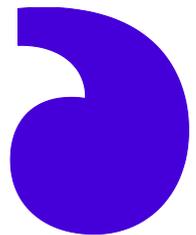




Care in the Corridor at the Worcestershire Royal Hospital Follow Up Report September 2019



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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.

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

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 still regularly being experienced by patients. We decided to speak with patients being looked after in corridor areas about their experience and what might be done to improve it.

June 2017 Visits

During February and March 2017 HWW completed 31 unannounced visits to Worcestershire Royal Hospital (WRH) 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 (WAHT) 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 in August 2017 produced an Action Plan which addressed the recommendations we had made. The Action Plan set out the actions that would be taken in response to the recommendations and when these would be completed. Where no action was to be taken an explanation was provided. The 2017 [Action Plan](#) is also available on our website.

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

Follow Up Visits - April 2018

The purpose of these visits was to follow up on the implementation of our recommendations as set out in the WAHT Action Plan produced in 2017. Had the WAHT done what they said they would do in their Action Plan?

In April 2018 we carried out 6 further visits, at different times in the day and in the evening on weekdays and at weekends to the WRH. It was not our intention to carry out another comprehensive survey of patient views, but we did speak with 28 patients and 4 visitors. We specifically focused on asking patients about the actions that WAHT had identified in their plan. We 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.

We found that some progress has been made on the implementation of the WAHT Action Plan. Our assessment was that 2 actions had been fully implemented; 13 actions had been partially implemented; 11 actions had not been implemented; 1 of our recommendations did not have any actions to be completed by WAHT. We asked the Trust to revisit this recommendation. There were 11 actions that we were unable to assess, as this could not be done through observation or speaking with patients during an Enter and View visit.

We recommended that the Trust revisited and updated their Action Plan in the light of the Follow Up Report that we produced. The [Follow Up Report](#) can be found on our website.

In response in July 2018 the WAHT produced a new Action Plan. This went back to our original recommendations, rather than referring to actions in the previous plan. New or further actions against the recommendations were identified, together with success measures and timescales for completion. The Trust undertook to audit the Plan through their Patient Public Forum during their Care in the Corridor audits. The WAHT [JULY 2018 Action Plan](#) can be found here.

Follow Up Visit July 2019

We decided to carry out a further one off visit in July 2019 to “spot check” the implementation of our recommendations, as set out in the WAHT Action Plan produced in July 2018.

The majority of our evidence was gathered through observations, although we spoke with 4 patients and 1 visitor who were in the corridor areas of the WRH. Further information about who we spoke with can be found at Appendix One.

This Report sets out what we found out.

A more “user friendly” [summary version of this Report](#) can be found on our website.

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.

3. HWW RECOMMENDATIONS 2019

HWW 2019 Recommendations (includes actions from previous Action Plan)
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.
2. All staff to introduce themselves to patients by name.
Patient Care
3. WAHT to ensure it is explained to all patients how to call for attention in corridor areas of the hospital.
4. WAHT to consider whether patients who appear to be confused or living with dementia, or who have specific communication difficulties or sensory impairments, should be nursed in corridor areas of the hospital
5. 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.
6. 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
7. Patients to be routinely offered pillows and blankets when waiting on trolleys in the corridor areas.
8. Patients to be asked as part of "Care & Comfort" rounds if there is anything that can be done to make their wait more comfortable.
9. Patients to be told the location of the toilets and how to ask for assistance if they require it.
10. WAHT to provide reassurance that procedures are in place to control patients' pain whilst they are being nursed in corridor areas of the hospital.
11. 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.
Environment
12. Consider whether any further action can be taken to reduce noise in the corridor area.
13. 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 - <i>On-going action</i> .
14. Dim the lights in the corridor areas earlier at night to allow patients to rest and sleep.
15. WAHT to consider if care and comfort packs could be issued to patients waiting over 4 hrs in the corridor area at all times (day and night).
16. Provide secure storage space for patient valuables and belongings when they are being nursed for extended periods in the corridor area of the hospital. Notify patients of the availability of a safe for their belongings.
Privacy & Dignity
17. Consistently use private areas when providing patients with diagnosis or test results.
18. 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.
19. Consistently use the reserved curtained cubicles within the A&E Department when examining or treating patients.
20. When it is unavoidable to examine or treat patients in the corridor areas ensure patients are screened sufficiently to protect their privacy and dignity.
Waiting Times
21. 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.

Visitors
22. Consider whether some chairs for visitors can be provided in the side corridor area, without causing an obstruction.
23. Visitors who are staying overnight should be informed of where hospital facilities can be found and offered blankets.
Other Recommendations
24. Ensure that health and safety requirements in respect of the corridors are always complied with.
25. Ensure information about A&E waiting times on the WAHT website is accurate.
26. The Trust should take all necessary steps, including staff training and awareness raising, to ensure that their own Action Plan is implemented consistently and routinely for <u>every patient, every day.</u>

4. WHAT WE FOUND OUT

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 their Action Plan of July 2018, including the measure set out under “How do I know this action is complete” section of the Action Plan and the timescale for completion
- Our assessment of the extent to which these actions have been implemented
- The observations / patient experience which support our assessment
- Our recommendation - where actions are partly implemented or are on-going we have repeated our original recommendation or added a revised or new recommendation

Key to Assessment:

- ✓✓ Action fully implemented
- ✓ Action partially implemented
- ☒ No assessment possible through E&V visits

DRAFT

HWW 2017 Recommendation	WAHT 2018 Action & How do I know this action is complete?	WAHT Timescale for completion	HWW Assessment	Observation/Patient Experience that supports HWW assessment	HWW 2019 Recommendation
✓✓ Action fully implemented ✓ Action partially implemented ☒ No assessment possible through E&V visits					
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.	Letters to all patients who are being cared for on the Emergency Department Corridor. Complete When: Complete when letters are routinely given to all patients being cared for on the Emergency Department corridor. Evidenced with Corridor audits.	31 st May 2018	✓	None of the 4 patients that we spoke with had received the letter re being cared for in the ED corridor. We did not observe the letters on any of the trolleys in the corridor area. However, we have assessed this as partially met as a copy of the letter is available on the notice board in the main corridor area.	1. All patients being cared for in the corridor of the A&E Department to be given the letter prepared by WRH explaining about being in the corridor.
2. The WRH letter should be amended to briefly explain HWW role. The text for this can be supplied by HWW.	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. Complete When: Complete when letter is communicated to patients by staff consistently	Complete	✓✓	Text supplied by HWW has been included in the letter.	Complete

<p>3. All patients should be given a HWW leaflet, so they are aware they can report their experiences to us independently of the hospital.</p>	<p>Ensure Healthwatch leaflets are available around the department for patients and relatives. Complete When: Complete when leaflets are consistently stocked and available to patients.</p>	<p>Complete</p>	<p>✓✓</p>	<p>HWW leaflets are available in the leaflet rack at the rear of the waiting room in the A&E Department.</p>	<p>Complete HWW to supply posters for display in A&E Waiting Area.</p>
<p>4. The designated corridor nurse to be identified by wearing a specific coloured armband.</p>	<p>Corridor nurses to wear a coloured armband. Complete When: 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></p>	<p>30th July (awaiting arrival of order)</p>	<p>✓✓</p>	<p>Since our last visit all A&E staff at the WRH have been issued with purple uniforms which differentiate them from other staff working at the hospital. Staff roles (e.g. doctor, sister, nurse, Health Care Assistant [HCAs]) are clearly embroidered on the back of the uniform, making it easy for patients to identify those who within the Department.</p>	<p>No longer applicable due to the new uniforms in A&E.</p>
<p>5. All staff to introduce themselves to patients by name.</p>	<p>Emergency Department staff to continue to introduce themselves to patients they are caring for consistently. Complete When: 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></p>	<p>On-going</p>	<p>✓</p>	<p>2 of the 4 patients that we spoke with had been told the name of the nurse and the doctor looking after them but could not remember what it was. Two patients reported that they did not know the nurses or the doctors name. During our visit we observed nurses and HCAs introducing themselves to patients, but we did not observe any interactions with a doctor, so we cannot comment on this.</p>	<p>2. All staff to introduce themselves to patients by name.</p>

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 no call bells are available.	Build on signage already in place to ensure patients know how to call for help should they need to. Complete When: 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>	30 th July	✓	2 of the 4 patients that we spoke with had been told how to call for attention if they needed it. Only one had called for attention. They reported that the bell was not answered, however they had seen a nurse passing by and stopped them and been assisted. Patients said: "I rang the bell but nobody came. A nurse came past and I spoke to them" There is a real improvement in signage and information on the notice boards, however we did not observe a sign telling patients how to call for attention should they need it.	3. WAHT to ensure it is explained to all patients how to call for attention in corridor areas of the hospital.
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.	All patients will be risk assessed in line with the Standard Operating Procedure to determine whether they are frail and/or living with dementia. Complete When: When there are not any patients with dementia in the corridor. Audited by Patient Public Forum.	On-going	☒	We did not observe any patients who appeared to be frail or living with dementia in the corridor area during our visit. We did note however that the "Improving Patient Care" display in the main corridor area specifically addressed patients living with dementia. It referenced a "Dementia Trolley", which displayed an "About Me" form and Twiddle Muff, to provide activity and comfort.	4. WAHT to consider whether patients who appear to be confused or living with dementia, or who have specific communication difficulties or sensory impairments, should be nursed in corridor areas of the hospital.
9. WAHT to provide reassurance that best practice on nutrition and	Continue to offer hot (at lunchtime) and cold meals, snacks, hot and cold drinks to	On-going	✓	All of the patients (3) that we spoke to who were clinically able to eat and drink had been provided with a drink .	5. WAHT to provide reassurance that best practice on nutrition and

<p>hydration of patients on wards is being followed in corridor areas when patients are waiting for lengthy periods.</p>	<p>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.</p> <p>Complete When: Allocated Healthcare Assistant to continue providing refreshments and meals to patients.</p> <p>This will be audited by the Patient Public Forum in the Care in the Corridor audits, Question 5 <i>'Have you been able to get a drink since being in this area of the hospital?'</i>, Question 10 <i>'Have you been offered any food since being in this area of the hospital?'</i> and Question 11 <i>'If YES, what food have you been offered?'</i></p>			<p>In 2 cases a drink was provided by a member of staff and in one case by a visitor. None of the patients required help to drink.</p> <p>We observed that there was a bottle of water on each of the trolleys in the corridor area.</p> <p>One of the three patients who were eligible to eat reported that they had been offered food since being in the Department. This was a sandwich. No assistance was required to eat this.</p> <p>The other 2 patients reported that they had not been offered food. 1 reported that they had been in the corridor for between 4 – 8 hours, the other patient reported they had been in the corridor 8 – 12 hours.</p>	<p>hydration of patients on wards is being followed in corridor areas when patients are waiting for lengthy periods.</p>
<p>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.</p>	<p>Healthcare Assistants trained to offer help to patients who may require assistance with eating and drinking throughout the day.</p> <p>Complete When: Allocated Healthcare Assistant to continue providing refreshments and meals to patients.</p> <p>This will be audited by the Patient Public Forum in the</p>	<p>On-going</p>	<p><input checked="" type="checkbox"/></p>	<p>We did not observe a meal round during our visit so we are unable to comment on this action.</p>	<p>6. 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.</p>

	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. Complete When: Continuously ensure the refreshments trolley is replenished regularly and ensure patients and relatives are aware of how to access this.	Complete	✓✓	The refreshment trolley is in place in the main A&E Department. There are vending machines in the A&E waiting area.	Complete
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,	Complete	✓✓	We observed clear notices about snack and drink vending machines being available in the main A&E Waiting Area. We also saw clear signage for patients about mealtimes and the availability of bottled water and drinks outside of these times in both the main and side corridor area. Visitors were notified about the availability of refreshments within the hospital and the location of vending machines.	Complete

	<p>restaurant, shop and coffee shop).</p> <p>Complete When: All patients and relatives should be aware of how to access food and drink when visiting the Emergency Department (aware of mealtimes, refreshments trolley, vending machines, restaurants, shop and coffee shop).</p> <p>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>Continue to work with Estates to ensure signage is reviewed and replaced as and when necessary.</p> <p>Complete When: New signage should be visible within the Emergency Department which is visible and informative for patients and relatives.</p>	30 th August 2018 (work on-going with signage company to conduct site survey before installation)	✓✓	<p>We observed real improvements in the signage and information available to patients in the main and side corridor areas and in the A&E Waiting Area.</p> <p>Large pictorial boards in the corridor provide information to patients about their journey through A&E.</p> <p>The notice boards display information about: Corridor care; Mealtimes; Whose Who, Patient Advice & Liaison Service</p>	Complete

	<p>Patient public forum will review as part of their audit to confirm that signage is visible once it is installed.</p>			<p>Discharge Planning and Listening to your Feedback.</p> <p>In addition a large, engaging display called Improving Corridor Care depicts a number of initiatives taken by the Trust to improved care for patients in the corridor and to recognise the work of staff.</p> <p>The main A&E Waiting Area now contains clear information about Check In; Patient Journey, Triage Assessment, Assessment Categories, Minor injuries and Children’s Waiting Room.</p> <p>Screens either side of reception display waiting times to see the Triage nurse; a nurse or doctor in “Minors” and an A&E doctor).</p> <p>Additionally coloured lines on the floor direct patients around A&E and to different Departments (e.g. X-Ray and Medical Assessment Unit).</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. <u>Complete When:</u></p>	<p>On-going</p>	<p>✓</p>	<p>Of the 4 patients we spoke with 1 had been given a pillow, 1 was waiting to be given a pillow and 2 reported that they had not been asked if they would like a pillow.</p> <p>2 patients had been provided with blankets since being in the corridor area, 1 had a blanket that was already on the</p>	<p>7. Patients to be routinely offered pillows and blankets when waiting on trolleys in the corridor areas.</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. Corridor SNAP audit. Senior nurse quality checks audit.			trolley and 1 reported that they had not been asked if they needed a blanket. We observed members of staff carrying out care and comfort rounds with 2 patients, asking one patient if they were hungry, needed blankets or required a relative to be contacted.	
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.	Ensure care and comfort charts are completed at end of each trolley in consultation with the patient. Complete When: 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>	On-going	<input checked="" type="checkbox"/>	2 patients reported that there was not anything that could be done to make them more comfortable on their trolley, 1 did not know and 1 comment related to pain relief. We cannot comment on whether care and comfort charts are completed by staff with patients as this is personal, patient information and outside of HWW remit.	8. Patients to be asked as part of "Care & Comfort" rounds if there is anything that can be done to make their wait more comfortable.
16. Patients to be told the location of the toilets and how to ask for assistance if they require it.	Ensure signage to toilets is visible to patients, carers and relatives. Complete When: 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>	On-going	✓	One of the patients we spoke with had noticed signs about the toilets, whilst 3 had not. None of the patients had required assistance using the toilets. Toilet doors are clearly labelled, but there is no direction signage or information about asking for assistance with going to the toilet.	9. Patients to be told the location of the toilets and how to ask for assistance if they require it.

<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. Complete When: Continue to use the Global Risk Assessment Tool (GRAT) for patients who have experienced 60minute handovers from the ambulance service. Continue to use the Global Risk Assessment Tool (GRAT) for patients who have been in the ED for more than 6 hours. 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 <i>Have you been in pain since being in this area of the hospital</i>" and Question 15 <i>"If YES do you think staff have done everything they could to help control your pain since</i></p>	<p>On-going</p>	<p>✓</p>	<p>3 patients reported that they had been in pain since being in the corridor area of the hospital. Of these 1 felt that hospital staff had definitely done everything they could to help control their pain, whilst 2 patients felt this to some extent.</p>	<p>10. 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>
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	<i>being in this area of the hospital"</i>				
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.	<p>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.</p> <p>Complete When: Uniform key available to view on notice boards around the department visible to patients, carers and relatives.</p>	30 th July	✓	<p>Since our last visit all A&E staff at the WRH have been issued with purple uniforms which differentiate them from other staff working at the hospital. Staff roles (e.g. doctor, sister, nurse, Health Care Assistant [HCAs]) are clearly embroidered on the back of the uniform, making it easy for patients to identify those who within the Department.</p> <p>Nevertheless 1 patient reported that they definitely knew which staff passing by they could ask for assistance if they needed it, whilst 2 reported that they knew this to some extent and 1 patient reported that they did not know who they could ask.</p> <p>We noted that notice boards are displaying information relating to the previous armbands / uniform system. This information could be updated so patients are aware of the new purple uniforms and staff roles on the back of them.</p>	Complete once notice boards updated.
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	<p>Ensure the completion of the Safer Staffing App per shift and escalate any unsafe staffing levels for further support.</p> <p>Complete When: Safer staffing compliance figures.</p>	On-going	☒	<p>2 patients reported that there were enough staff on duty in the corridor area of the hospital to care for them, 1 did not know and 1 did not think that this was the case.</p> <p>Patients said:</p>	11. 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.

the MAU throughout the 24hr period.	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 <i>'In your opinion, are there enough staff on duty in this area of the hospital to care for you?'</i>			<p>"There are too many of us [<i>patients</i>] going through. They have so much to do, so many people. They are all super, but there's too many people so they tend to forget"</p> <p>"Staff are worked hard!"</p> <p>We did observe that nurse staffing levels within the ED per shift were on display on the whiteboard in the main A&E area.</p>	
Environment					
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. Complete When: This will be audited by the Patient Public Forum in the Care in the Corridor audits, Question 20 <i>'Have you been bothered by noise since being in this area of the hospital?'</i>	Complete	✓	<p>3 patients reported that they had been bothered by noise since being in the corridor area, whilst 1 had not.</p> <p>We have been informed that soft close mechanisms have been fitted to doors within the Department but noise from doors closing is still an issue.</p> <p>For more information on noise and actions taken by WAHT see Action 26 below.</p>	12. Consider whether any further action can be taken to reduce noise in the corridor area.
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. Complete When:	Complete	☒	No staff movement from the hospital side of the doors into A&E was observed during the visit.	13. 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.

	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.				
25. Dim the lights in the corridor areas earlier at night to allow patients to rest and sleep.	Where possible and appropriate, dim the lights within the Emergency Department corridor to allow patients to rest and sleep, without compromising patient safety. Complete When: Monitor and judge whether this is possible without compromising patient safety per shift. Consider alternatives?	Complete	<input checked="" type="checkbox"/>	All of the patients we spoke with had been bothered by the lighting since being in the corridor area of the hospital, however all understood why the lights are bright in the corridor area. We visited during the day so we cannot comment on whether lights are dimmed at night.	14. Dim the lights in the corridor areas earlier at night to allow patients to rest and sleep.
26. WAHT to provide information about how noise will be controlled in corridor areas, particularly at night.	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. Complete When: Ensure replenishment of ear plugs.	On-going	<input checked="" type="checkbox"/>	3 of the patients we spoke with had been bothered by noise since being in the corridor area of the hospital, 1 had not. 3 patients had not been informed that earplugs were available for patients use. 1 had been offered earplugs but did not want to use them. We observed that the corridor is still a noisy and busy environment for patients.	15. WAHT to consider if care and comfort packs could be issued to patients waiting over 4 hrs in the corridor area at all times (day and night).

	<p>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 <i>'Do you feel you are able to rest in this area of the hospital?'</i>, Question 19 <i>'Do you feel you are able to sleep in this area of the hospital?'</i> and Question 20 <i>'Have you been bothered by noise since being in this area of the hospital?'</i></p>			<p>We observed that on the "Listening To Your Feedback notice" it was reported in response to the comment "noisy corridor" that "Care & Comfort" packs had been introduced containing an eye mask and earplugs.</p> <p>We saw a photograph of these packs, which also contain signs so that patients can indicate if they want to be woken for food, to see the doctor or do not want to be disturbed. We think these packs are a good initiative.</p> <p>None of the patients we spoke with had been issued with the packs. Our visit was during the daytime so we do not know if the packs are in use at night.</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. Complete When: Encourage relatives to take valuables home where possible.</p>	<p>Complete</p>	<p>✓</p>	<p>We noted a sign displayed in the main corridor area (but not in the side area) about Personal Property. This states that the Trust do not accept any responsibility for personal property unless it has been deposited for safe custody and an acceptable hospital receipt can be shown.</p> <p>3 of the 4 patients we spoke with had not been told that a safe was available for valuables. 1 had been told this but did not have any valuables with them.</p> <p>1 patient said that staff had not documented the property that they had</p>	<p>16. Provide secure storage space for patient valuables and belongings when they are being nursed for extended periods in the corridor area of the hospital. Notify patients of the availability of a safe for their belongings.</p>

	<p>Document and log items patients have with them. Document and log items which are placed within the safe.</p> <p>This will be audited by the Patient Public Forum in the Care in the Corridor audits, Question 22 <i>'Is there anywhere to safely keep your personal belongings in this area?'</i></p>			with them, whilst 2 did not know whether staff had done this.	
Privacy & Dignity					
<p>28. Consistently use private areas when providing patients with diagnosis or test results.</p> <p>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.</p>	<p>Ensure the use of private areas for private and/or sensitive conversations with patients, carers and relatives where possible.</p> <p>Complete When: Continue to use the designated cubicles within the Emergency Department for private and sensitive conversations.</p>	Complete	✓	<p>1 patient reported that they had definitely been given enough privacy when discussing personal information their condition or treatment since being in the corridor area of the hospital. 1 patient agreed with this to some extent, 1 patient did not agree that this was the case and 1 patient had not discussed this type of information since being in the corridor area.</p> <p>Screens were not used on any of these occasions. 2 patients did not feel that they were needed but 1 patient felt that they should have been used.</p> <p>Patients said: "It's an open area, it felt a bit uncomfortable, even though it was just talking you could see people looking"</p>	<p>17. Consistently use private areas when providing patients with diagnosis or test results.</p> <p>18. 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.</p>

				We overheard one conversation with a patient which contained personal information during a care and comfort round. Screens were not used but voices were kept as low as practicable.	
<p>29. Consistently use the reserved curtained cubicles within the A&E Department when examining or treating patients.</p> <p>When it is unavoidable to examine or treat patients in the corridor areas ensure patients are screened sufficiently to protect their privacy and dignity.</p>	<p>Ensure the use of private areas examinations and treatment, carers and relatives where possible.</p> <p>Complete When: 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>	On-going	✓	<p>1 patient reported that they had definitely been given enough privacy when being examined or treated since being in the corridor area of the hospital. 2 patients agreed with this to some extent and 1 patient had not been examined or treated being in the corridor area.</p> <p>Of the three patients we spoke with who had been examined or treated in the corridor one patient reported that they had definitely been given enough privacy, whilst two patients agreed with this only to some extent. For one patient a screen was put in place, but the patient did not feel it provided them with privacy. The other two patients reported that screens were not used. One patient felt that screens were not needed, the other patient felt that screens should have been used.</p> <p>We noted a framed sign on the wall in the side corridor directed at staff saying: “PLEASE DO NOT EXAMINE PATIENTS IN THE CORRIDOR Please use the M spaces to take patient history and examination. Then return your patient to the corridor”</p>	<p>19. Consistently use the reserved curtained cubicles within the A&E Department when examining or treating patients.</p> <p>20. When it is unavoidable to examine or treat patients in the corridor areas ensure patients are screened sufficiently to protect their privacy and dignity.</p>

Waiting Times					
<p>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.</p>	<p>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. Complete When: 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 <i>'How long were you told you MIGHT be waiting in this area of the hospital for?'</i></p>	On-going	✓	<p>None of the patients had been told how long they might be waiting for.</p> <p>All of the patients that we spoke with knew the reason that they were waiting in the corridor area of the hospital. 2 were waiting to be admitted to the hospital and 2 were awaiting to go for tests or scans.</p> <p>We observed one patient being reassured by a nurse that they had not been forgotten and were still awaiting treatment.</p> <p>Large, pictorial signage sets out the stages of the patient journey through the Department are on display in the corridor area of the Department.</p>	<p>21. 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.</p>
Visitors					
<p>35. Signpost basic facilities for relatives and visitors, including a seat and access to drinks.</p>	<p>Encourage relatives and visitors to use the waiting room facilities and seating to avoid further crowding on the</p>	30 th August (work on-going with signage	✓	<p>There were 5 visitors in the side corridor of the Department during our visit. 3 visitors were with 1 patient. One visitor had a seat and 2 were standing.</p>	<p>22. Consider whether some chairs for visitors can be provided in the side corridor</p>

	<p>Emergency Department corridor (where appropriate), to allow a more efficient environment and to ensure fire exits are kept clear.</p> <p>Complete When: Complete when signs are visible within the department.</p>	<p>company to conduct site survey before installation)</p>		<p>The other 2 patients both had one visitor, who were sitting on the patients trolley. 1 visitor reported that they had been unable to find a seat and had not been offered one.</p> <p>We think that consideration should be given to providing some chairs for visitors in the side corridor area but are mindful of chairs causing obstructions in a busy A&E Department.</p> <p>There are clear signs in the corridor informing relatives of the location of refreshments within the hospital. There are signs advising that snacks and drinks are available in the A&E main waiting area.</p>	<p>area, without causing an obstruction.</p>
<p>36. Visitors who are staying overnight should be informed of where hospital facilities can be found and offered blankets.</p>	<p>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.</p> <p>Complete When: Complete when visitors who are required to stay overnight are given information regarding hospital facilities available to them.</p>	<p>Complete</p>	<p><input checked="" type="checkbox"/></p>	<p>None of the visitors we spoke with had been in the corridor area overnight.</p> <p>For signage see 35 above.</p>	<p>23. Visitors who are staying overnight should be informed of where hospital facilities can be found and offered blankets.</p>

Other Recommendations					
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. Complete When: Weekly fire safety inspections	On-going	<input checked="" type="checkbox"/>	We noted that on this visit all hospital equipment was located on one side of the corridor area, away from doors. There were no trolleys in the corridor other than in the designated areas. Although the corridor remains a busy & noisy environment flow through it on our visit did seem to be improved. We are unable to check hospital records and therefore cannot comment on whether weekly fire inspections take place.	24. Ensure that health and safety requirements in respect of the corridors are always complied with.
Recommendations from HWW Follow Up Visit 2018					
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. Complete When: Complete when new noticeboards are installed within the corridor areas of the department.	30 th July	✓✓	Patient notice boards are in place and signage is very much improved.	Complete
Recommendations from HWW Follow Up Visit 2019					
Ensure information about A&E waiting times on the WAHT website is accurate.				We noticed that the WAHT webpage that informs people of A&E waiting times states that technical difficulties are being experienced which they are working to fix. However, when you click through to the waiting time information it does appear to be updated in "real time". The	25. Ensure information about A&E waiting times on the WAHT website is accurate

				information is confusing, as people cannot be certain of its accuracy.	
The Trust should take all necessary steps, including staff training and awareness raising, to ensure that their own Action Plan is implemented consistently and routinely for every patient, every day.				As set out above actions that are identified in the WAHT plan re providing information to patients, staff consistently introducing themselves, explaining to patients how to call for attention, food and hydration, patient care and comfort and explaining to patients how long they may be waiting for were not applied consistently to all of the patients that we spoke with.	The Trust should take all necessary steps, including staff training and awareness raising, to ensure that their own Action Plan is implemented consistently and routinely for <u>every patient, every day.</u>

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Other Findings

Some of the measures identified by the Trust were to be audited by the Patient Public Forum (PPF) carrying out Care in the Corridor audits. We requested, and were sent, information about these audits. There were 28 audit visits to the WRH between July 2018 – end of July 2019. During the course of these visits the PPF spoke with 93 patients. They asked patients about their experience and addressed questions as identified in the Action Plan. **The Trust shared with us the results of these visits, which also showed inconsistencies in the way that the Trust's actions from their Plan are being implemented.**

One patient commented on the use of volunteers in the A&E corridor areas, providing refreshments and book/magazine rounds as well as conversation with patients. We think this is a positive initiative on the part of the Trust.

We noticed the WAHT webpage that informs people of A&E waiting times states technical difficulties are being experienced which they are working to fix. However, when you click through to the waiting time information it does appear to be updated in “real time”. The information is confusing, as people cannot be certain of its accuracy. This needs to be resolved. We have added a recommendation about this as a result of this visit.

5. CONCLUSION

Our visit showed that the Trust has made progress with their Action Plan of 2018 to implement our recommendations.

We saw improvements in signage, information to patients and some positive initiatives such as the care and comfort packs, aids for people living with dementia and the use of volunteers.

We again found that patients were understanding of the pressures on the A&E Department and its staff which resulted in them being cared for in the corridor.

Nevertheless, patients being looked after in the corridor is not a satisfactory situation **and should not be allowed to become a “normal” way of looking after people.**

Whilst the situation continues the Trust need to ensure the Actions that are identified in their **own** Plan are consistently and routinely applied to every patient, every day.

Healthwatch Worcestershire are committed to continuing to work with the Trust to improve services for patients in the A&E Department and across the hospital.

We acknowledge the co-operation of the Trust and their staff, and we look forward to continuing as a “critical friend” in the pursuit of improved patient care.

APPENDIX ONE - WHO DID WE SPEAK WITH?

We spoke with 4 patients who were being looked after in the corridor areas. One patient was located in the main corridor area and three in a “side corridor” area.

3 patients were male and 1 was female.

1 patient was aged between 18 - 24 years; 2 were aged between 25 - 50 years and 1 was aged 75 or over.

3 patients described themselves as White British and one as White (Other).

None of the patients defined themselves as having a permanent disability.

We asked patients how long they had been waiting in the corridor area for, and how long, in total, including time spent in the corridor they had been in the A&E Department:

Hours spent	1 - 4	4 - 8	8 - 12	12 - 18	18 - 24
Corridor Area	1	1	1	1	
A&E Department		1		3	

APPENDIX TWO – FURTHER INFORMATION ON HWW RECOMMENDATIONS FROM 2017 AND 2018 REPORTS

Further Information on HWW Recommendations from 2017 and 2018 Reports	
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.
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.
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.
Completed Actions	
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.	