
7. Have you been given a leaflet about Healthwatch Worcestershire by A&E staff since you arrived in this area of the hospital n = 28
8. Do you know the name of the nurse looking after you in this area of the hospital? n = 28
9. Do you know the name of the doctor looking after you in this area of the hospital? - n = 27
10. Have you noticed any signs telling you about the availability of food and drink in this area of the hospital? n = 28
11. Have you been able to get a drink since being in this area of the hospital? n = 28
12. Have you been offered any food since being in this area of the hospital? n = 28
13. If yes What food have you been offered? n = 11
14. If yes Did staff ask you if you could reach your food? n = 8
15. If yes Did staff ask if you needed help to eat your food? n = 9
16. If yes Did you get enough help from staff to eat your food? n = 10
17. Have you been asked if you would like a pillow since you have been in this area of the hospital? n = 28
18. Have you been asked if you would like a blanket since you have been in this area of the hospital? n = 25
19. Have you noticed any signs telling you the location of the toilets and how to request assistance should you need it in this area of the hospital? n = 27
20. Did you get enough help from staff to use the toilet? n = 28
21. Have you been in pain since being in this area of the hospital? n = 27
22. 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 = 17
23. Have you been asked if you take prescription medication since you arrived in the A&E Department? n = 27
24. Do you take prescription medication? n = 26
25. If yes Have you taken your prescription medication during the time you have been in the A&E Department? n = 19
26. If No How long is it since you should have taken your prescription medication? n = 5

27. Has any explanation been given to you about why you have not received your prescription medication? n = 5
28. Since you have been in the A&E Department have you noticed any information about what each of the different colour uniforms the staff are wearing mean? n = 26
29. Since you have been in this area of the hospital do you know which of the staff passing by you can ask for assistance if you need it n = 28
30. Has it been explained to you how to call for attention if you need it while you are in this area of the hospital? n = 27
31. How many minutes did it take after you called for attention before you got the help you needed? n = 27
32. In your opinion, are there enough staff on duty in this area of hospital to care for you? n = 27
33. Have you been bothered by noise since being in this area of the hospital? n = 27
34. Have you been informed that earplugs are available? n = 25
35. Have you been bothered by the lighting since being in this area of the hospital? n = 27
36. Have you been informed that your valuables can be locked in the safe while you are in this area of the hospital? n = 26
37. Have staff documented the property that you have with you in this area of the hospital?
n = 26
38. Were you given enough privacy when discussing your personal information, your condition or your treatment since being in this area of the hospital? n = 27
39. If applied: Were screens used whilst you were discussing your personal information, your condition or your treatment in this area of the hospital? n = 18
40. Were you given enough privacy when being examined or treated since being in this area of the hospital? n = 27
41. If applied: Were screens used whilst you were being examined or treated in this area of the hospital?
n = 15
42. How long were you told that you MIGHT be waiting in this area of the hospital for? n = 28
43. What is the REASON that you have been given for why you are waiting in this area of the hospital? n = 28
44. How long, approximately have you ACTUALLY been waiting in this corridor area of the hospital for? n = 27
45. How long, approximately, have you spent in the A& E Department (i.e. total time spent in the A&E Department, including time spent in the corridor) n = 19
46. If there is anything else you would like to tell us about your experiences in this area of the hospital? n = 19

APPENDIX TWO - WHO WE SPOKE WITH

- We spoke with 28 patients and 4 visitors about their experience
- 25 patients were in the A&E corridor areas and 3 in the MAU
- 96% of Surveys were completed by the patient and 4% by visitors on behalf of the patient
- 54% of respondents were male and 46% were female
- 11% of our respondents were aged 19 - 24, 25% were aged 25 - 50, 25% were aged 51 - 64, and 39% were aged 65 or over
- Everyone we spoke with identified themselves as White British