

Recommendation	Action	Action owner	Timescale	How do I know this action is complete?
<b>Information</b>				
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.	Letters to all patients who are being cared for on the Emergency Department Corridor.	Clare Bush	31 <sup>st</sup> May 2018	Complete when letters are routinely given to all patients being cared for on the Emergency Department corridor. Evidenced with Corridor audits.
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 Communications. Ensure when patients are given their letter, they are made aware of it and encouraged to read it.	Clare Bush	Complete	Complete when letter is communicated to patients by staff consistently. This will be audited by the Patient Public Forum during their Care in the Corridor audits. Question 1 <i>'Have you been given any information about being in this area of the hospital?'</i>
3. All patients should be given an HWW leaflet, so they are aware they can report their experiences to us independently of the hospital.	Ensure Healthwatch leaflets are available around the department for patients and relatives.	Clare Bush Band 7 Team	Complete	Complete when leaflets are consistently stocked and available to patients.
4. The designated corridor nurse to be identified by wearing a specific coloured armband	Corridor nurses to wear a coloured armband	Clare Bush Band 7 Team	30 <sup>th</sup> July (awaiting arrival of order)	This will be audited by the Patient Public Forum during their Care in the Corridor audits, Question 2 <i>'Do you know the name of the Nurse looking after you in this area of the hospital?'</i>
5. All staff to introduce themselves to patients by name	Emergency Department staff to continue to introduce themselves to patients they are caring for consistently.	Clare Bush Band 7 Team	On-going	This will be audited by the Patient Public Forum during their Care in the Corridor audits, Question 2 <i>'Do you know the Nurse looking after you in this area of the hospital?'</i>
<b>Patient Care</b>				
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 is no call bells available.	Build on signage already in place to ensure patients know how to call for help should they need to.	Clare Bush	30 <sup>th</sup> July	Signage to be updated and placed where patients can see these. This will be audited via the Patient Public Forum during their Care in the Corridor audits within the Emergency Department, question 3 <i>'Has it been explained to you how to call for attention if you need it in this area if the hospital?'</i>
8. WAHT to consider whether patients who appear to be confused or living with	All patients will be risk assessed in line with the Standard Operating Procedure to	Clare Bush	On-going	When there are not any patients with dementia in the corridor.

dementia, or who have specific communication difficulties or sensory impairments, should be nursed in corridor areas of the hospital.	determine whether they are frail and/or living with dementia.			Audited by Patient Public Forum.
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.	Continue to offer hot ( at lunchtime)and cold meals, snacks, hot and cold drinks to patients within the Emergency Department during designated times for patients who are clinically able to eat and drink and who have been in the department over 4hours.	Clare Bush	On-going	Allocated Healthcare Assistant to continue providing refreshments and meals to patients. This will be audited by the Patient Public Forum in the Care in the Corridor audits, Question 5 'Have you been able to get a drink since being in this area of the hospital?', Question 10 'Have you been offered any food since being in this area of the hospital?' and Question 11 'If YES, what food have you been offered?'
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.	Healthcare Assistants trained to offer help to patients who may require assistance with eating and drinking throughout the day.	Clare Bush	On-going	Allocated Healthcare Assistant to continue providing refreshments and meals to patients. This will be audited by the Patient Public Forum in the Care in the Corridor audits, Question 6 'If YES, how did you get a drink?', Question 7 'If YES to Q5, did you get enough help from staff to have your drink?', and Question 12 'If YES to Q10, did you get enough help from staff to eat your food?'
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.	Ensure refreshments trolley is in place, is easily accessible and replenished regularly.	Clare Bush	Complete	Continuously ensure the refreshments trolley is replenished regularly and ensure patients and relatives are aware of how to access this.
12. Refreshment trolleys to be easily identifiable to patients and visitors with clear instructions about their use.	Ensure staff communicate the whereabouts of the refreshment trolley to those patients who have been in the department for over four hours, and those patients who may need food more regularly than others. Continue the three meal rounds per day within the Emergency Department, ensuring patients and relatives also know how to obtain food outside of these mealtimes (including vending machines, restaurant, shop and coffee shop).	Clare Bush	Complete	All patients and relatives should be aware of how to access food and drink when visiting the Emergency Department (aware of meal times, refreshments trolley, vending machines, restaurants, shop and coffee shop) This will be audited by the Patient Public Forum in the Care in the Corridor audits, Question 6 'If YES, how did you get a drink?', Question 7 'If YES to Q5, did you get enough help from staff to have your drink?', and Question 12 'If YES to Q10, did you get enough help from staff to eat your food?'

<p>13. WAHT to consider how signage could be improved to make this more visible to patients.</p>	<p>Continue to work with Estates to ensure signage is reviewed and replaced as and when necessary.</p>	<p>Clare Bush</p>	<p>30<sup>th</sup> August 2018 (work on-going with signage company to conduct site survey before installation)</p>	<p>New signage should be visible within the Emergency Department which is visible and informative for patients and relatives.</p> <p>Patient public forum will review as part of their audit to confirm that signage is visible once it is installed.</p>
<p>14. Patients to be routinely offered pillows and blankets when waiting on trolleys in the corridor areas.</p>	<p>Continue to conduct Care and Comfort rounds within Emergency Department. Ensure there are a sufficient amount of pillows and blankets for patients within the Emergency Department.</p>	<p>Clare Bush</p>	<p>On-going</p>	<p>Continuously ensure Care and Comfort rounds are conducted for patients being cared for in the corridor within the Emergency Department to maximise patient experience, privacy and dignity.</p> <p>Corridor SNAP audit Senior nurse quality checks audit</p>
<p>15. Patients to be asked as part of “Care &amp; Comfort” rounds if there is anything that can be done to make their wait more comfortable.</p>	<p>Ensure care and comfort charts are completed at end of each trolley in consultation with the patient.</p>	<p>Clare Bush</p>	<p>On-going</p>	<p>This will be audited by the Patient Public Forum in the Care in the Corridor audits, Question 16 <i>‘Is there anything that could be done (excluding giving you pain relief) to make you more comfortable on this trolley?’</i> and Question 21 <i>‘How comfortable do you find the temperature in this area of the hospital?’</i></p>
<p>16. Patients to be told the location of the toilets and how to ask for assistance if they require it.</p>	<p>Ensure signage to toilets is visible to patients, carers and relatives.</p>	<p>Clare Bush Band 7 team</p>	<p>On-going</p>	<p>This will be audited by the Patient Public Forum in the Care in the Corridor audits, Question 13 <i>‘Did you get enough help from staff to use the toilet?’</i></p>
<p>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.</p>	<p>Ensure all patients asked about their pain on initial assessment, including patients who experience handover from the ambulance service of over 60 minutes. Ensure Care and Comfort rounds are conducted, including the questions on pain.</p>	<p>Clare Bush</p>	<p>On-going</p>	<p>Continue to use the Global Risk Assessment Tool (GRAT) for patients who have experience 60minute handovers from the ambulance service.</p> <p>Continue to use the Global Risk Assessment Tool (GRAT) for patients who have been in the ED for more than 6 hours.</p>

				Continue to conduct the Care and Comfort rounds every 2-4 hours to monitor patients' pain within the Emergency Department corridor. This will be audited by the Patient Public Forum in the Care in the Corridor audits, Question 14 'Have you been in pain since being in this area of the hospital?' and Question 15 'If YES, do you think staff have done everything they could to help control your pain since being in this area of the hospital?'
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.	Ensure patients, carers and relatives are made aware of different uniforms within the Emergency Department to identify different staff roles. Ensure staff caring for patients introduce themselves to patients, carers and relatives. Increase volume of uniform key boards within the department.	Clare Bush	30 <sup>th</sup> July	Uniform key available to view on notice boards around the department visible to patients, carers and relatives.
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.	Ensure the completion of the Safer Staffing App per shift, and escalate any unsafe staffing levels for further support.	Clare Bush	On-going	Safer staffing compliance figures. Continue to display nurse staffing levels within the Emergency Department per shift. This will be audited by the Patient Public Forum in the Care in the Corridor audits, Question 17 'In your opinion, are there enough staff on duty in this area of the hospital to care for you?'
<b>The Environment</b>				
22. Consider whether doors to the staff toilets can be modified to prevent them from banging.	Contact Estates department to evaluate the door for a soft close mechanism. Slow close mechanisms have been fitted on doors, which does reduce the banging.	Clare Bush	Complete	This will be audited by the Patient Public Forum in the Care in the Corridor audits, Question 20 'Have you been bothered by noise since being in this area of 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.	Ensure staff are aware not to use this area as a shortcut so as not to disturb patients, and ensure there is signage to support this. Restrict swipe access to ED staff only.	Clare Bush	Complete	Continue to inform staff that this should not be used as a short cut, and challenge staff who may use this area in this way. Ensure signage is clear and easily visible to all staff.

<p>25. Dim the lights in the corridor areas earlier at night to allow patients to rest and sleep.</p>	<p>Where possible and appropriate, dim the lights within the Emergency Department corridor to allow patients to rest and sleep, without compromising patient safety.</p>	<p>Clare Bush</p>	<p>Complete</p>	<p>Monitor and judge whether this is possible without compromising patient safety per shift. Consider alternatives?</p>
<p>26. WAHT to provide information about how noise will be controlled in corridor areas, particularly at night.</p>	<p>Ensure ear plugs are available for patients who request them. Ensure traffic is reduced during the night where possible, without compromising the functionality of the department.</p>	<p>Clare Bush</p>	<p>On-going</p>	<p>Ensure replenishment of ear plugs. Monitor traffic within the Emergency Department Corridor to ensure this is kept to a minimum where possible. This will be audited by the Patient Public Forum in the Care in the Corridor audits, Question 18 'Do you feel you are able to rest in this area of the hospital?', Question 19 'Do you feel you are able to sleep in this area of the hospital?' and Question 20 'Have you been bothered by noise since being in this area of the hospital?'</p>
<p>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.</p>	<p>Encourage relatives to take valuables home, but ensure patients are aware there is also a safe within the Emergency Department for valuables should they need to have items securely locked away. Continue documentation of all personal belongings patients have with them.</p>	<p>Clare Bush</p>	<p>Complete</p>	<p>Encourage relatives to take valuables home where possible. Document and log items patients have with them. Document and log items which are placed within the safe. This will be audited by the Patient Public Forum in the Care in the Corridor audits, Question 22 'Is there anywhere to safely keep your personal belongings in this area?'</p>
<p><b>Privacy &amp; Dignity</b></p>				
<p>28. Consistently use private areas when providing patients with diagnosis or test results.</p>	<p>Ensure the use of private areas for private and/or sensitive conversations with patients, carers and relatives where possible.</p>	<p>Clare Bush</p>	<p>Complete</p>	<p>Continue to use the designated cubicles within the Emergency Department for private and sensitive conversations.</p>
<p>29. Consistently use the reserved curtained cubicles within the A&amp;E Department when examining or treating patients.</p>	<p>Ensure the use of private areas examinations and treatment, carers and relatives where possible.</p>	<p>Clare Bush</p>	<p>On-going</p>	<p>Continue to use the designated cubicles within the Emergency Department for sensitive examinations and treatment. If this is not possible, Privacy screens are to be used routinely for examinations and treatment.</p>

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.	Ensure the use of privacy screens for private and/or sensitive conversations when private areas cannot be utilised.	Clare Bush	On-going	Routinely use the privacy screens provided within the Emergency Department for private and sensitive conversations.
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.	Ensure the use of privacy screens for examinations and treatment when private areas cannot be utilised.	Clare Bush	On-going	Routinely use the privacy screens provided within the Emergency Department for sensitive examinations and treatment.
<b>Waiting Times</b>				
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.	Continue to educate staff on open and honest conversation with patients, carers and relatives. Ensure clear conversations are had between staff and patients, carers and relatives to explain their journey throughout and that waiting times can vary and change at any time.	Clare Bush	On-going	Complete when patients being cared for on the Emergency Department corridor are aware of their forecasted time within the area. Complete when staff are able to have open and honest conversations about waiting times in the Emergency Department corridor. This will be audited by the Patient Public Forum in the Care in the Corridor audits, Question 26 'How long were you told you MIGHT be waiting in this area of the hospital for?'
<b>Visitors</b>				
35. Signpost basic facilities for relatives and visitors, including a seat and access to drinks.	Encourage relatives and visitors to use the waiting room facilities and seating to avoid further crowding on the Emergency Department corridor (where appropriate), to allow a more efficient environment and to ensure fire exits are kept clear.	Clare Bush	30 <sup>th</sup> August (work on-going with signage company to conduct site survey before installation)	Complete when signs are visible within the department.
36. Visitors who are staying overnight should be informed of where hospital facilities can be found and offered blankets.	Ensure carers and relatives are made aware of the refreshments trolley and vending machines within the Emergency Department should they be required to stay overnight	Clare Bush	Complete	Complete when visitors who are required to stay overnight are given information regarding hospital facilities available to them.
<b>Other Recommendations</b>				

38. Ensure that health and safety requirements in respect of the corridors are always complied with.	Comply with weekly fire alarm testing within the Emergency Department along with a Safety Fire Check by the Trust's Fire Officer. Ensure Monthly Environmental audits are conducted. Encourage relatives to use the main waiting room facilities to avoid congregation in the corridors.	Clare Bush	On-going	Weekly fire safety inspections.
<b>New Recommendations from HWW</b>				
39. WAHT to provide reassurance that processes, and procedures are in place to ensure compliance with the NHS Accessible information standard.	There is a trust wide policy in place to ensure compliance.			
41. Consideration to be given to providing patient notice boards in corridor areas.	Information boards to be placed around the department and corridor area with information for patients and relatives relating to their stay	Clare Bush	30 <sup>th</sup> July	Complete when new noticeboards are installed within the corridor areas of the department.
<b>Completed Actions</b>				
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.				
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.				
<b>Further Information on Recommendations</b>				
6. Photos of A&E/MAU staff making #hellomynameis pledge could be shared in the A&E areas, subject to Health & Safety considerations.	We have considered this and feel that a uniform change may provide clarity.			
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.	Recommendation not being progressed through action plan – this recommendation is business as usual and monitored by our pharmacy team and covered in our quality improvement plan.			

33. Provide patients with a clear reason why they are waiting in the corridor area.	Reference response to recommendation 1, 2, and 3.
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.	Not managed through this action plan. Operational performance managed through the Trust operational dashboard.
37. WAHT to provide reassurance that processes are in place to ensure patient records are accurate.	Not managed through this action plan. This is a core requirement of our professional standards and monitored via our senior nurse quality audits.
40. Consideration to be given to restricting use of the “tannoy” system at night.	The Tannoy system is used as an essential communication tool in the ED however we are exploring a discreet enhanced system.