

Recommendation	Action	Action Number 2019	Action owner	Timescale	How do I know this action is complete?	Status @ 14/10/19
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.	Action 1	Clare Bush	Partially Complete	Quarterly audit will be carried out. Snapshot audit results fed-back through Clinical Governance Team and evidenced through the Regulated Activity Improvement Tool (RAIT). The RAIT is a monitoring tool by which we monitor progress against all of our CQC must and should do recommendations	Ongoing <ul style="list-style-type: none"> Letters have been generated and are display. These have already been amended in line with recommendations Letters should be given to individual patients Letters to be distributed as part of refreshment round Patient Public Forum Care in the Corridor checks will continue to monitor patient's awareness as to why they are being cared for in the corridor. Volunteers to support with action, request increased volunteer presence in the department
Patient Care						
2. All staff to introduce themselves to patients by name	Emergency Department staff to continue to introduce themselves to patients they are caring for consistently.	Action 2	Clare Bush Band 7 Team	Partially Complete	Audit question changed to: "Have all staff involved with your care, introduced themselves to you by name" to be able to better test the action. This question has improved compliance.	Ongoing: <ul style="list-style-type: none"> Q1 – 74% at 28/06/19. Improved from 33% at 29/11/18 Q2 results to be shared with team and further audit undertaken in Q3. Audit results to be evidenced as part of Regulated Activity Improvement Tool Reminder at handover for all staff

<p>3. 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</p>	<p>Build on signage already in place to ensure patients know how to call for help should they need to.</p>	<p>Action 3</p>	<p>Clare Bush</p>	<p>Partially Complete</p>	<p>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 4 <i>'Has it been explained to you how to call for attention if you need it in this area if the hospital?'</i></p> <p>Amend Care and Comfort round to include patient being aware of how to call for assistance.</p>	<p>Ongoing:</p> <ul style="list-style-type: none"> • Signage is now in place with instructions on how to use the call bells placed in the corridor area. • Q4 demonstrate 78% compliance. Visibility of signage to be checked from all areas and continue with audits. • Updated Care & Comfort round • Posters generated to explain uniform key and how to recognise A&E staff
<p>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.</p>	<p>All patients will be risk assessed in line with the Standard Operating Procedure to determine whether they are frail and/or living with dementia.</p>	<p>Action 4</p>	<p>Clare Bush</p>	<p>Complete</p>	<p>The report references a dementia trolley. This is not a physical patient trolley, but a trolley holding equipment and information for distraction therapy, for patients who are living with frailty or dementia.</p>	<p>Complete</p> <ul style="list-style-type: none"> • There is a corridor procedure in place which looks towards placing patients appropriately • Individuals are assessed on an individual basis and also looks at preference of care and contributing factors • Utilisation of balancing clinical decision with need. • Streaming to Frailty Assessment Unit in Place • Therapeutic observation if needed
<p>5. WAHT to provide reassurance that best practice on nutrition and hydration of patients on wards is being followed in corridor areas when patients</p>	<p>Continue to offer hot (at lunchtime) and cold meals, snacks, hot and cold drinks to patients within the Emergency Department during</p>	<p>Action 5 & 6</p>	<p>Clare Bush</p>	<p>Partially Complete</p>	<p>Allocated Healthcare Assistant to continue providing refreshments and meals to patients. This will be audited by the Patient Public Forum in the Care</p>	<p>Ongoing:</p> <ul style="list-style-type: none"> • Staff within the ED department continue to provide patients which have been in the department for lengthy periods with hot and

are waiting for lengthy periods	designated times for patients who are clinically able to eat and drink and who have been in the department over 4hours.				in the Corridor audits, Question 6 'Have you been able to get a drink since being in this area of the hospital?', Question 11 'Have you been offered any food since being in this area of the hospital?' and Question 12 'If YES, what food have you been offered?'	<p>cold meals and drinks during the designated times.</p> <ul style="list-style-type: none"> • Use of portable tables in place when needed • Corridor procedure includes expectation that patients are fed after 6 hours, unless specific reason for eating sooner
5. 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.	Action 5 & 6	Clare Bush	Partially Complete	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 7 'If YES, how did you get a drink?', Question 8 'If YES to Q6, did you get enough help from staff to have your drink?', and Question 13 'If YES to Q11, did you get enough help from staff to eat your food?'	<p>Ongoing:</p> <ul style="list-style-type: none"> • Healthcare Assistants and other members of staff continue to support patients when required. • Increase volunteer presence • Use of mobile tables when possible • Q8 - 90% If YES to Q6, did you get enough help from staff to have your drink? • Q13 - 99% If YES to Q11, did you get enough help from staff to eat your food
6. Patients to be routinely offered pillows and blankets when waiting on trolleys in the corridor areas	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.	Action 7	Clare Bush	Partially Complete	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 Snapshot audit Senior nurse quality checks audit Include additional question as part of the care in the corridor audit: 'have you been asked if you would like a blanket and a pillow since being in this area?'	<p>Ongoing:</p> <ul style="list-style-type: none"> • Senior nursing quality checks continue to monitor the implementation of Care and Comfort Rounds • Evidence audit outcomes through the Regulated Activity Improvement Tool (RAIT) • Include reminder in Board Round • Share audit results with staff and feed results through clinical team meetings

<p>7. Patients to be asked as part of "Care & 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>Action 8</p>	<p>Clare Bush</p>	<p>Partially Complete</p>	<p>This will be audited by the Patient Public Forum in the Care in the Corridor audits, Question 17 'Is there anything that could be done (excluding giving you pain relief) to make you more comfortable on this trolley?' and Question 22 'How comfortable do you find the temperature in this area of the hospital?'</p>	<p>Ongoing:</p> <ul style="list-style-type: none"> • Patient Public Forum continue to audit patient comfort in the corridor area: • Q17 - 78% <i>Is there anything that could be done (excluding giving you pain relief) to make you more comfortable on this trolley?</i> • Q22- 77% <i>How comfortable do you find the temperature in this area of the hospital?</i> • Amend Care & Comfort round to ask the question in A&E
<p>8. 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>Action 9</p>	<p>Estates (Ray Cochrane) Clare Bush Band 7 team</p>	<p>Partially Complete</p>	<p>This will be audited by the Patient Public Forum in the Care in the Corridor audits, Question 14 'Did you get enough help from staff to use the toilet?' Update signage to ensure patients know how to access toilet facilities</p>	<p>Ongoing:</p> <ul style="list-style-type: none"> • Estates team to improve signage for patients. Approval to proceed with works submitted on 14/10/19 • Patients informed as to where the toilets are located. • Signage within department • Q14 97% <i>'Did you get enough help from staff to use the toilet?'</i>
<p>9. 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>Action 10</p>	<p>Clare Bush</p>	<p>Partially Complete</p>	<p>Continue to use the Global Risk Assessment Tool (GRAT) for patients who have experience 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</p>	<p>Completed:</p> <ul style="list-style-type: none"> • Global Risk Assessment Tool (GRAT) process is embedded within the department as well as care and comfort rounds. • Care & Comfort Round - Q16 90% <i>'If YES, do you think staff have done everything they could to help control your pain since being in this area of the hospital?'</i>

					<p>within the Emergency Department corridor. This will be audited by the Patient Public Forum in the Care in the Corridor audits, Question 15 'Have you been in pain since being in this area of the hospital?' and Question 16 'If YES, do you think staff have done everything they could to help control your pain since being in this area of the hospital?'</p>	<ul style="list-style-type: none"> Implementation of pain assessment tool NICE guidelines, managing pain & Royal College of Emergency Medicine (RCEM) audits annually shared and discussed through Clinical Governance.
<p>10. 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</p>	<p>Ensure the completion of the Safer Staffing App per shift, and escalate any unsafe staffing levels for further support.</p>	Action 11	<p>Clare Bush Operational Manager (Oliver Halford)</p>	Partially Complete	<p>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 18 'In your opinion, are there enough staff on duty in this area of the hospital to care for you?'</p>	<p>Completed:</p> <ul style="list-style-type: none"> Safer Staffing App completed as per process. Staffing figures displayed within the department. Q18 – 69% <i>In your opinion, are there enough staff on duty in this area of the hospital to care for you?'</i> Healthcare Assistant Business Case to be written and completed by 30/11/19 for discussion and consideration Local benchmarking against similar organisations completed
<p>11. 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.</p>	<p>This is a walkway to X-ray and therefore it is challenging to achieve this. Ensure staff are aware not to use this area as a shortcut so as not to disturb</p>	Action 12 & 13	<p>Clare Bush Estates (Ray Cochrane)</p>	Partially Complete	<p>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>	<p>Completed:</p> <ul style="list-style-type: none"> Swipe access is now restricted to ED and emergency staff only. Behaviours have changed in that staff now only use these doors in an emergency

	patients, and ensure there is signage to support this. Restrict swipe access to ED staff only.					<p>situation.</p> <ul style="list-style-type: none"> Signage on order to re-direct patient to the Medical Assessment Unit (MAU) through alternative entrance
The Environment						
12. Dim the lights in the corridor areas earlier at night to allow patients to rest and sleep	<p>Where possible and appropriate, dim the lights within the Emergency Department corridor to allow patients to rest and sleep, without compromising patient safety and staff functionality to deliver care in an A&E.</p> <p>Consider whether any further action can be taken to reduce noise in the corridor area?</p>	Action 12, 14 & 15	Clare Bush	Partially Complete	<p>Monitor and judge whether this is possible without compromising patient safety per shift.</p> <p>Consider alternatives routes – new signage utilising external access to Medical Assessment Unit</p>	<p>Ongoing:</p> <ul style="list-style-type: none"> If appropriate, lights can be dimmed following discussion with patients. Care & Comfort packs issues, they are routinely offered at night, however the uptake is variable Include question in care in the corridor audit 'if you stayed overnight in the corridor area were you asked if you would like a 'care & comfort' pack, containing an eye mask and earplugs (noise reduction)?' Alternative routes used for Medical Assessment Area visitors that avoids A&E Message to staff about consideration for using the corridor as a shortcut. Signage in place reminding staff not to use as walk through.
13. Provide secure storage space for patient valuables and belongings when they are being nursed for extended periods in the	Encourage relatives to take valuables home, but ensure patients are aware there is also a safe within the	Action 16	Clare Bush	Ongoing	Encourage relatives to take valuables home where possible, utilisation of department safe where necessary. Document and log items	<p>Ongoing:</p> <ul style="list-style-type: none"> Trial was undertaken utilising sensory boxes, feedback from patients and staff was a preference not to

corridor area of the hospital	Emergency Department for valuables should they need to have items securely locked away. Continue documentation of all personal belongings patients have with them.				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 23 <i>'Is there anywhere to safely keep your personal belongings in this area?'</i>	<p>use these.</p> <ul style="list-style-type: none"> • Where patients highlight items of safety, they are offered the ability to use the safe within the department. • The department has seen a reduction in claims for personal belongings due to the increased robustness of the new policy/guidelines for managing expectations for valuables on arrival
Privacy & Dignity						
14. Consistently use private areas when providing patients with diagnosis or test results	Ensure the use of private areas for private and/or sensitive conversations with patients, carers and relatives where possible.	Action 17	Clare Bush All Divisional Triumvirates	Partially Complete	Continue to use the designated cubicles within the Emergency Department for private and sensitive conversations.	<p>Ongoing:</p> <ul style="list-style-type: none"> • Area M1 and M2 has been curtained and is used for corridor patients to be examined, have private conversations or have personal hygiene needs met. • The whole team have been reminded of the need to discuss sensitive issues away from the corridor • All the Division have been asked to be vigilant & anyone witnessing conversations of privacy in the corridor, the Matron and Clinical Lead will be notified. • Visiting clinical teams to the A&E, such as T&O, Medics, Oncology, Surgery, Ear, Nose and Throat, Max-Fax will be reminded of the need to deliver privacy for our patients and to abide by the

						<ul style="list-style-type: none"> A&E protocol and standards Reminders issued to all staff in handover/staff meetings/board rounds Signage in place as visual reminder
15. Consistently use the reserved curtained cubicles within the A&E Department when examining or treating patients	Ensure the use of private areas examinations and treatment, carers and relatives where possible.	Action 17, 18, 19	Clare Bush All Divisional Triumvirates	Partially Complete	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>Ongoing</p> <ul style="list-style-type: none"> Area M1 and M2 (main A&E) has been curtained and is used for corridor patients to be examined, have private conversations or have personal hygiene needs met. As above Action, remind all staff, including visiting teams Q25 – 91% were you given enough privacy when being examined or treated since being in this area of the hospital?
16. 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.	Action 20	Clare Bush	Partially Complete	Routinely use the privacy screens provided within the Emergency Department for sensitive examinations and treatment.	<p>Ongoing</p> <ul style="list-style-type: none"> Area M1 and M2 has been curtained and is used for corridor patients to be examined, have private conversations or have personal hygiene needs met. As per action 15, reminder to all staff and visiting team Q25 – 91% were you given enough privacy when being examined or treated since being in this area of the hospital?
Waiting Times						
17. Provide patients with an	Continue to educate	Action 21	Clare Bush	On-going	Complete when patients being	Ongoing:

<p>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>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.</p>		<p>All Divisional Directors of Nursing</p>		<p>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 27 'How long were you told you MIGHT be waiting in this area of the hospital for?'</p>	<ul style="list-style-type: none"> • Q27 – 12% 'How long were you told you MIGHT be waiting in this area of the hospital for?' • Staff are as open and honest with our patients about the length of time for a bed • In collaboration with specialty/capacity lead agree an expected amount of time for transfer to ward. • Each Division to give a forecast with regard to expected length of time for a bed on a base ward
Visitors						
<p>18. 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 Emergency Department corridor (where appropriate), to allow a more efficient environment and to ensure fire exits are kept clear.</p>	<p>Action 22 & 23</p>	<p>Clare Bush</p>	<p>Complete</p>	<p>Complete when signs are visible within the department.</p>	<p>Complete:</p> <ul style="list-style-type: none"> • Information Boards installed and completed September 2018. • Boards contain information regarding meal and drink times, the corridor apology letter, Health Watch letter and details of the leadership team. • Discourage overnight visiting unless absolutely necessary, due to noise reduction in area. • Chairs are available; however we will encourage limited access (1 relative per patient) to the corridor for health, safety & fire reasons. • Encourage use of relatives room

<p>19. 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>Action 23</p>	<p>Clare Bush</p>	<p>Complete</p>	<p>Complete when visitors who are required to stay overnight are given information regarding hospital facilities available to them.</p>	<p>Completed:</p> <ul style="list-style-type: none"> • Signage on ward boards for relatives encouraging them to leave their relatives at night and signposting them to food and drink outside the department. • We continue to discourage visitors from staying overnight. We will however signpost people (where clinically indicated) to vending machines and refreshments • Q17 – 78% <i>Is there anything that could be done (excluding giving you pain relief) to make you more comfortable on this trolley?</i>
<p>Other Recommendations</p>						
<p>20. Ensure that health and safety requirements in respect of the corridors are always complied with</p>	<p>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.</p>	<p>Action 24 & 25</p>	<p>Clare Bush</p>	<p>Complete</p>	<p>Weekly fire safety inspections Inclusion on Risk Register</p>	<p>Completed:</p> <ul style="list-style-type: none"> • Fire officer continues with a weekly fire inspection • Weekly fire test is completed as per process. • Included on the Corporate and Divisional risk register • We actively discourage visitors to stay at night unless clinically indicated to reduce traffic in the area • We limit visitors to 1 per patient to reduce traffic as the area is a public throughput for X-ray • Executive On-Call to be

						liaised with for the use of ambulance handover in the ITU corridor if necessary.
21. Ensure information about A&E waiting times on the organisational website is accurate	Provide live waiting time information on Trust Webpage which will feed through to ED waiting room	Action 25	Comms (Richard Haynes)	Incomplete	When visual Display is working and containing live data	Incomplete: <ul style="list-style-type: none"> • Communications Team to liaise with Software Providers to fix technical fault • Digital arrival display in hospital grounds to be displaying information
22. The Trust should take all necessary steps including all staff training and awareness training to ensure that their own action plan implemented consistently and routinely for every patient every day	Staff will be aware of the need to deliver the appropriate actions to enhance care for patients in the corridor. Where the plan requires input from other teams outside A&E they will be aware of expectations and timescales for delivery	Action 26	Clare Bush (Matron) Operational Lead (Oliver Halford) All Triumvirate's Clinical Governance Lead (Urgent Care)	Incomplete	When all Divisions and teams are aware of the requirement to deliver the action plan	Incomplete <ul style="list-style-type: none"> • Action Plan will be shared with all Divisions, including Corporate • Action plan will be referenced and updated as part of the Regulated Activity Improvement Tool (RAIT) • Action Plan will be discussed at Clinical Governance Meetings - Monthly • Operational Team will actively manage and chase progress on behalf and alongside A&E Matron