

On the frontline of the UK's corridor care crisis



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Introduction



Corridor care and temporary escalation spaces all sound innocuous as phrases. All of this wording is misleading – and perhaps deliberately – as this is what it really means. Nursing staff trying to care for patients in corridors, storerooms, carparks, offices and even toilets. No access to safety critical facilities like oxygen, suction or monitoring equipment. Fire escapes blocked. Patients having diagnoses and discussions in public, and being treated, fed, washed and toileted – and sadly even dying – with no privacy. Staff across health and social care at breaking point as professionals and as people, knowing they cannot give patients and families the care and dignity they deserve.

Corridor care is the obvious and avoidable failure of political will to reform the NHS and social care, and invest in its workforce under recent governments. Nursing staff, as the largest part of the workforce, are bearing the brunt of this failure, but they are not alone.

Most shocking is this situation now being accepted as the norm. I remember in the recent past when a single 12-hour A&E breach would be rapidly escalated to me as Chief Nurse. Regional and national NHS leaders would ask for daily sit-reps on bed capacity, trolley waits and A&E performance. Today, I believe NHS leaders could not say how many patients are being looked after in unsafe conditions.

“I had to change an incontinent, frail patient with dementia on the corridor, by the vending machine. It was undignifying, felt so bad at the same time it was my duty to deliver care”

Survey respondent

Given the lack of official data and oversight, the RCN asked its members to respond to a short survey at the end of December. Thousands of nursing staff have responded in just a matter of days, and the responses continue to flow in. They confirmed corridor care is widespread across the UK. Scale is one thing, but to read their experiences of its impact on patients and the profession is heart-breaking. We have included the words of our frontline nurses in this document. What you will read is raw, unedited and unredacted as it should – and needs to be.

The ask of our members and a growing number of concerned organisations, is for government and the NHS to be open and honest about conditions for patients. Publishing regular data is the minimum needed, not just to track progress but also to focus minds on the true state of the NHS and social care. Investment in our workforce is vital to deliver the reforms needed to recover patient care, otherwise the future of the NHS, already broken, becomes truly bleak.

This is clearly a generational moment in time, a moment for bold government action on the NHS, built around a strong nursing workforce.

**Professor Nicola Ranger
General Secretary and Chief Executive**

Selected examples

The examples on these pages are representative of the hundreds more in this report. We have not included every piece of feedback submitted through the survey, but those included are unedited, written by hard-pressed nursing staff across the UK – so you can hear what it's truly like on the frontline, unvarnished and raw.

I was redeployed from my shift in critical care to the emergency department – where I had never worked before. All bays were full and I also had 4 male patients on trolleys in the corridor who had been there since the previous night awaiting a hospital bed as all were admitted. This made for a concerning and difficult time since the patients were confused, there was no name allocated to a bed area as they were in corridors – staff knew these as 'spaces' as they were regularly used. When they wanted to pass urine I had to find somewhere I could push there trolley into to give them some privacy and dignity. They had rolled up blankets as pillows as there were insufficient pillows. Those poor people who felt ill could get no peace or rest as they were in the middle of the department's hustle, bustle, and noise. There were no tables to rest food and drink on – the whole situation was undignified and awful. I felt embarrassed to work for the NHS and for the first time, I could see it was broken. Never in my 30-year career could I have imagined this would become a 'norm' but it is – patients are regularly then decompressed out of ED to be placed on another corridor within a ward, how is this adequate care let alone showing patients are our priority and we are adequately prepared to care for them. It is simply nowhere near good enough and a system failure, failing both our patients and our staff who are impacted negatively by working in these situations. The errors and harm that must be occurring need investigating.

Staff working in an unfamiliar location, patients in corridors, yes they have name bands on but they are confused they cannot be observed clearly, waiting long times to be placed on a bed with a surface suitable for their skin as opposed to a hard trolley lack of access to food and drinks. Staff are 'frazzled' human errors will occur but who is there to notice them?

I had to change an incontinent, frail patient with dementia on the corridor, by the vending machine. It was undignifying, felt so bad at the same time it was my duty to deliver care

I could not deliver person centered care, patient was largely exposed to passers by and very distressed. There was no oxygen, suction or calling bell, it felt very bad and unsafe

Patients have no dignity. We cannot look after patients appropriately in a cold corridor. I have worked in ED for 16 years and as a result of constant poor care (due to overcapacity), I have decided to leave my clinical role in ED

There is no dignity to being nursed in a public corridor. There is no emergency buzzer or oxygen for deteriorating patients. Our patients are housed outside our resus doors so these patients are having acutely unwell patients wheeled past them, sometimes unwell children or patients in cardiac arrest which is extremely distressing.

It was cold room with no natural light or access to toilet or shower facilities near by. Temporary measure for no beds in the hospital. Patients felt undervalued and forgotten about. It was put the way of the main ward and felt unsafe. I escalated these concerns nothing was done. I am now in the process of leaving the nhs due to the pressure and culture after a 10 year nursing career. It is fraying at the seam's and has left me with mental health problems and trauma.

Room was on the outskirts of the ward, no nearby access to toilet, could contribute to a fall. No natural light which could cause confusion to patients or disorientation. Often forgotten about due to how the room was situated in the ward.

Elderly patient, frail patients waiting for long periods of time for a trolley and to see a doctor as ambulance patients taking priority to achieve 15 minute handover target

No patient flow or ward beds which grinds the dept to a halt and we continue to fill up like a balloon waiting to explode. Patients that once would have been given a room for dignity and privacy are sat in the waiting room as we are permanently full to capacity. Patients still come in because we never close.

1. Fire risks associated with working in an overcrowded dept.
2. HCAs currently struggling to record all patient observations in the waiting room due to the sheer volume of patients attending so patients often waiting for their observations to be recorded.
3. No seating available in the waiting room at times for patients so we regularly have to ask for the second person accompanying patients to leave.
4. Frail, elderly patients are sat in a chair for long period of time which means that pressure areas care is not given.
5. Patients with a tachycardia for example are waiting for a monitored bay when there is no capacity and resuscitation/ monitored areas are full with unstable patients. Staff are unable to prioritise the priorities.
6. Vulnerable patients, with dementia, elderly or unaccompanied are sat in an overcrowded waiting room which is noisy and frightening.
7. The staff are always running around busy so some patients don't ask for help or assistance to go to the toilet.
8. Long delays for patients to be seen by a doctor which exacerbates patients condition as there is a delay to treatment.

Utilising corridors on daily basis now with patients staying up to 24 hours in these locations. Also seeing patient in the back of ambulances due to lack of flow through the system. Patients constantly receive poor dignity, are frustrated, in some cases refuse treatment and self discharge against advice due to situation placing them at risk of significant adverse event that would likely not have happened had the system been functioning as intended. This is demoralising for staff who wish to provide exceptional care, in some cases has led to long term sickness through depression and burn out, and has significantly increased staff turnover as it is no longer viewed as a sustainable career option for nurses and has diluted the overall knowledge and subsequent safety of the department. I have worked in Emergency care for nearly 20 years and have never seen it as bad as it is today, frankly it is embarrassing. It is multi factorial between changes in medical working conditions resulting in less clinician hours (but safer care), increasing and aging population with more complex needs, a lack of appropriate social care exacerbated by a shift in societal norms, and the positive impact of health promotion has had meaning more 'working age' are worried and seek medical reviews at a much lower threshold than they historically have. It is a perfect storm that requires either significant investment or a radical rethink about how healthcare is delivered.

No curtains, busy department with staff, trolleys, beds going by frequently, no privacy or dignity for the patients, very difficult to maintain confidentiality when conversing with the person with other patients & visitors very near. Patient on a trolley, not in a proper bed, area cold & draughty due to access from outside to the area. Patient had no sleep as was there all night. Stressful, soul destroying, upsetting. Seems to be mostly elderly, frail people in the corridor. 'Privacy & dignity is everything' seems to have gone out of the window. No other option, all other escalation areas full. Corridor care used to be rare, now it seems to be a daily occurrence & 'becoming the norm' not enough staff to cover all these 'extra' spaces properly & safely. Poor quality of care. Not enough space for safe manual handling putting staff & patients at additional risk. Makes me feel very, very sad that this is what our wonderful NHS has come to.

No privacy or dignity (no curtains) having to get other staff (& relatives!) to hold up blankets to try & have some sort of privacy, patients on trolleys or chairs (not proper beds) other patients & visitors nearby, all listening to conversations (difficult to maintain confidentiality) Not enough space for safe manual handling, no room for manoeuvring or using equipment (Hoists etc) Not all corridor 'spaces' have a patient call bell. Not enough staff to cover all these additional 'spaces'. Unless the patient can move from chair or trolley to go to bathroom to wash, very difficult to find any private space to move them to for helping with personal care/hygiene/toileting needs. Poor quality care due to inappropriate locations not designed to accommodate patients.

Delivering care in a corridor is sadly a regular occurrence in my place of work. I work in a medical receiving unit and it is so busy that we just do not have the space for the amount of patients being referred in. Patients are being cared for in the corridors and waiting areas which is so inappropriate but what's the alternative. As a nurse it makes you feel like your letting your patients down and not giving them the quality care they deserve, I feel as if all I do is apologise to patients recently.

It's undignified to be lying in a corridor, with people constantly passing by. So through the night people aren't getting any rest.

We were informed at 8.20am that the hospital was in crisis and all contingency areas would be utilised. In our ward this means putting an extra patient into what is our shower room. This room is off the main ward area and isolated with no windows and no t.v. When we are advised to use this it also impacts on the 20 patients already present on the ward as they no longer have access to shower facilities and instead need to have a basin wash at the bedside or a full emersion bath.

The room we use for contingency patient is completely inappropriate for that purpose. The room barely fits a hospital bed and we have to give the patient a metal procedure trolley as it has no appropriate furniture for their needs. The room is also isolated in an area off the main ward and has no windows, it is unsafe and inappropriate for falls risk or confused patients

I work in ED and routinely look after people in the corridor. I routinely have to decide who is in most need of a bay (for cardiac monitoring, oxygen etc) and decide who is safe to move to the corridor. I also routinely move pts to wards into the corridor for care as the hospital is full with no actual bed spaces free. My hospital has also started placing beds in the middle of bays in the wards in addition to corridor beds for more space. It is degrading, undignified, and at times unsafe for patients who are already angry due to the long waits, sometimes waiting in ED for over 35hours to go to a ward, just to be put in the corridor. The system is broken.

It's degrading, and unsafe as these locations are not designed or intended for patient care and offer little or no privacy. There is no oxygen available, often no buzzer system to hand if the pt needs assistance. These care locations also just create a worse nurse to patient ratio with no additional staff which of course reduces safety and increases stress and workload.

We frequently deliver corridor care, it often means switching patients in and out of private spaces to deliver personal care – the indignity of patients who are unable to get up to walk to the toilet either being incontinent in the corridor or having to wait for a space for us to provide bed pans/ commodes etc. Taking blood, giving IV medications, patients waiting over 24hrs in corridors unable to get a good night's sleep because of lights, noise and constant reshuffling. It makes me feel like I am not able to deliver proper nursing care, like we are failing our patients.

Dignity is often compromised, quality sleep is near impossible for patients waiting for a bed in the hospital – lying on trolleys in the corridors of A&E, safety is compromised as bloods are often taken in corridors, increasing the risks of sharps injuries, hygiene- patients stuck next to others who are coughing/potentially infectious because we do not have the space to isolate everyone.

Department was overwhelmed, which is a daily occurrence. Flow has to be maintained despite space/staff limitations. At its worse asking someone to go round and make sure people are still alive. Double up patients in cubicles. Observations bloods some dressings done in waiting room.

Unable to observe or do personal care appropriately. Definitely not a safe way of working.
(RCN member, Yorkshire & the Humber region)

As a staff nurse of over 10yrs and now a paramedic of 4yrs I have never experienced such a broken system, patients are lying for hours in ambulances where no further care can be provided, we have maxed out on treatment that can be given in pre-hospital yet patients still have to wait many hours for triage. As a nurse it is heartbreaking to provide care in corridors and storage rooms where there is no humanity for anyone involved. Families are being given sad news in corridors and also sometimes not even being allowed into see their families due to lack of space

in departments. I worked throughout Covid-19 and although was a horrendous experience this lack of care in the broken system is worse. People are dying as a result of ambulances being held at hospitals and calls are eventually being responded to almost 2 days after 999 has been called. This has to end, now!

Lack of dignity and respect for many individuals and also critically ill patients being cared for in corridors due to overcrowding. Standbys being called to resus as matter of urgency yet being asked to remain the vehicle outside due to high demand inside.

I work in the emergency department and we were at full capacity, as we have been for a very long time. The corridor is usually only used for stable patients or those waiting for warding as there is a criteria checklist to be able to use that space. However, I have had patients there who were in excruciating pain, having alcohol withdrawal seizures, and epileptic seizures. I hate delivering care there because I cannot take care of them the way I desperately want to. It's also not fair for the patients to have no privacy, to be sleeping with people walking past, and having people either stare at them or completely ignore them as they walk past.

Privacy and dignity. There is also no oxygen or suction available in the corridor, so it takes longer to start the treatment as the patient would need to be moved into resus or using the crash trolley

We permanently have corridor care now. It blocks patient spaces and fire exits with beds. Patients don't have the dignity and care they should have. And to be quite honest it breaks my heart and my staff that work with me too. Relatives are angry and get angry with us as nurses. Patients are a angry scared and uninformed. The patients don't get signal in the corridor to contact relatives. I'm very lucky that I've taken on a new role that allows me to give extra support to these patients.

Fire exits blocked. Patient bedspaces blocked restricting access. Dignity not maintained. Patients not monitored appropriately. Unable to give proper care Care missed and delayed

Too many patients for the space we had. Patients moved into the middle of the room to create extra capacity. Also using a medication prep area as an extra bay for patients. The bays we have already got are not wide enough for beds (only trolleys).

No call bells, oxygen supply, suction readily available for patients in the extra spaces. No privacy for patients as no curtains. Not nice for patients to be laying in a bed next to the nurses station. Not confidential. Poor patient experience. I feel ashamed that we have to treat people in these circumstances.

A group of patients (6 patients) were cared for in an escalation bay. This space is not suitable for hospital beds, only for trolleys. Patients were elderly 80+ years old and frail with multiple co-morbidities, had no chairs, bedside table or lockers, no call bells in place. The room escalation bay was used to be for patients who goes for surgical procedures therefore this room had air conditioning and unable to turn up the heat. The room is freezing cold and blowing cold air to the patients. No nurse in charge present, run by bank or agency nursing staff. In this escalation area,

multiple priority calls happened, falls and other incidents. Absolutely unsafe and poor quality of care to patients.

No bedside tables, patient unable to reach water and food. No bedside chairs, patients kept in bed at all times. No callbells, patient unable to call for help.

It was very demoralising. Changing patients without adequate privacy protection and no sinks for handwashing. As someone who has been a patient in the system, I really felt bad for the patients most of whom were elderly and unable to express their feelings about being cared for in very inhumane and third world conditions. Despite my feelings, I made my patients my priority and gave the best care within the limits of the clinical environment.

Unable to operate beds due to lack of electricity sockets. No call bells. No immediate access to emergency equipment. No oxygen in corridors. Unable to properly mobilise patients in the confined spaces. No immediate access to toilets. Privacy and dignity of patients grossly compromised.

The extra spaces have been there for over 12 months now, it is an extra bed in a bay with no curtains or oxygen and suction, it blocks the fire exit and there are cables in the floor, patients frequently complain and I am having to apologise it is embarrassing and not acceptable

No dignity, call bell not as effective, no extra staff for the extra workload, no place to store medications

It leaves me feeling like I have failed my patients and is making me consider leaving nursing as the emotional toll is getting too much.

Not enough obs machines No suitable areas to provide personal care. No dignity for patients

In the emergency department I work, corridor care has been normalised since 2016. We have been making incident reports for this issue every day due many concerns. Some of them listed below:

- Patient safety (No oxygen available on the corridor walls, having to use O2 cylinders and many times staff have not recognised that the cylinders have finished due to extremely busy shift, with patients desaturating. Majors ratio is 1:5 but in the corridor it can be 1:20. Significant delays in ambulance hand overs, investigations and treatments due to lack of space)
- Unable to maintain patient dignity and confidentiality (unable to separate patients in the corridor and sue to lack of space many times patients end up being soiled as they have to wait for the toileting cubicle to free up and someone to move them there in order to be toileted (eg commode/bedpan/urinal)
- Fire safety (Corridor trolleys stacked blocking doors and emergency exits)
- Staff stressed and overwhelmed due to working conditions having quite their job, or going off sick.
- Nursing staff have to push patient trolleys constantly in order to move patients from

assessment cubicles to corridor and from corridor to 1 single cubicle used for 30 patients when they need toileting. The nature of the profession has changed due to the overcrowding, with nurses in EDs also working as porters and push heavy trolleys up and down the corridors on every shift.- Pressure ulcers : due to lack of corridor space patients can only be treated on trolleys therefore they are unable to be placed on air relieving mattress and they are more likely to get pressure ulcers on admission or worsened their pre existing ones.

- Trolleys blocking majors cubicles and staff are unable to make urgent interventions (eg start CPR or prevent a fall) on patients as they have to first move a trolley out of the way before getting to the cubicle.

Regularly have 25+ patients in a corridor with no privacy or dignity to be examined or have personal care. This inflicts horrendous moral injury in all staff who work in this environment.

No privacy or dignity, inadequate nurses and HCAs to care for and monitor the patients, patients not able to have regular personal care, pressure area care, nutrition/hydration or mobilisation.

Corridor nursing is tiring, exhausting and soul destroying. It is not nursing. The corridor nurses have a minimum of 10 patients each allocated. The co-ordinator is expected to know all of the patients in the corridor, plus have a patient load if the numbers exceed 30 patients in the corridor (which it often does).

Lack of medical supplying in the corridor- no wall suction, no wall oxygen therefore patients oxygen cylinders can run out but due to the number of people in the corridor and lack of nurses, it can be some time before this is noticed

Caring for 39 patients in a Corridor. Also, performing an ECG in a cupboard and taking bloods from a Neuropaenic patient in a relatives, non-clinical room. Physically difficult caring for patients in a corridor as every examination, toileting, scanning, undressing, changing, the patient needs to be moved on a trolley, so it hurts your knees, back and shoulder by the end of the shift. There is no or very little privacy when Clinician is taking a history, patients are having IV's, oral medication and in one instance blood transfusion...in a corridor. It's cold, especially when the ambulance doors open and a gush of wind shoots up the corridor, the lights are on full, it's noisy and there is no space to accommodate family/visitors. Also, patients cannot be placed onto cardiac monitors

no piped oxygen, no wall mounted suction, no space for a bed, only a trolley, so pressure area risk, loud, bright without visitors, no tables, no lockers
(RCN member, South East region)

Discussing with a couple their miscarriage care options in a corridor

Unable to have a full and proper consultation

When doing exit interviews, everyone puts the corridor and its impact as the main reason for leaving.

Delivering medical care to a patient in a corridor poses significant risks, both to the patient and the healthcare providers. Corridors are not designed to serve as clinical spaces, and the lack of proper facilities and privacy can lead to compromised care and adverse outcomes. One of the most critical dangers is the increased risk of infection. Corridors are high-traffic areas where numerous people pass through, including staff, visitors, and other patients. This environment increases the likelihood of contamination, putting already vulnerable patients at a higher risk of developing hospital-acquired infections. Privacy and confidentiality are also compromised in corridors. Sensitive conversations about diagnoses, treatments, or personal medical histories cannot occur securely in such open spaces. Moreover, corridors lack the essential equipment and monitoring tools required for adequate medical care. In emergencies or for patients requiring constant observation, the absence of these resources can delay critical interventions, leading to potentially life-threatening situations. Lastly, healthcare providers face additional challenges when treating patients in corridors. These include difficulties in maintaining focus, navigating crowded spaces, and managing multiple tasks effectively. Such conditions can contribute to errors, burnout, and a decline in the quality of care provided. In conclusion, providing medical care in a corridor is far from ideal and should be avoided whenever possible. Hospitals and healthcare systems must prioritize creating adequate space and resources to ensure that all patients receive the dignified and safe care they deserve.

Multiple patients lined up in corridors is unsafe and undignified in itself, however it also provides additional hurdles such as unsafe or additional manual handling as you need to move patients out of the way to get to the next, or to a cupboard behind them. Notes are very difficult to find, and so are the patients themselves as despite a numbered trolley, there is often no order to their location in the corridors. This causes delays to care and medication.

Overall it is a recipe for disaster and takes a toll on staff morale as you almost have to put up a wall against what you're seeing as none of us went into the profession to provide inadequate care. I usually work in a ward. I was pulled out to work in the A and E because patients were piling up in the corridor. I had to observations, bloods and medications on the corridor which was quite difficult and unsafe. Patients did not have proper space. They were moved from the place whenever someone goes forward. Identifying the right patient was an absolute pain. I had to start looking for each patient's wrist band. I recall coming into work to find 30 people in the corridor (a usual number for us) I had 4 people crying that they needed to use a bed pan and numerous older patients sitting in soiled blankets. This was because for 30+ patients we only had 1 cubicle where people could be examined or toileted. This was the first time I've cried on a shift because of being unable to deliver the care people deserve.

Unable to safely assess people. Limited amount of monitors for patients. Burn out of staff leading to lack of staff. Increased pressure damage for bed bound patients. The list is endless

Corridor nursing is a daily occurrence in my department. So much so that we have put in safety measures with call bells and a crash trolley in the corridor. We have to use the relatives room and the bereavement room to do personal care and ECGs in which is not what these rooms are designed for. Patient confidentiality is lost and it is noisy and busy. We do our best to maintain safety and have systems in place but it is a daily occurrence and not ideal for the patients or the nurses who feel they are giving poor care due to the area that we have to nurse patients in.

Safety measures have been put in place however we have had to put call bells and a crash trolley now in the corridor as it is a daily occurrence of multiple patients in the corridor. Patients can deteriorate when you cannot see them when lined up in the corridor and the nurses are busy looking after new patients coming in.

It's horrendous. Totally undignified for the patient and is so hard to explain to them the reasons why we have to do it. I genuinely cannot think of anything worse than having a patient cared for in a corridor of 50 other patients

Patients don't have access to equipment such as suitable oxygen supply, cardiac monitors, and safe nurse:patient ratio

We deliver corridor care daily. It means patients have to have conversations with clinicians in the corridor. We have to move patients into our bereavement room to toilet them, sometimes we are too late! Delay happens in ECGs, bloods. We have moved our emergency trollies and suction out into the corridor but it feels unsafe

It's difficult to get things done in a timely manner, ECGs, bloods full examination. Using oxygen cylinders instead of piped oxygen which can run out, we need to keep a close eye on this.

It is not dignified, private, caring or appropriate for patients. I worry endlessly about safety. We have congestion as we are in the corridor and so patients are travelling through our makeshift ward. We can not easily lay eyes on all patients. I am sure that vulnerable patients feel scared and cold. Assessments are hurried and sometime occur by the bedside. As a nurse my role is do provide care and it literally feels like we treat patients as a series of tasks due to the inappropriate setting. It breaks my heart. And it has been fairly continuous throughout the year. Imagine it was your family member.

Difficult to see all patients, long distances, no or limited monitoring, undignified, toilets in main department. Moved into viewing room for ECGs and pad changes. A fine balance of who is most deserving of the cubicle spaces that become available.

There was no privacy and dignity for the patient which was so sad. The corridor was noisy and patient could not sleep and was very confused. Poor screens for patient's privacy during pad change and washes. I had to take on the extra patient with not even an ounce of empathy from the manager despite the ward being severely short staffed. Instead, the manager carried on with her staff meeting further taking away the little staff that were present. Racism raised its ugly head as the black nurses took on the extra patient load and when family came to visit, they were not shy in venting their frustration about the inadequacies to the Black staff. We did not cause the patient to be in the corridor! I had no break during the shift.

No privacy and dignity for patient in corridor. Worsening confusion for patient in the corridor especially for elderly patients

“ Within the Emergency Department, we deliver corridor care on a daily basis. We have an in/out cubicle to provide basic nursing care but the numbers in the corridor usually sit over 10, which means there is always a queue for this space. We have to use screens with bed pans in the corridor for patients needing toileting when the cubicle is in use and it is not fair on these patients to be treated in this way. The staff are doing what they can in difficult circumstances. It is becoming a new business as usual with teams with nurses ‘fire fighting’ and learning a ‘new’ way of managing urgent and emergency care.

MH patients displaying aggressive and challenging behaviour close to vulnerable elderly patients. Nurse:patient ratios increased. Not enough resus capacity to provide emergency care.

“ Corridor care. Cold for patients, no spare blankets available at the time. Not all trolleys with O2 available. Confused patients, elderly patients, patients on chemo, patients with Flu or COVID 19- all patients in one ambulance corridor space. Too many patients in the corridor and not enough staff available. 45min time for ambulance crew to handover to hospital staff even if unsafe to care for more patients, not able to visualise the patients at the end of corridor. Pushing trolleys in and out for another space (not cubicle, with screen on only) for toileting patients or other for personal care. Not enough space in Resus to receive pre-alerted patients or in RAT to take patients for assessment. Pressure on times (15min) to take handover from ambulance crew while care to be delivered on current patients. Treatment often delayed. Mobile patients to be sent to the waiting room as no more space in ambulance corridor, no trolleys available for patients received from crew. Stress among staff; stress, anger and aggression among patients and their relatives.

Assessment, investigations and treatment delayed for patients. Privacy and dignity compromised. Not choice given. Patients with infections (covid or flu) in one corridor with chemotherapy patients. Stress among staff affecting the patients care.

“ Only today we had 40+ patients awaiting admission beds in our ED corridor, x-ray corridor, UTC bay and now in the ‘main street’ ie the main central corridor to the hospital meaning other patients were being diverted to gain access to ground floor locations.

Privacy, dignity, noise and inappropriate environment. Safety-no oxygen, suction, anywhere to plug in electric beds or air mattresses. No additional staff to care for additional patients...

“ This morning staff left in tears as we had a cardiac arrest in a corridor where we couldn’t move the bed to the resus area as there were other patients on beds blocking access. Sadly this lady died. Staff are trying so hard to deliver the best care possible in the most challenging of circumstances but they are all broken and I can’t tell my team that it is going to get better....

Most recently, as an extra patient in a bay which not only poses a safety risk due to lack of space, no access to equipment like oxygen, suction, Call bell but also exceeds the nurse to patient ratio, diminishing the quality of care a single nurse is able to provide. The patient also has no privacy, as the extra space has no curtains. This happens on a daily basis. As well as the ward's treatment room, being utilised as an extra bed space, so invasive procedures that should be carried out in private, are happening in the ward area, behind a curtain or screen, where others in the area can hear sensitive conversations.

Nurse not being able to provide appropriate quality of care due to volume of patients, no privacy for patients squeezed in between others, increased falls risk due to lack of space, no access to lifesaving equipment at the extra bed space

We have had to review patients and break bad news in the A&E corridor. We told a patient he was dying as patients were wheeled past and orders shouted across the unit.

How is it fair to tell someone they are dying in a corridor?

It feels like you can't focus on your patients in the corridor because they're outside the bay you're in, it's awful and you feel like you can't give any of your patients the full care they need and deserve. Its undignified, there's no privacy, sometimes patients are put there without a handover, it makes me really sad to be a nurse in these times when all I wanted to do was be a support system, confidant, advocate and it feels like I'm failing at my job because I can't physically provide the adequate care and time to each patient as an individual.

Patients are not monitored as closely as they should be, there's so many patients to look after it's impossible to provide adequate care, especially when there is a critically poorly patient and the lack of staffing correlating to patient load is not sufficient to meet the needs of all patients

I work in Emergency department, we care for patients in front of fire doors, in walk ways, corridors or any space they can squeeze a person in without considering patients safety.

Unsafe staffing levels, lack of basic equipment and facilities to care for the extra patients, no infection control measures for the extra patient's

It is a daily occurrence in the emergency department that we are expected to nurse patients in corridors delivering their treatment and trying our best to keep them comfortable whilst most sit there for 24-48 hours waiting for a bed. These patients are often very frail and elderly. It makes me frustrated that I cannot deliver the care these patients need or deserve. People are having to spend days in these uncomfortable chairs on cardiac monitors, infusions etc with no sleep from the noise and no privacy or dignity. The corridor patients also make a very narrow space for trolleys to get to the only route to CT and Xray, meaning again there is no dignity for the patient in the trolley going past with everyone looking and makes it a risk in emergencies they cannot get through the corridor, also making it a fire hazard.

There is no privacy or dignity for these patients sitting closely to another patient who can hear all about the treatment they are receiving. Being so close to other patients it is also a

massive infection control risk to which we as nurses can only control as best as we can in these circumstances. People with flu having no where else to be monitored but being next to other vulnerable patients with them wearing a mask will only do so much. It is a safety risk for the frail elderly patients who are at risk of developing pressure sores, or a falls risk being out of direct sight with no call bell to press when in need. Having experienced emergency situations with patients sat in the corridor on a chair, their safety is compromised as there is no emergency bell, no appropriate space to give adequate care and blocking the only route to CT which if a patient needed to get through would compromise their care also.

Recently had to nurse two patients on separate occasions in a bottom bathroom facility/storage area with no access to a patient call bell and instead being replaced with a 'home plug in door bell', no access to handwashing facilities or access to behind the bed emergency oxygen and suctioning supplies.

No access to bedside oxygen/suctioning supplies, emergency call bell due to being isolated at the bottom of the ward.

You cannot deliver personal care to a patient in a corridor. We don't have trolleys in the corridor so patients sit in chairs, sometimes for days waiting for a bed

Unable to provide personal care. Cardiac patients sat in chairs in corridors on monitors. Elderly patients sat in chairs for long periods, unable to provide pressure relief

Patient was being cared for in a room designated for out patients. There is no call bell or oxygen point or suction in this room. Despite the room being used as an in patient accommodation there were still out patients having to share this space. Catering staff told me they have no capacity to provide hot food to these patients, despite the fact that we're a hepatology ward and nutrition is an essential for these patients.

No call bell. No oxygen. No suction. No emergency buzzer. Compromises nurse to patient ratio.

Caring for elderly patients in corridor. Lack of privacy and dignity. Knowing this was wrong but have reached a situation of accepting the unacceptable

Lack of privacy and dignity. In ability to adequately assess patients. Confidentiality compromised.

The patient was nursed in a corridor on a trolley. She was unable to mobilise and had been incontinent of urine. There was no way to provide personal care to the lady as there were no facilities available which we could wheel the trolley into, and we were unable to use the screens that we were provided to enable us to provide personal care in the corridor as they were blocking the corridor which is a fire exit. The lady had to remain in wet clothes and bedding until there was a bed space available for us to use. Once we had provided personal care we then had to return the patient to the corridor. I find it completely unacceptable that we cannot provide fundamental care to our patients and maintain their privacy and dignity. I felt desperately sorry that my patient was in that position through no fault of her own.

Unable to provide care in a timely manner Patient left in urine soaked clothing and bedding increasing her risk of developing pressure damage Unable to maintain the privacy and dignity of the patient Fire exit partial blocked by trolley

You feel sad for the patients. There are too many patients well enough to be discharged but stuck because of the lack of community care which compromises the acutely ill patients waiting beds and treatment

Patients miscarrying and returning for treatment are being bedded in the busy waiting room which is used for emergency attenders and an outpatient department

These are called temporary escalation beds but this is happening on a daily basis. They are away from the rest of the patients and extra staffing is not allocated for them. There is no privacy or dignity as it is behind a curtain in a busy and frequently used waiting room.

Working in the medical assessment unit. On this day another 2 patients were left in the middle of the bay. One outside a side-room where a patient had passed away. On this particular day the emergency buzzer went off 10 times during my 12.5 hour shift.

One patient had a seizure soon after coming from ED. The patient was sent up in a chair. At the same time we are moving push patients to other medical wards. These are also left somewhere until a bed becomes available (a pending discharge). This is all happening while doing morning medication, patients having breakfast and washes. As mentioned earlier in this particular shift the buzzer went off 10 times.

Happens daily. No piped oxygen. No privacy. Everyone can hear the consultation. Far too many trolleys squashed into a small area. Far too many chairs in a cubicle. No infection control- patients coughing over each other. Poor toileting arrangements for patients.

It's embarrassing to be trying to deliver care in an environment completely unfit for purpose.

Poor infection control Unable to attend to basic care needs in a dignified way. Chairs are extremely uncomfortable when waiting for >12hrs for a bed. The list goes on

In my opinion, patient care and safety were compromised in several ways:

1. **Lack of Privacy and Dignity:** Patients were treated in corridors on trolleys, without privacy or dignity, which can negatively impact their emotional and psychological well-being.
2. **Emergency Response Delays:** In the event of a cardiac arrest or other emergencies, the lack of space and access makes it difficult for the emergency team to reach the patient promptly.
3. **Absence of Call Bells:** Without call bells, patients cannot alert staff if they need urgent assistance, increasing the risk of unmet needs or delayed responses to critical situations.
4. **Infection Control Risks:** Crowded conditions with patients in close proximity increase the likelihood of infections spreading between patients and staff.
5. **Challenges for Elderly Patients:** Many patients were elderly and had mobility challenges, requiring assistance to move or walk. The environment made it difficult to meet their mobility and toileting needs safely and respectfully.
6. **Delay in Care Delivery:** Overcrowding and poor working conditions made it hard for staff to complete documentation, administer medications on time, and deliver adequate patient care.
7. **Staff Exhaustion:** Staff were physically and mentally exhausted, leading to potential errors and a reduced ability to provide consistent, high-quality care.
8. **Patient and Family Frustration:** The stressful environment led to conflicts between staff and patients or their families, creating a hostile atmosphere and further compromising care quality.
9. **Unsanitary Conditions:** Treating and feeding patients near a frequently used toilet is unsanitary, exposing them to unpleasant and potentially harmful conditions.

Overall, these factors created a situation where neither patient care nor safety could be ensured to acceptable standards.

I was assessing as an ANP and wanted private space in A&E to take history and examine my patient. The only available empty space was the viewing room usually reserved for recently deceased patients and their relatives. Luckily the room was empty. I have to be mindful in this type of assessment as patients may have gone a long while without the most basics- no sleep for > 24h as no safe place to lie down, no food or drink (sometimes vending machines not stocked). As I'm a speciality ANP for a condition affecting more younger adults than older, I feel this group are overlooked for safer care. I appreciate the need of the frail elderly and how they may be more affected by a 48+hr A&E waiting room stay, but leaving persons with more physiological reserve in waiting areas often means they can't be clinically observed as expected, putting them at risk of deteriorating

Patient not able to sleep for over 24h Limited food and drink provided and not enough access for patients to obtain their own supplies Clinical observations too infrequent Lack of dignity Psychological impact of being in an A&E waiting room for prolonged periods

We care for patients on trolleys in the corridor and patients on chairs in the waiting room because there's no space.

Cold, draughty corridors too far from main areas of department. No emergency alarms in the corridors. Patient confidentiality and dignity compromised due to makeshift spaces. Patients cared for in waiting room area. 20-30 patients being cared for by a nurse + hca. Long waits to be seen, sometimes 10-15 hours, patients sitting on hard chairs the entire time due to no/limited available trolley spaces.

On a daily basis we receive 'push' or 'primary' patients as part of the Bristol Push Model. This accounts for at least 1 patient per day, if not more, that is 'pushed' from ED or AMU setting. These patients are usually on a bed or ED trolley in the middle of the bay of patients, therefore they have no privacy and dignity to be properly assessed or cared for. Sometimes the patients are very inappropriate 'push' patients, for example confused/delirious patients, those in oxygen (but pushed into the bay, meaning not next to piped wall oxygen), etc.

Examples include:

- Inability to properly assess or care for the patient, due to lack of privacy.
- Patients on oxygen being pushed and left in the middle of a bay on oxygen via a cylinder.
- Patients pushed without being post-taken and without appropriate medical management plan in place, therefore compromising pt safety and care.

No dignity for patients. We only have one small cubicle in the xray department (off the corridor) to use for toileting patients, but have 15 patients on the corridor. Some patients have been incontinent while on the corridor while waiting for the one toileting cubicle that was in use. We've had patients on the corridor who needed to be on monitors, but flow out of ED so slow or sicker patients needed the few monitored spaces that become available. Causing huge moral injury to staff in the department.

As previously stated no patient dignity in general, but also patients have been incontinent on the corridor while waiting to use the one toileting area. High acuity in the department means patients on the corridor for over 24 hours, and due to high acuity in the department patients on the corridor needing monitoring waiting for monitored spaces for prolonged periods of time because someone sicker elsewhere gets allocated monitored spaces as they become available first

Patient was put in store cupboard where no bed was ready yet so had no choice but to sit in chair and the only toilet available for this patient was down the other end of the ward. Also meant as a nurse I now was in charge of the care of 13 patients and it pains me to admit that often forgot about patient in the store cupboard because it is not a designated place for a patient

Not enough time for every patient Stretching nursing care which is already at its limit

Patient did not receive the care and privacy that you would expect

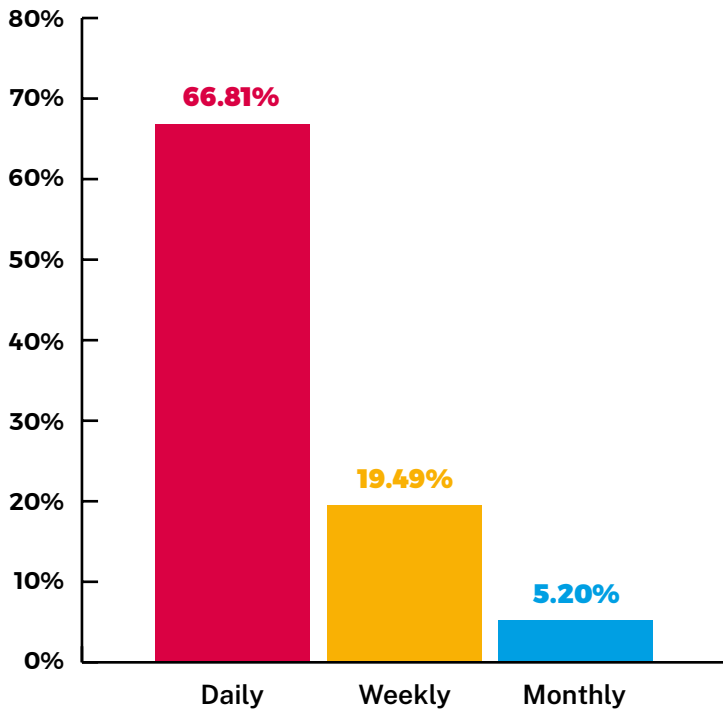
“ We often have to examine and discuss care with patients and their families whilst on a corridor in ED. Any personal care such as toileting, DRE and enema administration have had to be conducted in a viewing room as the only private space available, I care for frail older adults and it is undignified as they are often the patients moved into corridors due to needing extra supervision etc.

“ After appearing in a TV program, the corridor was closed for several weeks. Unfortunately from October 2024 the corridor was opened with 4 extra spaces being seen as normal, with another 4 in the ambulance receiving area made up of 2 which are used as rapid off loads for treatment of sepsis patients then 2 extra places one against the wall and one against the nurses station desk, 1 space in majors by the oxygen storage cupboard all became part of the escalation policy and Hospital Full policy. This is normal and to have 40 plus medical DTAs in the department.

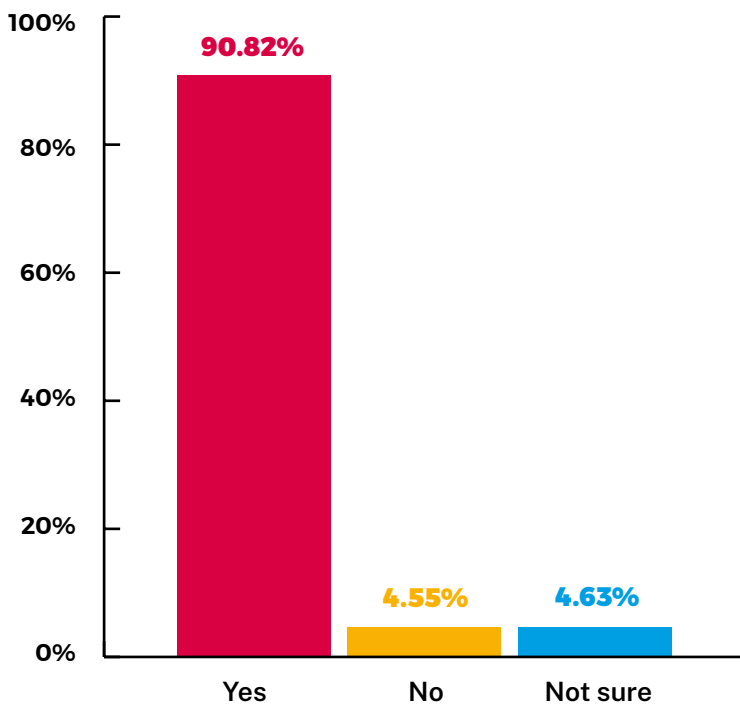
Question responses

The following information is based on the responses of 5,408 nursing staff across the UK from 18 December 2024 to 11 January 2025.

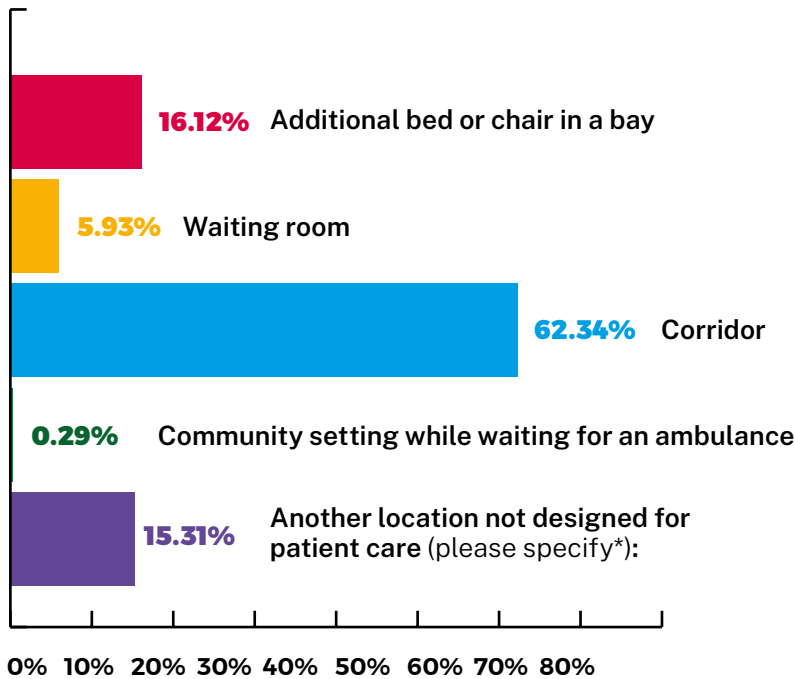
How often do you have to deliver care in an inappropriate setting? By inappropriate setting, we mean a place not designed for patient care, such as a corridor, storage area, waiting room, office or carpark.



In your opinion, were patient care and safety compromised?



When you last cared for a patient in an inappropriate setting, where was it?



*** Other locations specified**

- | | | |
|---|---|--|
| Cars | Cloakrooms | Chairs in lounges |
| Taxis | Breastfeeding rooms | Storage cupboards |
| Viewing rooms (for relatives to see their deceased relatives) | Plaster rooms | Offices, staff and changing rooms |
| Adults in paediatric recovery rooms | Outside and inside decontamination rooms | On trolleys and beds across fire doors |
| Quiet rooms on psychiatric wards | Ward reception areas | On trolleys outside toilets |
| X-Ray department | Beside nursing stations | Resuscitation areas |
| Toilets | Theatre recovery rooms | Bereavement rooms |
| Dentist room | TV rooms | Non-clinical rooms being converted into treatment spaces |
| Family rooms | Bathrooms | Treatment rooms / clinic rooms |
| Dining rooms | Converted therapy gyms | Ambulatory / same day emergency care |
| Counselling rooms | Car parks | |
| Back of police vans | Waiting rooms | |
| Patient interview rooms | Day room | |
| Store rooms | Doubling up beds in bays and cubicles | |
| | Adding an extra bed in a bay or the corridor | |

Eastern Region

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Emergency department is full as no bed available in wards. Long queues of Ambulances and 45 min off loading rule. All possible cubicles doubled and 8 patients in corridor. Horrible experience. A fire incident on that day would have been catastrophic.

In what ways were patient care or safety compromised, in your opinion?

Undignified way of caring patients. No privacy.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

We generally have +4 in the corridor daily. Often not suitable sometimes on oxygen in worse cases palliative!

In what ways were patient care or safety compromised, in your opinion?

Dignity, falls hazards for other patients, lack of space for staff, no oxygen or suction if escalation of care is required

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Full hospital so plus patients in corridors – it's a very poor patient experience

In what ways were patient care or safety compromised, in your opinion?

Dignity, respect and increases risks for IPAC

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Most patients in the ED are cared for in the corridor on a daily basis. It's embarrassing that's it's the best you can offer and you worry that patients will think that you think that this standard of care is acceptable. It's demoralising to care for patients knowing that it's such poor care and not the sort of care you want to give.

In what ways were patient care or safety compromised, in your opinion?

Overcrowding so not enough staff to provide care. Staff not being able to keep track of who is who and where everyone is. Basic standards of care and dignity not being met.

In what ways were patient care or safety compromised, in your opinion?

I wouldn't be able to work in these conditions and would be constantly worrying about the patients, my colleagues and my registration

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Reverse boarding but the bed patient wasn't discharged so the boarder had to stay in a recliner chair in the middle of the bay for over 24 hours

In what ways were patient care or safety compromised, in your opinion?

Patient had no privacy and obviously there's always a risk of deteriorating and no effective bed space to deal with it

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

I did care of 4 patients in the corridor in ED. There was no alarms, no oxygen or obs machines. So I had to borrow it for the other areas to make sure patients are safe. There was no heating and the corridor was next to the entrance it was freezing cold and the patients and NOKs were complaining constantly. I had a confused PT who was in his late 80s so I had to take him with the bed in to the procedure room to change his pads. When I wanted to go for break I had to go everywhere to find someone to keep an eye on the patients. I had to wait for a long time after finishing my shift to find a staff to hand over the patients as there was no staff allocated to the corridor. It was a very awful experience. And it is completely unsafe.

In what ways were patient care or safety compromised, in your opinion?

Patients were in the corridor with no alarms, no heating, and it was freezing cold.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

My trust has been delivering corridor care since I started working there in February this year. It's not an exception, it's the rule. We always have a patient in our 'relatives room' which is an internal cupboard, and usually someone in our corridor. I feel so awful for our patients in these circumstances and always apologise, but I hate having to lower my standards to deliver their care. There isn't piped oxygen and this feels incredibly dangerous to me. On the last occasion, my patient was a patient receiving inpatient chemotherapy who is otherwise fit for discharge. I felt lucky to have such a well patient in the space, who is able to walk to the bathroom and care for themselves in a private space.

In what ways were patient care or safety compromised, in your opinion?

We are sent incontinent patients who are 'corridor suitable' and then have to struggle with screens to maintain their dignity. It is a disgrace.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Our GP assessment bay has been bedded for weeks as an escalation area. Unable to assess GP referred patients due to no trolleys. All bed wait referrals have to be seen in ED instead of the appropriate area.

In what ways were patient care or safety compromised, in your opinion?

Inappropriate patients being seen and treated in the wrong areas. Impact patient length of stay and patient experience.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

In the corridor outside of Bay. No privacy and patient was upset, who understandably refused to have consultation.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

It is not safe as there is no sockets for oxygen and in the event of an emergency access would be difficult

In what ways were patient care or safety compromised, in your opinion?

The patients also complain that they often feel that the space is cramped and that sometimes there is not enough room to fit a relative chair there. but it totally unacceptable

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

It is inappropriate for patients to be cared for within such close proximity to nursing and medical desks.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Patients do not have easy access to toileting facilities.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Patients have no area around their bed for visitors as this would further block the space needed for emergency and for movement of staff around the area.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

It was difficult to ensure Privacy, examine the patient properly, the lights are not able to be turned off, so patients do not sleep, everyone looks at the patient as they are laying in bed as if is the only way to access another area of the department. It is disrespectful and disgusting

In what ways were patient care or safety compromised, in your opinion?

No patient confidentiality, they are not in a controlled safe environment, it's like sleeping in a waiting room. Physical Assessment are not thorough

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

I have to deliver care in a corridor on a daily basis with multiple patients. We have to face families who are quite rightly upset that their love one is in a corridor when we have no control over the matter. It is undignified and goes everything against why I wanted to be a nurse

In what ways were patient care or safety compromised, in your opinion?

On multiple occasions the patients that are sent up to board in a corridor are not I dependent and require care needs of somewhat, or a patient is having loose stools, vomiting. On a daily basis it compromises patient safety and care

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Totally unacceptable standard of care

In what ways were patient care or safety compromised, in your opinion?

All care needs and safety were compromised

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Acute stroke patients in thrombolysis or thrombectomy window seen in ambulance, or in ambulance bay, or in corridor, or in CT waiting area, as nearly every shift are no spaces available in Resus ED. Being repeatedly told that stroke patients are blocking the Resus and to see them in ambulance bay

In what ways were patient care or safety compromised, in your opinion?

Delayed treatment, acute stroke patient spending sometimes more than 24 hours in a arm chair in ED.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Really upset me. fracture patient on bed rest. Did have small screen. No table or locker. Very loud etc

In what ways were patient care or safety compromised, in your opinion?

if god forbid emergency such as Arrest no clear access/

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

It is simply unsafe, undignified care that put at risk both the patient and the health practitioners

In what ways were patient care or safety compromised, in your opinion?

lack of privacy to discuss sensitive issues, inappropriate and insufficient room to action, high proximity to increase cross infections, high level of noises very detrimental to a therapeutical environment

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

No privacy, difficult to do procedures in the corridor

In what ways were patient care or safety compromised, in your opinion?

No privacy. Difficult in case of emergencies like cardiac arrest

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Our hospital is often always short of beds so they came up with this full capacity protocol (admit a patient in the corridor from ED) temporarily until a bed space becomes available. Other times, we have to choose a patient to go in the corridor instead if the patient coming from ED is more unwell. This is really upsetting for most patients and we, nurses, always get the blame.

In what ways were patient care or safety compromised, in your opinion?

1. Physical examinations are delayed because of lack of privacy.
2. Patients can easily get missed.
3. Absence of emergency facilities, i.e. O2, arrest buzzer.
4. Being nursed in an acute setting making it impossible for the patient to find peace and comfort.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

With [8 patients under my direct care] and the added responsibility of attending to corridor patients, it has become increasingly difficult to ensure adequate privacy and dignity for everyone. While I am doing my best to prioritize and meet their needs, the lack of privacy in the corridors poses a significant challenge, especially when discussing sensitive information or providing personal care.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Additional stress, fewer discharges, more work, patient collapses due to inappropriate monitoring

In what ways were patient care or safety compromised, in your opinion?

Patients do not have appropriate access to oxygen, suction, or monitoring. Higher patient levels for similar staffing levels leading to poorer patient care

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Offloaded from ambulance into a corridor. Unable to discharge the patient until they had been accepted and then the patient still had to be nursed in a corridor until a bed could be found, This happened to my mother in law. No bed was found for her for over a week. As a nurse working for the NHS I felt horrified and ashamed. This is not how patients should be treated. No privacy and absolutely no dignity in corridor care.

In what ways were patient care or safety compromised, in your opinion?

No privacy, no dignity, no ability to rest, risk of patient safety especially if no relatives close by, constant ambulance admissions day and night disturbing those in the corridor, no named nurse,

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Patients should be stable and suitable since there is no emergency equipment available to hand, one of the patients was on a trauma board with head blocks awaiting a CT with no suction nearby and no clearance of injuries since pending CT scan for most of the shift. Also no appropriate ways to protect dignity and privacy such as for toileting, other than a screen on wheels, which I feel is totally unacceptable.

In what ways were patient care or safety compromised, in your opinion?

Lack of dignity and privacy. Lack of emergency equipment immediately available and overall totally unsuitable.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

We have patients constantly in corridors on trolleys, all ages, some patients should be in monitored areas, however because of no movement in the rest of the hospital, we have no room. It's unsafe, undignified, degrading and destroying both patients and staffs trust in the health system. Corridor care is now the norm, it should have never been allowed in the first place. As soon as we started to deliver care in the corridors, we failed both patients and staffs trust.

In what ways were patient care or safety compromised, in your opinion?

Corridor care is undignified due to everyone seeing everyone at their most vulnerable. There is no privacy, patients are given treatment and discuss their reasons for attending hospital, which should be confidential, right in ear shot of everyone.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

In what ways were patient care or safety compromised, in your opinion?

Trolleys are uncomfortable and terrible on vulnerable skin. Patient care and treatment is impossible to maintain and keep dignified and confidential in a corridor.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

No spaces available to provide personal care to patients in bays, resulting in patients laying on soiled trolley until bay space available and others having to wait for the toilet. Only one qualified staff looking after many, some very sick patients. No where to plug in flat bp machine so obs machine and copd neb machine not working. Constantly moving trolleys around, sore back after long shift. Emotionally and physically draining for staff and not fair on pt. Staff do their best but with limited staff and resources- like third world. Very sad

In what ways were patient care or safety compromised, in your opinion?

Lack of staff, space and resources

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Patients not suitable for corridor, patients on supplementary oxygen, connected to cylinders

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

No space on ward. We had to wait until a pt got discharged.

In what ways were patient care or safety compromised, in your opinion?

Lack of supervision

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Due to overcrowding in a and e assessment rooms are often used to accommodate patients in bed in order to assess patient quickly it is becoming more frequent that corridor outside of these rooms are used to take patients histories I am an acp and history taking is large part of my role it is usually every shift we have to utilise corridors where people walk through to take history I have also had to take bloods in corridor areas I would honestly say at least once per shift

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

physical examination is often delayed and has to be done when dignified area is available but this causes a delay in care and assessment

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Patients are mostly uncomfortable and unhappy, and this impacts the care given to other patients. Because we spent time trying to explain and dispute resolution instead of given medical care.

In what ways were patient care or safety compromised, in your opinion?

The beds are normally placed close to the toilet door, and this has been causing other patients falls especially confused patients.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

I had to catheterise and I refused to do it even with mobile screens because the corridor was so busy with people and beds moving

In what ways were patient care or safety compromised, in your opinion?

Patient needs a catheter but I could no do it there, the other one needed ecg likewise, treatment was delayed for these 2 patients

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

We have 3 trolleys in a corridor that are constantly full with patients. It's a corridor to another part of the department so there is a constant flow of staff, visitors, paramedics going past.

In what ways were patient care or safety compromised, in your opinion?

The lack of privacy and dignity, resources available are limited

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

It feels like a moral injustice. The care delivered in that area ranges from observations to administration of medications.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Less privacy for patients. Very uncomfortable for staff and patients as people where walking by.

In what ways were patient care or safety compromised, in your opinion?

No privacy which sometimes compromises their dignity

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

I work as a lung cancer nurse....we had to try and discuss this diagnosis with a patient in the corridor. There was no alternative space to use, had a broken screen to use for a little dignity but it was buys and highly inappropriate but the patient needed to know their results.

In what ways were patient care or safety compromised, in your opinion?

No privacy or dignity and not an appropriate place to be telling a patient they have lung cancer

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

These areas are meant to be temporary but on our wards there are patients in the corridor day and night and there have been for months. It's undignified, stressful for both staff and patients and attitudes need to change so this is not the new normal!

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

It always happens, once a patient is on discharge process, another patient is already in the family room or corridor waiting to take his or her space now the nurse have to take care of both the patient on discharge process and the awaiting patient.

In what ways were patient care or safety compromised, in your opinion?

They don't get the maximum care they require most times the patients at the corridor or waiting room are forgotten

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

The ratio of nurse to patient is badly affecting the nurses in my trust, I work in a very busy infectious ward

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Previously, during a long day we have 1 nurse to 9 patients then 1 nurse to 11 patients at night, we were managing to scale through even though it pains us that we cannot deliver 100% care to our patients because of over saturation, now it became worse, 1 nurse to 11 patients during a long day and most of our patients are highly dependent. RCN please look into this.....nurses are suffering

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Not fair for the patient. Just because they are independent means that they can be placed in the corridor or hallway.

In what ways were patient care or safety compromised, in your opinion?

They are placed in a location where it is not conducive for recovery.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

I am a palliative care CNS and I regularly have to assess and review patients in corridors. Whilst my trust's 'full capacity' policy states patients in the last days of life should not be placed in corridors, this does not extend to patients receiving palliative care. I have had to have sensitive discussions (DNACPR etc) with patients in corridors, and been unable to fully examine patients in some cases as there are not always screens available.

In what ways were patient care or safety compromised, in your opinion?

Lack of privacy and dignity, unable to undertake full physical examination

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

No privacy, patient had no chair to sit out in, belongings stored on bed, no space around, meal trolley had to park next to patient, I felt desperate and sad and angry that this is where we have got to.

In what ways were patient care or safety compromised, in your opinion?

Lack of privacy and dignity, increased fire risk due to blocked exit routes on ward, higher risk of deconditioning due to unable to sit out of bed.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Patient moved to corridor from admissions very unwell had to move quickly into bay as was dying.

In what ways were patient care or safety compromised, in your opinion?

Sick patients in corridors with no curtains around bed for privacy.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

I am burnt out

In what ways were patient care or safety compromised, in your opinion?

Having to sit patients in chairs in corridors and move beds for space – poor patients unable to rest

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Patient was stayed in that corridor for 2 days

In what ways were patient care or safety compromised, in your opinion?

No enough space, just a screen is used for privacy, noise environment, patient is always disturbed by noise, and light.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Too many patients in a very small hospital setting

In what ways were patient care or safety compromised, in your opinion?

Patients are neglected and is not seen immediately

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Canuualting patients in a waiting room on a regular basis, IVI up on patients who are in a corridor or waiting room! Patients collapsing in waiting rooms due to wait to be seen as no safe Appropriate area for them to be seated and treated

In what ways were patient care or safety compromised, in your opinion?

Patients delayed treatments, no call bell for patients in reach! Patients collapsing therefore having to safely lay the patients on the floor for recovery

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Awful the patient was unhappy and undignified care was given despite measures to prevent this

In what ways were patient care or safety compromised, in your opinion?

No oxygen or other essential medical devices were there

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Patients privacy and dignity are compromised, temporary screen, lack of space, no facilities

In what ways were patient care or safety compromised, in your opinion?

Lack of space compromises proper patient care, risk to staff and patient of trip hazard

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

A new pt was placed in the day room while waiting for another pt to be discharged. But that took hours, so the new stayed in the day room, we changed his pad there as well which was very inappropriate. I feel sorry for him.

In what ways were patient care or safety compromised, in your opinion?

He should be checked as often as the other pts.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

The trust under bed pressure, it impact caring for my patient in appropriately, no table instead patient had to use dressing trolley as bed side table, no curtains instead have to get screen which makes the environment very crowded and hazard for falls and trips.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Anther time nursing patient on corridor whom on portable oxygen again patient safety and pressure to staff. Unsafe environment as corridor blocked in case of emergency access. Also caring for extra number of patient which is unsafe.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

There's no privacy at all, toileting in corridor, offering personal care with screens that are faulty. Patients missing hot meals because no tables

In what ways were patient care or safety compromised, in your opinion?

Privacy, missing hot meals

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Too much patients in a crowded bay , not good as decreased accessibility to stuff and increased falls risk to the patients

In what ways were patient care or safety compromised, in your opinion?

Falls risk increased plus inability to carry out care adequately due to no space in between beds and a lot of squeezing trying to get through to get sth and wasting time that is not even enough in the first place

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

In extra beds in bays no proper screens, also in corridor in ED no proper privacy need to push beds around when patients need the toilet.

In what ways were patient care or safety compromised, in your opinion?

Unsafe environment on wards with extra beds, limited space, unsafe electrical leads, lack of privacy. Blocking emergency exits. Difficult at night either too dark or too light depending whether ward or ED. Difficult maneuvering beds around.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

There was a lot of patients waiting to be offloaded in the ambulance, some patients needed to be seen in triage urgently. No more spaces in cubicles so they placed in corridor. It is not appropriate since no privacy and patients who are confused are also being placed in there. It is not safe for them

In what ways were patient care or safety compromised, in your opinion?

Risk for fall, no privacy, patients are exposed to everyone

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Patients being brought in by ambulance into ED. we had no space in our ambulance bay and were at capacity (which includes six patients being treated in the corridor and three in an allocated bay). we had try and start bleeding and giving treatment in ambulances to ensure there were no delays to treatment.

In what ways were patient care or safety compromised, in your opinion?

Acutely unwell patients were not visible to nursing staff, kept on ambulance stretchers for 3-4hours at a time, then spending a further 8hours in a corridor. this was all patients: elderly, confused, drunk, young etc.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

We have patients in corridors 24 hours a day 7 days a week. Once a corridor patient is discharged another one is put in their place. There is no privacy. No space. I've heard doctors asking them to talk quietly cause they are disturbing them. We've had patients missed at meal times. It makes me feel ashamed, we wouldn't treat animals like this. Some patients are sent from ED we are told they are well enough to be in a corridor, it turns out they are very confused, or very poorly, or have loose stools. It's totally inappropriate, no one should ever be treated in a corridor. It's degrading.

In what ways were patient care or safety compromised, in your opinion?

We cannot do skin checks. They are sometimes too poorly or confused to be in a corridor. There is no privacy. They take up space so getting equipment around them is difficult i.e the resus trolley. It is totally unacceptable.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

i had to undertake a Fast track conversation to a patient in a corridor. very difficult.

In what ways were patient care or safety compromised, in your opinion?

Inappropriate for palliative care requiring careful skin care. No privacy. No quiet time to consider their future. very distressing

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Unable to deliver care

In what ways were patient care or safety compromised, in your opinion?

No dignity or privacy for the patient

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

No dignity for patients, pad changes behind screens with gaps. No access to oxygen, suction, arrest bell or patient call bell. Covid positive patients in corridor as no side rooms available, therapy staff unable to complete proper assessments as no room to assess transfers. No room for appropriate manual handling equipment to be used by staff. Confused, delirious patients becoming even more disorientated by being placed in a corridor extending length of stay. Having to take on 2-3 extra patients a shift on top of existing extra patients due to poor staffing. No patient confidentiality. Demoralised staff

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

A patient who is bed bound has been sent before and had to change a patient in a store cupboard. Had patients who are on constant oxygen being sent to board in the corridors. Had patients who has loose stools and vomiting being sent to board in the corridors. Its upsetting for us and the patient and their relatives. It's not providing the best care we can to the patient.

In what ways were patient care or safety compromised, in your opinion?

It doesn't give patients dignity. It's not safe for them.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

This is a regular occurrence since Covid. Two nurses are allocated the corridor care daily and provide personal behind a board which does not provide privacy. Patients using oxygen are also allocated corridor care.

In what ways were patient care or safety compromised, in your opinion?

This is not an appropriate setting for deteriorating patients as it does not have all the equipment we need. No privacy and dignity. Undertaking cannulation in corridors and oxygen tanks for poorly patients is not an example of care that should be happening right now.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

According to new ambulance offload policy, patients were offloaded into emergency department corridor without getting transferred to trolley but staying on ambulance trolley. With no nursing staff allocated, no exclusion criteria (acuity or dependency) for eligible patients. Being a corridor no oxygen, no suction, no monitoring, no emergency call point available to patient.

In what ways were patient care or safety compromised, in your opinion?

As no exclusion criteria, acutely unwell patients have been offloaded into emergency department corridor daily over last month. Multiple safety incidents already raised by staff and patients.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

I think it is undignified and unsafe, there rooms are not set up to have patients needing care in them (o2, suction etc.) there is no extra staff to look after them, and is dangerous.

In what ways were patient care or safety compromised, in your opinion?

Room not medically equipped for pt care

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

every day we have to ask one of the fittest patient or medically fit patient to sit on the corridor to take new admissions. this happens in each ward every morning. But some times those patients wont get the bed if they cant go home the same day. And they disappointed and get tired of sitting whole day. I work in elderly medicine where I feel this is completely inappropriate as they are not able to sit that long .last time we had requested one of the patients to sit in the corridor at around 9 am in the morning and get the bed only at 2300 hrs at night.

In what ways were patient care or safety compromised, in your opinion?

patients feel frustrated and ignored while sitting in the corridor.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

I was actually supposed to hand the patient over a s corridor care but I refused this as the patients condition requires she be in a bay under close observation

In what ways were patient care or safety compromised, in your opinion?

1:1 observation required was not given

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

I couldn't manage to assess the patient especially for risk assessment body map checking and for toilet needs

In what ways were patient care or safety compromised, in your opinion?

Not appropriate space provided sometime corridor patient they said FCP .but most of them were confused

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Brief assessment for their attendance, unable to provide privacy and unable to examine.

In what ways were patient care or safety compromised, in your opinion?

Delayed assessment and delays in basic investigations being conducted

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

There are too many ambulances outside of A&E and they need to offload their patients to the corridor as they need to go back and respond to other emergency calls as well. But nurses and doctors struggle too much with the workload. patients dont have any dignity nor privacy. Nursing standard of care goes out the window. It is very unsafe!

In what ways were patient care or safety compromised, in your opinion?

There is no privacy nor dignity for the corridor patients. Doctors would assess there patients in the corridor and these informations that they share can be heard by everyone else.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

We care for patients in corridors almost on a daily basis. We are short of staff most shifts and still have to put extra patients in corridors which gives the nursing staff on duty more poorly patients and more pressure. There is no privacy or dignity for these patients. It feels very unsafe. I am often in charge and try not to use corridors, especially when we are short staffed but I am often not listened to and made to use corridors anyway. It makes me feel inadequate and really worried for these patients

In what ways were patient care or safety compromised, in your opinion?

I work in A&E where most patients are really sick, we are already short staffed and adding more sick patients impacts on their safety and delays their treatments as the nurses are unable to keep up by giving timely treatments. Patients who deteriorate are more likely to be missed.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Inappropriate and does not give dignity to the patients being cared for in the corridor. My patients are elderly and most of the times get confused whenever they are being transferred or stay in the corridor.

In what ways were patient care or safety compromised, in your opinion?

No proper space for care.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

We have to take patients regularly in corridor. Patients does not feel that they are getting care with respect and dignity and we do not feel it's appropriate. It has become a routine now and the top of short staffing .

In what ways were patient care or safety compromised, in your opinion?

Staffing ration is compromised on daily basis therefore impact care and delays all treatment

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

at moment offload ambulance to meet the targets it is priority patient offload on corridor independently medical condition

In what ways were patient care or safety compromised, in your opinion?

patient on corridor with o2 support, chest pain, dementia risk of fall, on scope, ?seizures etc

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Patient are not happy to stay in the corridor. Most of the patient are refused to go there.

In what ways were patient care or safety compromised, in your opinion?

Patient are not safe in the corridor if any emergency happens

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

A&E were under pressure to find beds for their patients. A patient was sent to us a ' reverse boarding' the term our trust uses when transferring patients to the wards while waiting for someone to be discharged- which can take all day!

In what ways were patient care or safety compromised, in your opinion?

Patient was left alone in the corridor which itself is unsafe. No call bell available no table to access drinks/ food etc. care of other patients as corridor was congested it would have been difficult to get crash trolley to another patient if needed

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

We received a reverse boarding pt and he was left in the corridor. It was very undignified for the patient and I felt awful having to provide personal care for him while 2 members of staff helps sheets up to provide some sort of privacy. The patient arrives on the ward at around 9am and was not able to be given a bed space until 8pm that evening.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

It impacts massively on the care we are able to provide to our patients. We are already stretched staffing wise and to have another patient adds ringer pressure, not to mention the hazard of having a bed in the corridor. At times we have had 2 beds in our corridor. As staff you feel embarrassed that this is the level of care you are giving a patient.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

I cared for a patient who was in the corridor came to the ward with Fracture of Neck of Femur. The patient was lying in an ED trolley where the patient could barely change the position. Privacy and Dignity was a concern to provide toileting and to perform any procedure. It was difficult for me to take care as it is impossible to give high quality care if the staff has to take care of more number of patients and look into their needs. At the end of the day, I was not really satisfied with the care that I provided.

In what ways were patient care or safety compromised, in your opinion?

It is extremely difficult to give care without providing privacy to the patient and also safety is compromised if any medical emergency situation arises for the patient in the corridor.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Made me feel inadequate, care is bad, patients upset. Unable to provide basic personal care. Relatives upset. Good nursing care is unable to be provided. Corridor care is outside our resus area unable to get trollies past. Not enough space in the corridor when trying to get past with other patients and staff. Patient collapsed in waiting room and we needed to take to resus however held up as a patient in the corridor was being mobilised with a stand steady – not patients fault. Care is unacceptable for both patients.

In what ways were patient care or safety compromised, in your opinion?

All care is compromised in the corridor unable to nurse properly

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Ambulances queuing

In what ways were patient care or safety compromised, in your opinion?

Hard to nurse with dignity in a corridor.... If these people become ill it's hard to get them to a safer area

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Offloading ambulance patients in corridor every day as A&E is has no capacity & its a every day scenario, difficult to treat patient in corridor

In what ways were patient care or safety compromised, in your opinion?

Patient are receiving treatments in corridor, elderly patients hanging on a trolley in corridor, hard job to care for the pts in corridor, patient confidentiality is breached every day

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

I was advised will be receiving patient to patient to corridor as hospital was under extreme pressure. Patient was not appropriately handed over brought to ward by porter.

In what ways were patient care or safety compromised, in your opinion?

High risk of falling and injury themselves, of they deteriorated there will not be appropriate supervision and will receive care without dignity observed.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Demanding, not able to properly render the most appropriate care

In what ways were patient care or safety compromised, in your opinion?

No oxygen ports, no suction ports, pts feeling anxious as they feel squashed

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Our patients are cancer patients and often need complex care. The additional bedspaces they kept in does not have oxygen or suction. They often do not get privacy and is inappropriate.

In what ways were patient care or safety compromised, in your opinion?

Patient can suddenly deteriorate and we have to run for oxygen cylinder.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

patients were very incontoninet, pads were not changed for hours

In what ways were patient care or safety compromised, in your opinion?

patients were left unattended

no access to drink

no access to nurse call bell

Extra bed in bay, patient needed bed pan or commode.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

1. Lack of privacy- the bay is design for 3 beds each side, there are 3 curtains to cover 3 cubicle bed spaces. the extra bed added meant that we could not close the bed space appropriately using the bed space curtains for extra patient using the commode or bed pan. We had to use a portable side wall to provide privacy and dignity. That meant no space for the other patient to move in his own bed space and the other patient felt very uncomfortable wit the whole layout of him having to move out of the way, his bed having to be moved to create the space and the partition wall.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

I felt ashamed and embarrassed. I felt hopeless. I felt angry and upset and i was in a position to having to defend my role, my position and my decision making. I was challenged by family members.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Horizontal fire evacuation was blocked.

In what ways were patient care or safety compromised, in your opinion?

Dignity gone

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

The patients dignity was compromised when they needed to use the toilet. The patient has a fractured NOF and therefore couldn't transfer. We couldn't reverse board as there were no discharges

In what ways were patient care or safety compromised, in your opinion?

Risk of falls

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

The staff had an extra or to care for and we had to keep apologising to both pt and family

In what ways were patient care or safety compromised, in your opinion?

IVI fluids and meds given in the corridor

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

All belongings had to stay in the trolley with the patient and they had to eat with a tray in their lap

In what ways were patient care or safety compromised, in your opinion?

Fire exit blocked

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

One upping goes against everything as a nurse for more than 40 years I have remained in the profession. I am looking at retiring

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

I work on an elderly care unit. We are frequently made to sit very elderly frail people out in the corridor at 7 am in the morning often before they are fed or washed yet. Sometimes the patient can be sat out up to 12 hours at a time.

In what ways were patient care or safety compromised, in your opinion?

patients deliriums often get worse, they get exhausted and sitting out for such a long time increases risk of pressure damage

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

I was told by management the hospital is struggling and we all have to take extra corridor patient.

In what ways were patient care or safety compromised, in your opinion?

The use of screens when attending to patient is very difficult in the corridor due to limited space.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

It was very difficult to provide privacy and dignity to the patient which was very uncomfortable for me, the carers and patient.

In what ways were patient care or safety compromised, in your opinion?

The patient becomes disoriented to the ward because they do not have a room number especially older patients.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Totally inappropriate for nursing care, lack of space, lack of dignity and privacy.

In what ways were patient care or safety compromised, in your opinion?

Inadequate lighting, lack of staff for the extra beds, inadequate portable call bells system, patients lacking capacity have left the building through the patio doors, unable to use appropriate equipment safely such as hoists.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Patients bed bound requiring personal cares such as toileting in a corridor

In what ways were patient care or safety compromised, in your opinion?

Personal cares in from of others is not acceptable.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Most times we get up to 4 patients in the corridor .One night it was a patient on oxygen..we kept monitoring the oxygen tanks so it doesn't run out.It was traumatic as I kept asking myself what would happen if I get busy and the tank runs out and I forgot to check on the patient.I was told from AMU when I queried receiving this patient that I could take a patient with up to 4 liters of oxygen on the corridor.This is mentally draining .

In what ways were patient care or safety compromised, in your opinion?

Anything could happen and with patient on the corridor ,you cannot give appropriate care.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Patient awaiting discharge, new patient admitted to the same bed on the ward although there was no bed available until the patient awaiting discharge was collected.

In what ways were patient care or safety compromised, in your opinion?

Firstly it's not very dignified to be laying on a bed in the corridor awaiting pre op checks. Secondly the bed was blocking the corridor, restricting access for crash trolley if needed and compromising fire safety for both patients and staff.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Where is patient dignity ?

In what ways were patient care or safety compromised, in your opinion?

Is corridor care safe for the patient , where is dignity & respect

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

No privacy/dignity care . consultation and examination has been performed with no confidentiality.

In what ways were patient care or safety compromised, in your opinion?

Lack of staffing,

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Everyday we are getting 4 to 5 corridor patient in 33 bedded ward..

In what ways were patient care or safety compromised, in your opinion?

In corridor there is no oxygen and suction in wall for regular and emergency. No privacy and dignity of patient, difficult to deliver care, no room to perform emergency care such as CPR.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

In able to give the care that the patient need due to lack of space and privacy.

In what ways were patient care or safety compromised, in your opinion?

Delayed in treatment and basic care to patients.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

I had a large volume of patients in a corridor. With no privacy or dignity. I am putting out NEWS calls in the corridor

In what ways were patient care or safety compromised, in your opinion?

There has been many studies to indicate that over crowding in the emergency department has a detrimental affect on patient safety and staff wellbeing

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Corridor care is very normal situation in my hospital, ED. It's been ongoing for at least 3-4 years. But the frequency of corridor care was less back then.

In what ways were patient care or safety compromised, in your opinion?

Very unwell patients who requiring oxygen, infusions are in corridor without monitors, or close monitoring of patients. In a busy corridor there is delay in observation, assessment, imaging, investigation, treatment etc. patients who need to be isolated are also stuck in corridor for long time for example infectious, immunocompromised patients.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

For the last 2 years corridor care is a daily occurrence and we have at least 2-4 nurses allocated every day for this.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Taking care of sick, elderly, dependent patients in corridor is unsafe and inhumane. The pressure on me as a nurse and coordinator is unbearable most of the time. The patients care are not met, but corridor care meant just keep the patient alive and avoid further damage.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

There is no confidentiality or privacy for patients in corridor. Patients are lined up in corridor where doctors and nurses collect history, rapid physical assessment which is visible to the whole public present in that corridor. I have seen up to 45 patients in my corridor.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

It affects me mentally in terms of I want to take care of them, but I am left with no choice. No toilet or hand washing facilities in corridor.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Every single shift we are delivering personal care to patients in the corridor. The criteria for 'fit for corridor' is stretched so far. The light can't be turned down and some patients are there for DAYS because so many other patients are deemed not fit for corridor so they have to stay in there with no window, no dimming of lights and no privacy. We have had too many people sat in chairs for days on fit to sit areas or even left in the waiting room who desperately needs beds. Very elderly people 80 years+ sat in a chair for days. One patient developed a DVT which medica beloved was due to the prolonged sitting. Over 65 patients sometimes in a fit to sit area that has only 12 chairs and 3 nurses! Cardiac arrests and seizures being dealt with in waiting rooms and floors because there aren't beds! Children being sat like sardines when ill because of space and overcrowding. A shift last week had 75 children with only 2 nurses in a space made for 15 max

In what ways were patient care or safety compromised, in your opinion?

As previously stated. Patients needing cardiac monitoring not being able to be monitored so has lead to adverse incidents including deaths as NEWS and monitoring can't be adhered to in overcrowded areas. Patients self discharging due to lack of space and dignity then becoming severely ill or passing away at home

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

There was no privacy for the patient although we did our best with the screens available. Some patients (many) have been stepped down overnight only to return to the ward corridor in the morning. They can spend all day in the corridor – one patient who had been moved three times like this said I feel like screaming as do I.

In what ways were patient care or safety compromised, in your opinion?

There is insufficient room for beds in corridors and create a falls hazard. Last week there was a fire alarm on the neighbouring ward so their patients were evacuated to our ward which one would expect in that situation but with 3 or 4 beds already in the corridor it was chaos

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Out trust calls temporary escalation spaces our full capacity protocol space

In what ways were patient care or safety compromised, in your opinion?

Patient care affected. It is not dignified. Patients feel they are being dumped, even when rationale is explained. They feel guilty for having been in an in-patients bed.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

We are using them daily. Sometimes, we will have 2 FCPs.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

On my particular ward, we also run an ambulatory unit. Quite often, these trolley spaces are taken by in-patients. When our ambulatory clinic patients arrive and there is no space, they are an additional patient but they are not considered when allocating extra FCP patients. Last week, we had 5 additional patients on top of our normal bed base

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

It's an impossible environment that's exhausting and makes you feel like you failed as nurse.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

There's no worse feeling then trying your best but knowing it's not enough- medications are missed- documentation is not up to date-patients NEWS/ Observations hasn't been done regularly- elderly patients sat in urine- pts in pain- if this isn't enough you then have the fear of losing your pin and harm coming to a patient because it's not an adequate and safe place to provide care for patients but all you can do is try your best.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Corridor should not exist it never should of been allowed to become a place for patients.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

I received patients from ambulances in the corridor-5 patients with different cases. No cardiac monitor-we only used portable obs machines for checking their vital signs. No call bells in case of emergency. It was hard to change pads in the corridor or do ECGs which needs privacy

In what ways were patient care or safety compromised, in your opinion?

Unsafe environment, no call bells or buzzers for medical emergency, no oxygen ports in the corridor and patients were exposed to microorganisms for they are in open space corridor, no privacy(we are using portable side panels when we ate doing ecg or changing pads,heavy workload for nurses

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

I was moved to ED and told to do corridor care.

In what ways were patient care or safety compromised, in your opinion?

Patients bed bound in corridor. Or confused. Not safe or respect to patient

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

The ED has currently no choice of providing corridor and waiting room care. It 's the only way to provide minimal essential care to the patients in the waiting room and also worry about the long wait of the ambulances that need to be offloaded. The trust puts enormous pressure on the ED to fill the corridor spaces even with patients who might not be safe to be there.

In what ways were patient care or safety compromised, in your opinion?

patients in those spaces are not really in sight, are unable to call for help and emergency response is hindered by an overcrowded corridor and waiting room.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Patients being moved to our ward inappropriately as a FCP or full capacity patient, sometimes they are bed bound and we are unable to provide dignified personal care, oten times it is unsafe as they are sometimes on oxygen. These patients have no callbells and unable to ask for assistance if needed. There is an instance in our ward that a full capacity patient was brought down on a wheelchair and had a medical emergency call put out as soon as she arrived to our ward. It is unsafe for the patients, undignified and the privacy of these patients and the other patients in the bay are also affected. Staff are also put at risk due to increased hazards, increased nurse-patient ratio (working in a highly acute ward with ARCU bays) and risk for errors

In what ways were patient care or safety compromised, in your opinion?

bedbound patients – unable to provide dignified personal care]

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Undignified care for patients when using commodes

In what ways were patient care or safety compromised, in your opinion?

This on oxygen were at high risk on portable cylinders. They may run out without being noticed

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Too many patients within ED. To create flow additional beds were placed in bays and within the waiting area of assessment space

In what ways were patient care or safety compromised, in your opinion?

Extended time on trolley. Lack of patient dignity. No access to toilet facilities. Limited oxygen availability

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

As a deputy sister my first job in the morning is to assess and identify corridor suitable patients (TES)- which at the time they were but unfortunately have deteriorated in corridors – a few has been fatal. These patients could be in the corridor all day – sleep in an escalation area overnight and return again before 5am in the morning. Wards have to sit their patients out if we do not have any TES patients so patients could spend their time in hospital in the corridor. When we are short staff/ confused/high acuity on the unit corridor patients will get over looked. We as the staff on the shop floor will get the complaints from patients and family which also impacts our moral at work. As a nurse we are here to provide affective, dignified, safe patient care which is not being provided on a daily basis – unfortunately, this means the hospital provide values are not being met.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

ambulance patients were queuing in ambulances and needed treatment whilst waiting to unload

In what ways were patient care or safety compromised, in your opinion?

there was not enough space to carry out treatment / assessment and there was a delay in both

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

This is an extra patient and the corridor has no privacy. the lights cannot be dimmed and this makes the patient not comfortable and giving the patient care has no privacy

In what ways were patient care or safety compromised, in your opinion?

No privacy

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

AAU EDGH _ patients were admitted to the corridor, sometimes they stay for 24/48h and longer, no privacy, peace, a lot of confusion for the staff and people around

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

I work in ED. The corridor, doubled up cubicles, inappropriate pts in fit to sit and the waiting room is not only now the norm but it is expected. We non longer use the corridor or fit to sit sop. Pts are just squeezed in everywhere and the trust will not provide staff to care for these additional pts which is a huge safety issue as pts are not being monitored correctly or getting timely treatment. I never thought we would go back to this, I'm ashamed of the service that we provide.

In what ways were patient care or safety compromised, in your opinion?

No staff to look after themselves pts leading to insufficient monitoring and delays to treatment. Personal care is also compromised as you find staff toileting pts in the corridor under cctv

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

It's frustrating. Felt bad for those patients

In what ways were patient care or safety compromised, in your opinion?

Not receiving proper care, no privacy or dignity

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

I nursed a patient in the corridor, who have come in with postural hypotension. He was in his 90's , mobile with a frame.

In what ways were patient care or safety compromised, in your opinion?

In my opinion I would say , no patient deserves to be nursed in the corridor no matter what

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Patients regularly nursed in the corridor of the ward. This is the main entrance to the ward so constant stream of beds/trolleys/people coming past patients in the corridor. Often in close proximity because the corridors are not suitable for 2 beds to pass each other. No privacy got the patient no safe space to eat and drink not to mention administer treatment! Patients are regularly there overnight- admitted to the ward corridor with no prospect of a bed becoming available.

In what ways were patient care or safety compromised, in your opinion?

As I've said in my previous comment- infection control breach, patients in corridors do not have access to a call bell/oxygen/power source. No space to eat in a chair/keep belongings. Vulnerable to all passing by- no privacy.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

On a daily basis myself and other colleagues are asked to deliver care to patients that are placed in the corridor and most days there are two patients in the corridor

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

No availability of appropriate assessment space

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

It was just a conversation so there was no direct negative impact, but the setting is not as private as it should be for confidential conversations. Our ward manager frequently reminds us that we should not have private conversations with patients in open areas of the ward, but also that we should check in with patients regularly, and often patients specifically ask for this, so there are conflicting pressures.

In what ways were patient care or safety compromised, in your opinion?

Patient care was compromised because we are faced with a choice between compromising on confidentiality, by having a personal conversation (often with a distressed patient) in a public area, or not having that conversation in a timely fashion because there is nowhere to have it.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

In almost all situations, the bed manager calls before the start of the shift to request us move the more stable patients to the corridor as we are to receive a new admission in the bed space.

In what ways were patient care or safety compromised, in your opinion?

The patient has no privacy or confidentiality especially when receiving care. Even mealtimes could be interrupted by people passing by all the time.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

The option to decline is not there. The consideration of staffing levels and patient privacy and confidentiality and comfort is never considered.

In what ways were patient care or safety compromised, in your opinion?

The doctors round where confidential and private information is being transferred could be picked up by people not privy to it.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

When a patient is getting cared in the corridor there is difficulty to maintain the privacy and dignity of the patient, personal care is not up to the standards and when we get patients with high news score it's making the scenario difficult I won't be able to provide the high standards of care finding difficult to meet the patient needs, as it's blocking the way it's disturbing the way we care for another patient (just in case of emergency hard to push the trolley) through the corridor as ward set up is different from ED, its increasing the stress of the staff, not giving me a sense of satisfaction increases the number of patients I care for am not getting extra staff to care my patient things getting worst when I cared for people living with dementia getting admitted and receiving pre op patients at the end of the day am exhausted

In what ways were patient care or safety compromised, in your opinion?

It's compromising safety of both patients staff and other patients as well (I received patient's with high news score where we had to push the trolley in the middle of one of the bay it was so difficult to stabilise the patient in such an environment

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

No bed spaces, patient needed urgent assessment but no where for patient to be seen so had to be in corridor, had to complete bloods and ecg in corridor

In what ways were patient care or safety compromised, in your opinion?

Patient care – invasive procedure in the corridor, no dignity or privacy

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Patients in the ward corridor. Recently the trust had officially changed the name to temporary escalation spaces. We can have 4 or more on any given day

In what ways were patient care or safety compromised, in your opinion?

Dignity compromised. Limited ability for patients to call for help if required

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

The patient was very upset at the idea of being based in the corridor and initially refused to move. I explained all staff were very unhappy about the situation too. The ward is chaotic, recently changed to open visiting, no limit to no's per patient, one shift a patient had 7 visitors, 2 of them were lying on the bed. When the catering staff arrive with their food trolleys there is little space to park them as a patient in a bed is occupying their normal space. The whole situation is horrendous and dangerous.

In what ways were patient care or safety compromised, in your opinion?

safety is compromised as there is so little space

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

I have been caring for patients in corridors for the whole of 2024 and can't see an end to it. Also caring for patients in seating areas that really need to be on a bed but there aren't any.

In what ways were patient care or safety compromised, in your opinion?

Patients on O2 or needing cardiac monitoring you can't do this in a corridor

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

I felt I was not able to provide good dignity based care for my patients

In what ways were patient care or safety compromised, in your opinion?

A lack of privacy and dignity

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Emergency assessment unit addition patients in chairs wherever chairs could be place due to high numbers of GP patients walking in, this included waiting room and by ambulance doors. We have 16 trollies but are asked by management to prioritise these for patient expected from Emergency Department unless a patient is unwell in chairs although these trollies are normally full. We can at times have 10+ patients in chairs that we are not safely staffed for. The staff were under enormous pressure to deliver gold standards of care in extreme circumstances.

In what ways were patient care or safety compromised, in your opinion?

Patient in inappropriate area comprising the privacy and dignity.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

No patient privacy, dignity or confidentiality

In what ways were patient care or safety compromised, in your opinion?

Unable to actually offer care to patient, just delivering treatment, unable to fully watch patient

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Frailty assessment of an elderly confused patient who was at risk of falling. I was unable to complete a full assessment due to the environment being inappropriate which added to the patient being admitted into hospital.

In what ways were patient care or safety compromised, in your opinion?

Unable to complete a full assessment.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Awful,

In what ways were patient care or safety compromised, in your opinion?

Deteriorating patients with little no monitoring

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Incontinent patients needing change and nowhere to change them.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

It's daily Occurance.

In what ways were patient care or safety compromised, in your opinion?

Too many patients in corridor without monitor. Long waiting time to see.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

No appropriate care measures,

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

No bed spaces for those waiting in ED. Common for approx 40 patients waiting a bed

In what ways were patient care or safety compromised, in your opinion?

Poor staff ratios , not mofd, reduced observation

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Multiple patients being boarded on corridor area as being transferred out of A&E area onto ward and the following bed space not yet ready for their admission. Decision being made by hospital senior management team to ensure ambulances queuing times are reduced. Nursing team having to complete first steps of nursing admission, including vital sign observations on patient's on trolleys in corridor space.

In what ways were patient care or safety compromised, in your opinion?

No privacy/dignity able to be preserved. No communication made to patients beforehand. Bedspaces being quickly made clean not always adhering to infection prevention policies

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Working in a cardiology department an ECG is something that is done when the patient first comes in. I feel putting screens round a patient that doesn't complete give them privacy is not dignified

In what ways were patient care or safety compromised, in your opinion?

I feel patients can't get rest when they are nursed in the corridor. In my unit we have two dedicated areas one in front of the nurses station so if a patient needs to sleep it's quite difficult for them to do as we are unable to turn certain lights off

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

A patient was moved to the corridor the night before discharge. An ecg was needed to be obtained prior to discharge and there was not appropriate Privacy screen to offer this in privacy or with dignity. Another patient was nursed in the corridor whilst on oxygen so increased monitoring was needed to be put in plan to ensure that oxygen tank could supply sufficient amounts to the patient whilst waiting in the corridor – this instance was a temporary move. There has been times when someone has passed away in a some room ans subsequently it has been difficult for the porters to move the deceased patient to mortuary with the lack of privacy screens to put round the patients when this happens. It is difficult to navigate round the corridors with equipment such as drug trolleys and resus trolleys for example in an efficient way. There is increased demand for toilets when already 6 patients are sharing this space, this means more use of commodes, bowls for bedside washes and use of bottles. This decreases patients privacy and dignity as well as adding increasing time constraints on health care staff needed to supply this and clean ready for the next patients. Having increased amount of patients makes it almost impossible to provide care that I'm proud of and find that most shifts I am only able to provide what I consider the bare minimum when it come to care and certainly not I a patient centred approach I would like.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

It affected the assessment of the patient – I cannot ask a detailed history in the corridor with no privacy or dignity for the patient. Let alone perform an examination.

In what ways were patient care or safety compromised, in your opinion?

Because a full assessment couldn't be completed

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Last week I had a pt in a cubicle who collapsed that we rushed to resus – the corridor to resus is fully of pts on trolleys – not easy to navigate with an ongoing emergency.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

I handle 4 patients in the corridor, confused, with oxygen etc, no privacy for patients as well

In what ways were patient care or safety compromised, in your opinion?

I can't even change their pads or check their skin

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

It means an extra patient to look after, when we are often looking after extra patients due to being under template. It is undignified for the patient. It is awkward for them too – they are on a bed, but we don't have sufficient furniture to provide them with a locker or table. This makes mealtimes difficult for them too.

In what ways were patient care or safety compromised, in your opinion?

I have ended up looking after 12 patients instead of seven due to staff shortages and then having an extra 'boarded' patient. Sometimes it feels as if I am drowning. You just can't do everything.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

We have also been asked to reverse board patients, moving them out of a bed space to enable us to admit someone sicker

In what ways were patient care or safety compromised, in your opinion?

And it feels as if nursing staff are always the ones expected to pick up the slack

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Inappropriate to the point of inhumane

In what ways were patient care or safety compromised, in your opinion?

No dignity

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Just everything, you have 30+ patients in a corridor in ED. All thinking they have the more serious reason to be there and need to be seen first, family members coming up to you and asking you questions all the time about patients you don't even know because patients just keep getting added to the queue without proper handover and you look unprofessional. Elderly confused patients stuck on trolleys, having to navigate toileting when there are no toilets, skin checks pad changes. Trying to find free cubicles to change pads perform ecgs. Doing bloods and cannulation with no sink to wash your hands. Cardiac arrests in the corridor with no crash bell, crash trolley, oxygen, defib having to roll a trolley through a corridor and the whole department to resus straddling a patient doing CPR while everyone watches on, it just feels so undignified. Patients and family are constantly angry with you and there is nothing you can do to make the situation better as they always want beds that don't exist. I have also done 1:1 mental health care for sectioned patients staying in the corridor as well as supervising patients with police in the corridor that can distress other patients. Just makes you feel like there is no point because you are never going to catch up and no one is every going to be grateful or see how hard your working for them because all patients see is the corridor and complain.

In what ways were patient care or safety compromised, in your opinion?

No crash bell, crash trolley, oxygen, call bells. No toilets, sinks, private areas to do examinations, pad changes, ECGs etc. Confused or very sick people in the corridor with poor staffing levels, ive seen the corridor be filled with 30+ patientd and only have 2-3 nurses and maybe a HCA but usually the HCA is for all the main department patients as well in cubicles often doing CT runs leaving nurses to fall behind on obs and patients to deteriorate without nurses realising.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Speaking to a patient in corridor with no screens. I have to ask patient sensitive searching questions to assess their alcohol and drug use. It was not appropriate to hold a conversation in the corridor but an assessment was required and there was no where private to take the patient, I therefore felt I was betraying the patients confidentiality,

In what ways were patient care or safety compromised, in your opinion?

Unable to maintain privacy and confidentiality

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Patients are discharged early from hospital still on IV drugs and community nurses are having to go into the home to deliver these hanging the IV bag on a coat hanger

In what ways were patient care or safety compromised, in your opinion?

It things were to go wrong the the addition assistance would be in the horn of calling for an ambulance

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

We currently have 42 escalation beds open we are being asked to squeeze extra beds in different areas that are not safe and have had health and safety assessments to say they shouldn't have extra beds in

In what ways were patient care or safety compromised, in your opinion?

Patients are being discharged before they're ready to make space for next patient with the attitude of well if they become poorly, they'll come back in and we'll deal with it then

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

I'm currently at breaking point I think I'm one more shift away from quitting nursing. I do not enjoy being a nurse anymore. I'm embarrassed by the type of care that I have to deliver just to that patient survives. There is no dignity or respect left and care there is no patient centred care approach.

In what ways were patient care or safety compromised, in your opinion?

They are being put in smaller tighter bed spaces area meaning there are more at risk of catching other illnesses

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Patient was very upset about being in corridor, she said she felt very vulnerable

In what ways were patient care or safety compromised, in your opinion?

No oxygen and suction if needed

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

No privacy or dignity for patients. Cold – draughty corridor. Unable to examine patients appropriately. Lack of toilet facilities, difficult to monitor for deterioration.

In what ways were patient care or safety compromised, in your opinion?

Lack of monitoring, unable to examine patients. Poor infection control, risk of falls. Risk of deterioration. Ran out of portable oxygen due to high number of respiratory cases.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Lack of dignity for the patient

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

A pt was put a room meant to be an orthopaedic assessment room but has been a storage room. She was nursed there because there was no side room for her because she tested positive for Flu A. She was there for more than 24hrs before she was given a proper side room. The room was airtight and had other equipment in it. We had to take out some stuff from the room to be able to transfer her to a bed with standard mattress because she was left in a trolley.

In what ways were patient care or safety compromised, in your opinion?

Appropriate bed and mattress not provided.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

I felt we didn't give her the best of care because she became poorly at some point which might be because she was in an airtight room.

In what ways were patient care or safety compromised, in your opinion?

Appropriate nursing care not provided.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

On a daily basis, we receive boarding patients. We keep them on the corridor where everyone passes by. No privacy at all. They are being examined by doctors with just a single plank of wood divider covering. It is a shame that we health care providers need to provide care in this manner but it is more shameful that patients get to experience these.

In what ways were patient care or safety compromised, in your opinion?

No call bells, no accessible oxygen

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Ward at full capacity, unable to discharge patients due to lack of capacity in social care and other community services, Very upset, frustrated and low morale, also worried, I was unable to provide the best care for the patients. Safety, privacy and dignity, confidentiality were compromised. Difficult to monitor patients and administer IV treatment. Distressed patients and relatives as well. I was very worried being struck off the NMC register

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

The patient had to be assessed in the corridor by doctors with only a privacy screen that doesn't provide much privacy at all they had to stay in the corridor for the whole 12 hr shift as there was no available bed anywhere. They even advise us to do reverse boarding which means if we have a patient that already had a bed who was for possible discharge stay on the corridor until he goes home in exchange for the patient who was initially staying in the corridor on top of that you are initially taking care of 7 patients but because you have one patient staying in the corridors now you take care of 8 patients and if you are short staff sometimes it comes up to 9.

In what ways were patient care or safety compromised, in your opinion?

Unsafe nurse to patient ratio; compromised patient privacy; if patient deteriorates and needed oxygen there was no access as patient is in the corridor

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Patients were in corridor on ward. Not enough beds in trust. Priority is to unload ambulances and leave nurses to deal with the chaos. No dignity, no privacy, reduced sleep for patients involved.

In what ways were patient care or safety compromised, in your opinion?

No access to suction or oxygen. Would have had to use the resus trolley if anything happened. Reduced sleep, deconditioning of patients. Blocked corridors of fire happened.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

There is a lack of space for the amount of patients especially medical cases, I'm working in Emergency settings and these patients are almost every day stuck in A&E also Mental health cases spending days in emergency as lack of space on the wards, this is slowing down all new incoming patient care, lack of appropriate personal is a big dilemma in NHS, the staff is getting burned out and the pay rate does not cover our basic needs. We are all University graduates, Nurses are doing much more for the population!!!!

In what ways were patient care or safety compromised, in your opinion?

Patients stuck days in A&E, Mental health cases increasing and there are no appropriate facilities, Medical patients also waiting days to be transferred to the wards this is slowing all care.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Patient was unhappy as wound care to groin and full examination happened whilst boarding opposite the nurses station. No privacy as screens not available ,patients dignity was not maintained

In what ways were patient care or safety compromised, in your opinion?

Unable to assess patient fully , no call bell , no oxygen , no suction

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

No privacy for the patient, if they need treatment they may have to be moved, or treatment delayed. We have no beds left most of the time. There is lack of staff partly due to sickness. Increased numbers requiring level 2 and 3 care. Patients are struggling to get appointments in the community. 111 don't reply so patients come to A&E. Very long waits. Sadly it is a broken system.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

It's very difficult as some patient will be on oxygen .Some times need to move prior admission patient to corridor in time of emergency .

In what ways were patient care or safety compromised, in your opinion?

When patient require urgent transfusion but cannot be done as in corridor .So delay in treatment.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Unable to fully assess/review patient for lack of privacy/dignity

In what ways were patient care or safety compromised, in your opinion?

Unable to deliver effective patient care which would not have happened if they were in the correct location

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

I feel like the NHS is going down daily and it will affect my day to day care and patients care.

In what ways were patient care or safety compromised, in your opinion?

No call bells, no oxygen supply or suction . If the patient had Arrest also no one will see that

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Corridor care is not safe for the patient and staff.

In what ways were patient care or safety compromised, in your opinion?

No oxygen, no suction, no call bells. No dignity to the patient, no curtains.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Extra beds needed. Two office rooms became bed spaces. These rooms have never return back to offices again.

In what ways were patient care or safety compromised, in your opinion?

Infection control

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

I feel unsafe for my patient and myself. No proper equipment in the corridor or urgent oxygen access

In what ways were patient care or safety compromised, in your opinion?

No privacy and no proper equipment and no oxygen access

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

The patient was in a 3-bed bay but the bay was required by another department so the 3 ladies were moved into the corrido temporarily.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Patient uncovering themselves. Toileting not close by. Patients being in the emergency department for up to 24hrs. Staff providing tea coffee and sandwiches rightfully, but takes them away from other duties. Possibly missed medication as drug charts written while in emergency department staff not informed.

East Midlands Region

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

too many ambulance patients on stretchers requiring transfer to bed or suitable couch while awaiting appt in busy overfilled clinics . also often bariatric care required, so we have to borrow appropriate equipment from theatre, screen off the surrounding area at an attempt of privacy and dignity. transport often late collecting patients so greater level of ongoing care required ie nourishment, pressure care which are not really staffed or equipped for. Issues are escalated, but often difficult to predict events and also difficult to fast track for amb services or nearby bed. this brings pressure and stress and is not really the best care we like to deliver, but its needs must and improvising as best we can. thankfully other patients observe and complement our careful and sensitive handling of the situations, they are also normally tolerant of being asked to move around so that we can create new 'put up' spaces

In what ways were patient care or safety compromised, in your opinion?

too much happening in available space, stretched staff bringing stress, increased possibility of incident occurring if we are not vigilant which is also stressful, often leads to late stay for staff too

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Ambulance patients queuing on a corridor to access the building.

In what ways were patient care or safety compromised, in your opinion?

Delay related harm

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

It prevents us from providing all sorts of patient care and dignity on a daily basis. Patients having to wait longer for all treatment and care, hazards due to cramped working space and staff stress due to overcrowding on a daily basis.

In what ways were patient care or safety compromised, in your opinion?

Unable to provide personal care or procedures on corridor and due to overcrowding patients having to wait longer to see a Doctor.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

I was caring for patients without equipment and skills and in area that was undignified and unsafe

In what ways were patient care or safety compromised, in your opinion?

Lack of space

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

On a daily basis I'm seeing this happen – not recognised as a TES, patients moved out of ED but still sat in a chair in multiple different locations around the hospital. Patients not getting the care they deserve and staff quite frankly so burnt out from trying to help the patients – they've given up escalating as no action or help offered

In what ways were patient care or safety compromised, in your opinion?

There have been at least 2 deaths as a result in the ED waiting room

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

I had no screen between patients. No bedside table and no call bell. No piped oxygen and window without blind. Totally undignified. This has been case over the last 2 years too

In what ways were patient care or safety compromised, in your opinion?

Lack of dignity. No toilet only use if bedpan

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

we have more patients now constantly with worse skill mix and short staffed 90% of time and patient has to walk down corridor for toilet etc, no o2 if patient needed disturbed as looked after in a cupboard room with stock such as dressings, no recognition of possible infection control issues. As long as the trust has a bed all they care about

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Trust was in Opel 4, other options could have been utilised before needing to deliver boarding

In what ways were patient care or safety compromised, in your opinion?

Nurses on the ward unsure who is caring for the patient

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Lack of privacy and dignity, patients transferred as 'rapid flow' or 'boarding patients' unable to provide care appropriately.

In what ways were patient care or safety compromised, in your opinion?

Lack of privacy and dignity, unable to carry out essential assessments due to this.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

We frequently have patients being nursed on the corridor in our ED whilst waiting for space in our Majors Unit. It began as an escalation plan but has now been going on for months. It's heartbreaking and lacks dignity. It is not safe and I feel so disheartened that this is where my carer currently is

In what ways were patient care or safety compromised, in your opinion?

No suitable facility for personal care, not enough staff to support the delivery of care for these patients, difficult in physically getting to patients as they're often at the end of the corridor, no proper supervision of these patients

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Having to rotate people round so that can use the toilet then bringing them back out onto the corridor. Moving poorly pts out of resus that needed resus but more and more poorly pts being admitted

In what ways were patient care or safety compromised, in your opinion?

Degrading being cared for on the corridor

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

My last patient was so upset she thought she was in everyone's way and became very distressed.

In what ways were patient care or safety compromised, in your opinion?

The patients bed was positioned blocking a fire exit, as this is the only place available.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

I was upset for her, I felt disgusted that this appears to be the best care hospitals can offer. It is very demoralising when nurses always do their best and this isn't the best care we can deliver. I feel it is totally unacceptable and dangerous, wards are asked to take more patients and often have staff removed to work in A&E, because they are under more pressure.

In what ways were patient care or safety compromised, in your opinion?

There is no oxygen or suction available in the corridor.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Patients not in usual beds tend get missed at mealtimes and can have inferior care. Creates anxiety as having the patient out of sight can increase response time to medical emergencies.

In what ways were patient care or safety compromised, in your opinion?

Patient out of sight and out of earshot, could result in delayed response to medical emergency

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Caring for patients in inappropriate places on the ward is a daily occurrence. As a ward we receive the over patients and then have to work out who is most appropriate to be in these spaces as they are not equipped with things like call bells or oxygen/suction. This result not only in multiple moves around the hospital but also potentially multiple moves around the ward. It is both uncomfortable and embarrassing explaining and apologising for this to patients and family

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

We frequently have more patients than our 24-chaired unit can fit, so we have people in the waiting room and are expected to assess them and bleed/cannulate them in there too.

In what ways were patient care or safety compromised, in your opinion?

No privacy. Usually, only our receptionist will have eyes on the patient in the waiting room so no clinical staff to spot signs of deterioration. Also not great for venipuncture in case of vaso vagal.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Lack of privacy.Extra patient in an already less staff..

In what ways were patient care or safety compromised, in your opinion?

No privacy..Extra patient in already strained staffing..

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

1 extra bed to already strained staffing levels.Lack of privacy.

In what ways were patient care or safety compromised, in your opinion?

Lack of privacy.Extra patient in already strained staffing levels.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

I was redeployed to an emergency department and allocated corridor care.

In what ways were patient care or safety compromised, in your opinion?

Patient dignity, unable to deliver quality care due to the corridor of 8 patients having to share one private room for any personal care. Patients on beds that are too wide for the corridor being bumped by passing trolleys or beds. Lack of resources, as it's an escalation area, no support staff available to assist. Long waits for patients to receive personal care due to not enough staff to transfer the bed into the private room. Lack of space and resources leading to delayed care.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

I felt like I couldn't deliver the best care to the patients. The corridor was very busy so although patients were on beds, it's was difficult for them to rest, particularly confused patients. I felt that patients privacy and dignity was compromised.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

I work in a medical ward, everyday there is a patient who is in corridor, it is know as Rapid Flow patient in my ward. So there was a patient who was transferred from acute medical unit to my ward around 4am. The patient was not at all happy about being transferred to such a place. She was verbally aggressive and started to shout at me that she wants discharge and do not wish to stay in there. I had to call the duty manager she said to me that the patient has to stay there overnight. Still the patient was shouting when I told her that she has to stay there. I literally felt crying as this is not the first time I had to encounter such a case. It is not at all appropriate for patients to stay in the corridor as it is not dignified. I suggest to please remove the corridor system from NHS please. As a registered nurse I feel ashamed about the health care system because of it. I do not feel happy about it and I think I had to face many stressful situations like this before because I personally would not like to be treated in a corridor.

In what ways were patient care or safety compromised, in your opinion?

The patient had to stay in the corridor for more than 24 hours and he felt nauseous because of the light above his head all day. By the end of the day he self discharged him and went home.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

If felt very restricted lack of privacy and not appropriate for the patient and family members. Poor experience for patients. It is a poor working condition and poor work experience for staff looking after patients in a corridor near a toilet that smells horrible. Poor hygiene infection control and poor health and safety no proper facilities for staff. Mentally and physically draining.

In what ways were patient care or safety compromised, in your opinion?

The environment is not suitable.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

There is no dignity or privacy for the patient. No emergency buzzer, Oxygen or Suction.No curtains. Also expected to care for more patients with the same amount of staff. No space to work safely.

In what ways were patient care or safety compromised, in your opinion?

Limited space, which adds to risks of falls. No emergency Oxygen, nurse call bell or emergency Suction.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

We were holding ambulances patients had already been rapid flowed to ward corridors. We had patients in the corridor and ambulances were holding for over 4 hours

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Too many patients crowding ED, patients moved out of the ED with no bed space allocated on a ward to ensure that ambulance turnaround times of 45 minutes can be implemented.

In what ways were patient care or safety compromised, in your opinion?

No plug sockets for beds and air mattresses, no plug sockets for infusion devices, no privacy or dignity, cramped spaces not in line with infection control and prevention, blocking corridor, fire risk, patients having to be swapped in and out of bed spaces to perform skin checks or personal hygiene. Just over half of the patients occupying the beds in my trust are for patients over the age of 85yrs! How is this right :(

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

I'm not sure what the answer is to the significant demand on the NHS which appears to have been a step increase since the pandemic. What I do know is that nurses, including me, did not sign up to deliver care, if that's what you can call it, in corridors. It is unsafe, undignified and unacceptable and yet we seem to be normalising this approach which is very scary.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

The patients experience is undermined and the nurses have less and less job satisfaction. This will undoubtedly impact on the recruitment of student nurses in the future.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

This is not why I came into nursing, this is not making a difference for people when they are at their most vulnerable, this no longer feels like the privilege it once did to be involved with patients when they are most in need. It is beginning to feel like nurses are just trying to negate the negative impact of being a patient in today's NHS rather than making a difference, in a positive way, to people's lives. It's very sad and I don't want to be part of it anymore. Not the end to a 40-45yr career that I had envisaged if I'm honest.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Felt that the patient was unfairly given poor treatment and nursing care and felt failed that patient

In what ways were patient care or safety compromised, in your opinion?

The patient was in waiting area with no emergency call bell system and no oxygen or suction points

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Patients sent to our over one or over two space are cared for in an alcove in the corridor with a privacy screen for when doing personal care, however this does not provide full cover so not very dignified. We are meant to take patients who are considered safe to be cared for there. For example, not medically unstable, not at risk of falling, not needing oxygen, not infected. This has not been the case in multiple occasions I have cared for patients in this space. Recently on a night shift an independent and medically fit patient was outlied from my ward to another ward so that we could get an unwell 1:1 patient and an over one who was also 1:1 and unwell, I challenged this with the higher management in the hospital as I was the nurse in charge of the shift and it was absolutely not safe for us to take this patient. I was told that all wards were currently running unsafely and I was not able to refuse patients. I argued that I was not refusing to take patients but need to make sure the ward was safe so need to only accept patients we safely can care for. We did end up getting send a different patient who was safe for the space but this took considerable time out of my shift and multiple phone calls to different people to arrange when I already had 11 patients to care for including three new admissions, one of whom was a critically ill patient. The pressures this is putting on staff is really dragging down morale, most shifts I have done recently have been extremely stressful and busy. Patients are not being cared for with dignity or in a timely manner because staff are stretched too thin. The pressure is beginning to feel akin to how it was during the peak of the pandemic. For myself and many of my colleagues the stress and exhaustion is taking a big toll on our mental health. And for patients it's simply not acceptable, if this was me or a loved one I would be making complaints to PALS. Knowing this and having to care for patients like this is so demoralising and disappointing and I feel ashamed.

In what ways were patient care or safety compromised, in your opinion?

Other than mentioned previously I have had patients at high risk of falling, patients having vomiting and diarrhoea and unstable medically unwell patients that need caring for in the corridor. Having to watch a patient at risk of falling in the corridor takes away a member of staff from the rest of the ward leaving the ward short staffed or we have to leave the patient being unwatched, putting them at risk. Having a medically unstable patient there is unsafe because if they deteriorated there is no emergency alarm, no oxygen port or suction, there is limited room for the crash team or arrest trolley and equipment, no plug sockets for equipment. Not being in the bay the patient is not within eye-line at all times so spotting deterioration may be delayed. Infected patients are exposing the rest of the ward to infection as it's impossible to isolate them. There is no call buzzer for the patient to use to ask for help. Providing personal care is not dignified as only a screen partially covers the patient, people can easily walk by and the patient would be completely exposed.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

I work in A&E and we are being asked to deliver care in inappropriate environments multiple times per shift. I am an ACP and we are being asked to undertake our history taking and clinical examination in corridors or whilst the patient is still on the back of an ambulance waiting on the road. We are trying to conduct examinations in unsafe environments where the patient has no privacy/dignity and we cannot undertake comprehensive examinations. When seeing patients in the back of ambulances we are exposed to the elements whilst going out of the hospital back and forth to the vehicles, we are not provided with any outdoor additions to our uniform and I don't believe we would be completely covered from an insurance perspective if an accident occurred whilst we were on the back of an ambulance. For example at a local trust an ambulance was recently hit by a car outside A&E

In what ways were patient care or safety compromised, in your opinion?

Unable to maintain privacy/dignity. Unable to thoroughly examine patients in the corridor. Unable to assess things such as gait/mobility whilst patients are on the back of an ambulance.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Consultation with pt about their care plan.

In what ways were patient care or safety compromised, in your opinion?

Care compromised due to lack of privacy

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

It was embarrassing to have to give care in the corridor and we are expected daily to identify patients who can board harrassed i would say There is very limited exclusion criteria for who can be in the corridor Most patients are not told they will be in the corridor and they will shout at the staff. We have had to wake up patients at 3 am to tell them they have been identify to sleep in the corridor It was initially mentioned as a temporary measure when pressure is high but its done everyday now regardless if it's actually busy or not with plans to increase it to two patients in the corridor and even if the staffing is bad we are expected to take extra patients in the corridor

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

We had to take more than the usual capacity, adequate risk assessments were not fully conducted and mitigated, staff were overwhelmed with patients being poorly and exposing other patients at risk. Patient care was compromised as staff had to prioritise care to tasks and ticking boxes.

In what ways were patient care or safety compromised, in your opinion?

No proper bed to nurse them, they were received in a chair and had to sit for hours waiting for beds

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

It feels degrading and disrespectful to the patient. Most times only 1 staff nurse assigned with no healthcare assistant. The worst patient to be placed in the corridor is not totally mobile

In what ways were patient care or safety compromised, in your opinion?

Insufficient dividers

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Everyday in my ward. Most of the days the management team identifying a boarding patient and they will be transferred to corridor as a Rapid Flow. Most of the patient are not happy to stay in the corridor and majority will have to use commode/bedpan behind a curtain in the corridor. I am concerned about their privacy and dignity.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Patient was transferred in to the corridor with infusion. He was unhappy being in the corridor and it was not easy to look after the patients in the corridor

In what ways were patient care or safety compromised, in your opinion?

Most of the time we can't supervise patients directly

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

I frequently have to break bad news to patients and family in a corridor because there is no clinic room or private space to do this. It makes the interaction extremely inadequate. It is embarrassing and undermines the importance, the severity the humanity and the dignity of the news given. What is interesting is that we have never had a complaint about it, perhaps because the poor patients are so used to ridiculously inadequate care in the NHS. We don't escalate it because it's is somehow accepted that is the best we can do.

In what ways were patient care or safety compromised, in your opinion?

They were not given the decency of a private space to receive bad news

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

As a nurse who has worked for 40 years in the NHS. I am deeply ashamed.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

I was working in an acute hospital setting, I was asked to assess a patient who was sitting in the A&E corridor, surrounded by several other patient!! I felt it was inappropriate to be asking her personal questions with no privacy

In what ways were patient care or safety compromised, in your opinion?

I felt the patients privacy and confidentiality was compromised because she was discussing her personal health and details in the hospital corridor!!

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Attended ED to provide specialist diabetes care on the corridor due to no bed capacity throughout the whole hospital. It angers me as there is little dignity for the patient and family. Waiting times for treatment are delayed causing problems that were not the initial reasons for attendance to the department. Very sad to see for both the patients and the very overstretched staff.

In what ways were patient care or safety compromised, in your opinion?

Treatments delayed causing further health problems and not enough staff to cover areas not meant for patient care.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Our trust take bloods and obs on a chair in a visible area

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

We are constantly in escalation, there is never a time without patients in 'the middle' or on corridors. It is heartbreaking. I hate walking down the corridor past all the patients on trolleys or with the paramedics that we can't take handover from, it feels me with dread and makes me feel guilty. I dread going to work. We have to walk down that corridor to get to our staff room and it makes me feel guilty going for my break. There are long delays for basic personal hygiene care because there's no space to move the patients to clean them up. It is truly awful. I would hate to be a patient these days.

In what ways were patient care or safety compromised, in your opinion?

Delay related harm. Delay for basic personal care. Understaffing. 1 nurse for a corridor of sometimes 20+ patients. 3 nurses for a waiting room of 100 patients. Delays in analgesia, antibiotics, time critical meds. Falls in the department due to understaffing

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Providing or giving patient medication in corridor while pt waiting for discharge

In what ways were patient care or safety compromised, in your opinion?

No privacy or dignity

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

I work in ED. Use of corridors is all year

In what ways were patient care or safety compromised, in your opinion?

Lack of emergency equipment (suction, alarm bells, oxygen)

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Unable to deliver care safely. Felt huge pressure. Felt the standard of care able to be given compromised my professional standards.

In what ways were patient care or safety compromised, in your opinion?

Obs not always done on time. Unable to give any time to patients. Basic care not fully met. Pressure to move patients on.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Patient's have to be moved out and another bed found by 8am to make way for the outpatient clinic. I find it's usually difficult to find somewhere to send them, or bed managers will try to send inappropriate patients who need barrier rooms or 1:1 supervision when we are a HDU and do not have staff to spare for this

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Felt sorry for the patient

In what ways were patient care or safety compromised, in your opinion?

Patient failed to use a bedpan

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Due lack of beds we are expecting to be checking vitals and take blood samples in the corridor

In what ways were patient care or safety compromised, in your opinion?

Lack of support and confidentiality for the patients, lack of appropriate bed area

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Extra patient in a four bed bay making five patients the fifth patient no screens oxygen suction equipment and no privacy and dignity

In what ways were patient care or safety compromised, in your opinion?

Overcrowded bay very dangerous no emergency equipment for the extra patient

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

This also added a problem with visitors eg a small bay with five patients and ten visitors equates to fifteen people not including medical staff it was rammed and no way to get to the patients in an emergency

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

often it happens, my patient was in corridor who was bed bound, wet himself and there no space to change him, visitors walking around open space and lots of multidisciplinary team around as well, after saying 12 hours on the corridor we came to know he was covid +ve. it was not only the case one of my patient became very sick later. Some time patient and relatives complains and escalates but no body listens. care is compromised and there is no dignity and privacy being given what they deserve. Thats really unacceptable if i would be in there place

In what ways were patient care or safety compromised, in your opinion?

not maintaining their dignity no privacy not getting proper care..

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Same day emergency care being used as bed wait area moving chairs to put beds in

In what ways were patient care or safety compromised, in your opinion?

No dignity a bed in the middle of waiting area elderly confused patient exposing herself

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

I couldn't assess the patient due to privacy issues

In what ways were patient care or safety compromised, in your opinion?

No privacy to be able to see patient and speak to them

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Daily we give care to patients on corridors including taking bloods and giving treatment and not to mention the undignified personal care. It's horrific for staff and patients alike

In what ways were patient care or safety compromised, in your opinion?

We also have ambulances abandoning patients without handover as we don't have space which leaves them massively at risk of unnotice deterioration and delay in treatment

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

It's been a temporary setting for 3 years and becoming increasingly unsafe.

In what ways were patient care or safety compromised, in your opinion?

Many,

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

It's impacted my patients, colleagues and my myself.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

It makes me not want to carry on in nursing. It has become normal to go over and corridor care now

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Unable to provide care that is private and dignified.

In what ways were patient care or safety compromised, in your opinion?

Unable to maintain private and dignity.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Department so full extremely difficult to even meet patients basic hygiene needs.

In what ways were patient care or safety compromised, in your opinion?

Unable to provide person centered care.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Overcrowding means if there is an emergency it is difficult to even physically reach the patient or get appropriate equipment by the bedside.

In what ways were patient care or safety compromised, in your opinion?

During emergency situations difficult to access patients and equipment due to the capacity of department.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Unable to take a thorough history or examination properly due to lack of privacy

In what ways were patient care or safety compromised, in your opinion?

Lack of proper examination and history taking may result in incorrect diagnosis, treatment and investigations

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

In ED we deliver corridor care daily, not so much personal care on the corridor, although sometimes patients have soiled themselves but having to ask personal questions etc while people are walking past etc isn't right, there's no confidentiality or dignity and I feel embarrassed for the patient.

In what ways were patient care or safety compromised, in your opinion?

We can't always see all the patients on the corridor, usually there's not enough staff to look after the patients.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Visiting my mum in hospital, I saw patients being care for in the corridor on the ward see was on. Mum was in the corridor on a mum on her discharge day too.

In what ways were patient care or safety compromised, in your opinion?

No privacy for patient if they became unwell

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Patient with confirmed Flu was being boarded in the corridor on the ward

In what ways were patient care or safety compromised, in your opinion?

putting other patients and staff members at risk of contracting flu

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Due to the high number of patients with infections we had to have an additional bed in the corridor as they was no where to transfer the patient with the new infection to. It was a difficult decision to try and find an appropriate patient to move. Myself and my colleagues had to risk assess who the safest patient was

In what ways were patient care or safety compromised, in your opinion?

This patient had non infected diarrhoea so it felt like her dignity was compromised. She was nursed in an area with just a curtain to separate her from the corridor and a computer work station

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

A daily occurrence of nursing on a corridor in the emergency department. No toilet facilities, no privacy or dignity saving measures for patients or relatives. Confused patients exposing themselves in front of other patients/relatives as one nurse to 6+patients it's physically impossible to provide any level of care that you can be proud of. It seems that the benchmark for a good shift is not having anyone die on the corridor. At least no one died is what staff have to tell themselves in order to take anything positive away from what is sadly becoming normalised. There is nothing to be proud of. Nothing good to take home at the end of the day. Just constant reminders that we are failing our duty.

In what ways were patient care or safety compromised, in your opinion?

As previously stated

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Caring for ward clerked patients in the ED brings another level of danger to patients requiring acute emergency/life saving care. I had a medication list for 6 patients that took me nearly an hour to complete. All of which were regular medications. This means emergency treatments are being missed or delayed due to the emergency department having to double up as a ward area. We are not equipped to care for these patients along side emergency care patients. We do not have the facilities or staff to provide any safe level of care. The trust i work in will not prioritise patient safety by holding ambulances. Instead they force us to keep taking patients we know we cannot care for and to join the back of a queue on a corridor. Using assessment rooms for personal care as there is nowhere else to care for patients.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Security staff have previously told me that a patient was exposed on the corridor and they had called from their office as they had seen it on the cctv. They told me that they felt awful and know where to look so turned the camera off and call the department. If it takes Security staff to notify the nursing staff via cctv that a patient is in danger, something has to change!

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Unable to complete all care needs for patients.

In what ways were patient care or safety compromised, in your opinion?

As previously mentioned patient care wasn't given to a standard that is expected, unable to meet hygiene needs, unable to give comfort care. People on display.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Hygiene needs not met to the standard they should be.

In what ways were patient care or safety compromised, in your opinion?

Safety is compromised by being left to staff a corridor with no support, unable to leave area to get drugs or other equipment as not able to see that patient. Staffing not good enough to cover these areas or cover yourself for breaks.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Upset relatives, unable to give comfort or private conversations due to lack of space.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

More needs to be done to curb this situation. It becomes difficult to assist patients who need toilet and other personal care needs

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

It so demoralising have to apologise to the patients for the inconvenience. It started with only independent patients on the corridor with wheel screens, now patients who are needing assistance of usually 1 staff are given bed pans in the corridor. It's so bad that patients needing O2 are in the corridor, one has to keep a close watch on the portable cylinder which usually runs out especially in cases where there's increased need for O2.

In what ways were patient care or safety compromised, in your opinion?

Talking about having to give patients bed pan on the corridor in the presence of the relative. The looks on their faces is not encouraging because it's not dignifying.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

What of a patient who had a peri-arrest on the corridor? It's really concerning.

In what ways were patient care or safety compromised, in your opinion?

Portable O2 cylinders running have happened on multiple occasions. I once saw a patient who rang the call bell when she was feeling excessively short of breath, on assessment, the O2 cylinders was empty and she was already getting cyanosed. SpO2 was in the 70s %.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Talking about the impacts on myself, and in all honesty, it's demoralising, physically and emotionally draining. It adds more to the number of patients in an already short staffed environment.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Every shift I give IV meds and often CDs in the Waiting Room or corridor

In what ways were patient care or safety compromised, in your opinion?

People are left unsupervised whilst IV infusions are running and after having controlled drugs. Further observations are rarely taken.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

We have had to do personal care on patients who are vulnerable and confused that are being left in corridors ie blocking fire exits because there is nowhere else to put them.

In what ways were patient care or safety compromised, in your opinion?

They weren't in a bed space, therefore they had no privacy or very little privacy.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

little or no privacy for patient and family members, its also very difficult for staff to perform personal care as there is very little room to move especially if moving and handling is required.

In what ways were patient care or safety compromised, in your opinion?

If a patient wanted to sit out in a chair, they couldn't, as there is no room for a chair in the corridor.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Blocking access to other siderooms

In what ways were patient care or safety compromised, in your opinion?

Blocking access routes to and from siderooms and lack of dignity for the patient and an extra patient to look after on the ward

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Patient in cardiac arrest

In what ways were patient care or safety compromised, in your opinion?

Patient had a cardiac arrest on a bed in a corridor with limited resuscitation equipment

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Patient nursed in corridor – no privacy – blocking fire escape – not a recognised escalation space

In what ways were patient care or safety compromised, in your opinion?

No toilet facilities – no call bell – no privacy – unsafe in fire exit

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

It made me feel unsafe. Not only for the patient but for me as well. I always empathised with my patients and seeing them staying in a corridor while they're poorly is not good for my mental health.

In what ways were patient care or safety compromised, in your opinion?

Lack of privacy. Lack of commodities in case of emergency

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Telling someone who was bed bound they has cancer in a corridor. There family were there but with bed bound issues there was no dignity. I was told the only place I could do it

In what ways were patient care or safety compromised, in your opinion?

No dignity, no privacy. No name space above the bed so issues with identifying your patient efficiently.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

I work in a busy accident and emergency department. Corridor care happens daily, whilst waiting for appropriate bed spaces to become available. The other day I was looking after an elderly gentleman with acute hernia rupture. In a corridor for hours, vomiting. Having medications, treatments in a corridor. This was escalated to seniors multiple times, however due to lack of bedspaces nothing could be done for hours. I felt like I was letting my patient down. This is a daily occurrence. Its not adequate care for our patients. There's not enough staff to take on corridor care. Staff are getting burned out. Patients are suffering. NHS needs to do better.

In what ways were patient care or safety compromised, in your opinion?

Not safe for patient.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Working in an oversight role as well as an RN hearing / seeing and having to discuss episodes of unconventional care – working at speed to decompress units but noting how this is impacting the privacy and dignity for patients. Emotional burnout, compassion burnout. Moral injury – not being able to support patients or provide care I / other healthcare staff wish to do so. increased risk of patient deterioration / harm

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

No toilets dedicated... nowhere to toilet bed bound patients so delaying basic care to find somewhere then having to leave the other patients to go complete that care.... no walled o2 meaning that using too many cylinders

In what ways were patient care or safety compromised, in your opinion?

Again o2

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

The A and E department was full, we had influx of patients and their observations and medications were due and had to be done in the waiting area

In what ways were patient care or safety compromised, in your opinion?

Confidentiality was compromised

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Patients waiting for a bedspace in A&E being cared for in a corridor!

In what ways were patient care or safety compromised, in your opinion?

No privacy, no appropriate equipment

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

No appropriate privacy or dignity for Patients! No appropriate equipment for staff!

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Asked everyday by senior trust team to nurse a patient in a chair in corridor of ward in order for Emergency department to send a patient up to admit to ward

In what ways were patient care or safety compromised, in your opinion?

Was told to nurse a cardiac patient who had a heart attack and nursed in corridor until his transfer to other hospital who was there over 12 hours waiting and deteriorated

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

No patient beds on ward therefore patients who had just had surgery under general anaesthesia were kept in Recovery room, many times on trolleys if there was no physical bed. Patients retained there for hours with no immediate access to toilets ,tea making facility etc.

In what ways were patient care or safety compromised, in your opinion?

The space is not adequate to care for patients to the standard they should be cared for.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Few months ago when I took a patient to a large teaching hospital, we were all at the corridor due to lack of bed space for the whole night and even when the patient wanted to use the toilet, she had to walk a distance. I work with the Adult Mental Health.

In what ways were patient care or safety compromised, in your opinion?

She had a bad fall the reason for her going to the hospital, her pelvic bone was broken and she walking that distance to use the toilet was painful. The commode wasn't allowed on the corridors because of privacy and all that.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Delivered care in the corridor due to long waits of patients in the ambulance

In what ways were patient care or safety compromised, in your opinion?

Identified suitable patients for rapid flow

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Delays in assessments & treatment, delays in observations & investigations.

In what ways were patient care or safety compromised, in your opinion?

Delays to assessments, investigations & treatments and poor patient experience

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Pts weren't comfortable on the ambulances for 5+ hours, staff working outside in freezing conditions and poor working environments to complete bloods/ECG as trolleys do not lift once on ambulances.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

I was unable to do personal care on the patients due to lack of privacy the department was not safe for patients or staff

In what ways were patient care or safety compromised, in your opinion?

Lack of privacy unable to move patients due to the Bay Area being full with trolleys and beds cubicles being blocked by patients on trolleys

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

I was concerned, we had a full waiting room but I had to administer IV antibiotics in a clinic room. I couldn't observe them properly afterwards and had to seat them back in the waiting room so the room could be used to assess a new patient. If I was the patient in that situation I'd have been horrified, but we couldn't delay the antibiotics while we waited for a bed

In what ways were patient care or safety compromised, in your opinion?

If they had a delayed reaction to the antibiotics in the waiting room we would have struggled to manage them

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

This was taking a long time due to the flu +ve patient being an eyeliner cohort with limited mobility. However, the flow of patients being admitted didn't stop. This meant we had patients off the ward for over an hour, in the relatives room and then my patient who was placed in a shower room on a trolley. The patient was present with their family, who were concerned of the safety of the room, rightly so, as there was limited space – should there be a medical emergency – and no equipment such as a suction or o2. The patient remained in the shower room for approx. 4hrs and refused skin checks due to trolley being uncomfortable and being in pain. The experience ultimately was embarrassing. Having to adapt to these situations whilst keeping a professional and welcoming demeanour to patients and relatives is absurd. To explain the importance of tissue viability, using buzzers for mobilising, risks of infection, etc. to patient's and restive whilst they're comically sat next to a sink and bin with towel placed on it is incredibly demeaning to them and to the staff. too many patients, to treat in normal areas. the patient, quite correctly complained through PALS. no about the care received but the area in which the treatment was carried out.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Crowding in ED.

In what ways were patient care or safety compromised, in your opinion?

Long waits poor outcomes increased mortality are all facts for block

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

We are routinely providing corridor care, having to provide examinations and asking personal questions to patients in front of multiple others. I have had to have another nurse assist me to change a lady's night dress in the corridor due to space and bladder scan someone in the corridor

In what ways were patient care or safety compromised, in your opinion?

Dignity and respect

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

It is a norm now to deliver care and in the corridor.

In what ways were patient care or safety compromised, in your opinion?

Care is always compromised if a patient is in a corridor – there is lack of privacy and dignity, care is often delayed as it's harder to deliver and patients need to be moved for certain procedures.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

When there is no space in our majors area patients wait for hours in the corridor to get in.

In what ways were patient care or safety compromised, in your opinion?

It's harder to monitor and keep an eye on patients in the corridor so I think things are missed more.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

They will often have still had all their assessments done and treatment but still be in the corridor.

In what ways were patient care or safety compromised, in your opinion?

I don't think patients feel safe or calm when I'm the corridor

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

The impact is huge for patients and staff. For staff everything is more difficult and takes more time – I.e trying to help a patient get to the toilet, or moving them to do a simple task such as an ECG or skin check.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

It affects me in a negative way- I feel constantly guilty about the patients and what they are experiencing, I'm worried about them deteriorating and not being seen or being able to get help when they need it. It's a constant increase in stress and worry.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Patients in inappropriate setting deteriorated. In a chair, in the middle of a bay, no curtains, no screens, no direct access to oxygen or suction. Told by management to move a patient from an existing bed space, to accommodate the one over patient's oxygen demands. Staff feel helpless, demoralised, patients are losing privacy and dignity. Despite extra patients on the ward, no extra staffing allocated.

In what ways were patient care or safety compromised, in your opinion?

Patients inappropriately chosen to have to be nursed in the middle of a bay. Lacking access to bedside emergency equipment. Unable to give basic care such as pressure area care and toileting, due to lack of curtains or screens.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Staff to patient ratio inadequate.

In what ways were patient care or safety compromised, in your opinion?

Too many patients booked in the diary but not rebooked on arrival.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

It's very undignified for the patient & us as professionals.

In what ways were patient care or safety compromised, in your opinion?

Dignity

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

There is no confidential & well-being for the patient.

In what ways were patient care or safety compromised, in your opinion?

Unsafe , no quietness no respect & rest for the patient.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

I believe it's a high risk if any possible evacuation had to be delivered.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

It's more about having to do so kind of intervention but in the back of your mind you are thinking about the inappropriateness of it, and trying to justify that you need to do something. It goes against all your professional standards

In what ways were patient care or safety compromised, in your opinion?

Crisis setting can often be carried out in a difficult setting

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Extra patients being sent to the wards and cohorted as a 5th patient in a bay designed for four with no emergency equipment for the bed space and unable to plug in essential devices such as air mattresses or infusion pumps. The last occasion I had a patient with a low hb who I couldn't transfuse because the patient was designated the bed space in a bay where the patient had just passed away. I couldn't obviously swap them out and the side rooms were isolated so no suitable opportunity to swap patients around. The patient was nursed in a bay a mere curtain away from a deceased patient. They were also all care but had no resources to check pressure and maintain the dignity of the patient but also no access to a power supply for an infusion pumps and certainly no immediate access to emergency equipment if this patient was to haemorrhage.

In what ways were patient care or safety compromised, in your opinion?

Lack of access to emergency equipment

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

I sat on the floor in the store room and cried at one point. Not only am I failing to deliver the most basic care to my patients, I feel I am failing them on a personal level when all I am doing is my best

In what ways were patient care or safety compromised, in your opinion?

Lack of privacy and dignity

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

In what ways were patient care or safety compromised, in your opinion?

Working well beyond the safe nurse:patient ratio as this is not a one off per day. This is happening 2-3 times per shift

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

No bedside lockers to store patient belongings and medications, no chairs . Sharing a drug trolley with only one set of keys means you do a lot of running around. Patients sitting in the entrance to the ward waiting for beds.

In what ways were patient care or safety compromised, in your opinion?

Not able to observe them, no privacy to ask admission questions delayed medication.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Every day there are 4 extra patients in the corridor of the ward against the wall. I also saw patient where there were 7 or 8 in a bay instead of 6. The extra patient's bed was virtually next to the other patient so no privacy, unable to access the patient from both sides of the bed, there were not enough sockets for pumps to be connected. Not enough oxygen points for each bed. In an emergency/cardiac arrest one of the beds would need to be pulled out into the middle of the bay. You had no idea which patient was the extra one from the order of the case notes. In my opinion it is extremely dangerous, In the wards where you are not in a bay but based around the internal wall again there is no room or privacy for commodes, reviewing and examining the patient, you can't access both sides of the bed. In fact, I was inadvertently admitted last year following an walk in visit for chest infection and had to await an xray. My bed was placed in the corridor part of the ward. Everyone can see you, you can only get out of the bed on one side, there is no privacy, if the person by the wall had a cardiac arrest the bed could only be pulled into the middle of the corridor with little space either side of the bed to deal with the emergency. I was mobile and could put up with it for a night but it wasn't a nice experience to have no privacy especially if I had needed to be washed or needed to use the commode. There is no privacy when doctors come to examine the person.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

I think it is not only dangerous it also puts the nursing staff under even more pressure as they are having to look after sometimes 6 more patients on a ward yet the ward is understaffed for the usual amount never mind the extra patients.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Patients in corridor in the Emergency Department waiting for space to come into cubicles. Poor experience for all involved, no privacy or dignity, no facilities for example hand washing facilities. Not able to have confidential conversation which is vital for my role.

In what ways were patient care or safety compromised, in your opinion?

No medical cove. No access to hygiene or hand washing facilities. No privacy, dignity or confidentiality. Greatly exceeding nurse: patient ratios

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

The dept I work in was overwhelmed and very overcrowded with too many pts and reduced staffing. Pts had to stand, very long wait to see Dr, long waits for beds – up to 48 hours, pts were upset and self discharged against advice. This impacted me in that I feel I am failing pts as I'm not able to give the care I want to give. This is not a new problem.

In what ways were patient care or safety compromised, in your opinion?

Pts were self discharging when they really needed to stay and get treated.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

They insisted on putting a male and female in a boarding bay space only the use of dividers , the lady felt vulnerable using. Commode

In what ways were patient care or safety compromised, in your opinion?

The room has fixed bars in for rehab it will only take a patient to fall and they will sustain an injury , two extra patients in the ward everyday with no extra help

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Due to patient rush to the department they put patient on extra cubicle and asked me to take care of the patient was very stressful and cant manage all the patient at same time. No proper resources and staffing causes alot of burden. They are not considering the staff wellfare .

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

I work in ED, patients are lined up in are corridors or sat in a chair for up to 2 days.

In what ways were patient care or safety compromised, in your opinion?

Inadequate monitoring

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

We are unable to provide personal care due to cctv and there is a lack of privacy and dignity.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

I have been nursing 23 years, this goes against everything I thought nursing was and I am embarrassed to work for the NHS right now

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

On corridor, blocking fire escape, spent lots of time trying to appease their frustrations. No call bell, no table,,no locker. I felt embarrassed

In what ways were patient care or safety compromised, in your opinion?

Privacy could not be upheld, safety was impacted as there was no call bell and the bed was blocking a fire exit. And respect from the trust was not upheld as the patient was deemed not a priority for a bed space in an appropriate place where care could be delivered safely

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Hospital at OPEL 4. No capacity. SDEC trolley space opened for bed. I personally as do most of the SDEC staff have not worked on wards for more than 20years. No access to the ward documentation system. No storage for patients belongings. No storage for patients medication, having to be left with patients. Patients being looked after for 2hrs in a morning by different staff so handovers very poor. Spending time and effort to swap it back to SDEC to then with an hour decisions changed and changed back to beds. Going home at the end of the shift concerned for patient safety as handing over to temporary staff who have not worked in area before.

In what ways were patient care or safety compromised, in your opinion?

Unable to get hold of doctors as no one willing to take responsibility for patients, especially when they deteriorated. Leaving medicine not locked way with confused patients

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

routinely expected to deliver care to patients in a waiting area, corridor and spaces made into trolley areas. patients are left to sit in chairs for over 24 hours with no access to a bed space, the lights are permanently on, no fresh air no where to wash, no access to regular food or water, delays in treatments and medication.

In what ways were patient care or safety compromised, in your opinion?

delays in treatment

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Within a UTC and attendances outweighed the capacity of the building so observations had to be undertaken in the waiting room

London Region

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Patient privacy is compromised. No confidentiality. In case of emergency it's difficult to give patient appropriate care in a timely manner. Lack of space to do basic care for the patient.

I don't get the job satisfaction. I chose health care to help and support patients. But after a long 12 hr shift in corridor or waiting area, I feel like I failed to do the proper care for them especially really sick and old age patients who is sitting in a chair for 2/3 days waiting for a bed space.

In what ways were patient care or safety compromised, in your opinion?

Lack of immediate access to necessary equipment and support for critical incidents like cardiac arrest or seizures.

Inadequate oxygen supply and the absence of functioning call bells can delay assistance to patients who require immediate attention.

Delays in assisting patients with basic needs such as using the toilet or changing pads.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Lack of dignity for patients and their families

In what ways were patient care or safety compromised, in your opinion?

Lack of dignity

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

It was awful

I cried and cried

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

The department is over capacity on a daily basis, leaving patients being cared for in corridors, on chairs when they should be in beds, on ambulance trolleys, in relatives rooms, in viewing rooms, anywhere there is a space

In what ways were patient care or safety compromised, in your opinion?

The nurse to patient ratio is far too high up to one nurse to twenty patients at extreme times

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

The a&e its completely full no trolley no space, need change patient on the corridor

In what ways were patient care or safety compromised, in your opinion?

Yes

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Not a good experience for the patient and for myself too.

In what ways were patient care or safety compromised, in your opinion?

Comfort, dignity and privacy are all compromised.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

I work in the acute assessment unit. We were already staffing three separate units prior to the 'DTA Corridor' opening. These were AAU, an older persons assessment unit and same day emergency care. They then opened the DTA corridor which involves 17 beds built into what was formerly a narrow corridor connecting the three units mentioned above.

There were curtains built into the ceiling which are no wider than the beds themselves, therefore when attempting to deliver care you are literally sticking out the curtains. The beds have no space in between, and patients have their feet touching the next person's head. This means no body has any dignity. Furthermore to deliver any personal care (because we regularly have bed bound or confused patients) we have to move the bed into the middle of the corridor because there is no room for a nurse either side.

I leave every shift having been so busy but feeling completely demoralised and embarrassed by the care delivered, as fundamentally it's inhumane and leaving patients feeling violated. This is not what nursing is, nor what myself and my colleagues signed up for. When we raise safety concerns we're told this is what the whole country is having to do at the minute. In other words just get on with it because nothing's changing. There's no equipment. Not even a toilet. We have to give people commodes at the side of their bed with a curtain draped over their back and becoming soiled because there's no room to move them out of the way. Or walk them through the hospital whilst in pain/seriously unwell to use another ward's toilet. Most of these patients will still be awaiting respiratory swabs to come back so there is a high number of patients and staff catching viruses and becoming more unwell. It's just a disaster waiting to happen.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Really stressful specially during personal care

In what ways were patient care or safety compromised, in your opinion?

Not treating everyone with same respect

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

It's dangerous, there are no O2 points, no emergency bells, the Ambulances dump and run, there can be 20 patients in the corridor and only 1 Nurse, patients can deteriorate quickly, we can't get them onto proper beds as they are on a corridor, they obstruct the corridors, relatives can become increasingly upset at the conditions their family members are being nursed in. You can't provide proper care, drug errors are made and staff are crying on a daily basis.

In what ways were patient care or safety compromised, in your opinion?

You cannot provide safe levels of care in a corridor with no limit on the amount of Patients that can be put in that area, yet only be allocated one additional nurse and possibly an HCA if your lucky to provide care in an area designed to pass through, not for trolleys with sick patients on O2, IV med's needing personal care.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Extra patient with normally assigned Sick patients.

Couldn't do proper skin assessment and nursing intervention

Where is privacy?

Movement of the sick patient whilst in the corridor

Nurses have no time to eat and drink and burnout.

In what ways were patient care or safety compromised, in your opinion?

Nurses patient Ratio.

Inappropriate place such as in corridor

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Delivered care in corridor for 3-4 hrs. With screens for patient privacy but i think it was not good and not professional

In what ways were patient care or safety compromised, in your opinion?

If the patient has cardiac arrest or any other patient has a cardiac arrest.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

The patient was not happy he was brought from another ward so that space can be created for some patients who was in A and E

It was additional work load and there was nurse shortages already

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Lack of dignity , privacy. I wouldn't wish it for my relative. Patients sitting in chairs for 50 hrs. How could we treat patients this way?

In what ways were patient care or safety compromised, in your opinion?

No privacy

Sitting in chairs in a busy and noisy dept with lights on 24 hours

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Patients were being brought up to the ward to lodge in the corridor due to there being patients waiting in ambulances queueing to enter A&E. The patient in question was not mobile and needed assistance for ADL's so my colleague had to hold up a blanket to act as a curtain whilst I assisted the patient onto the bedpan. Not my idea of privacy and dignity!

In what ways were patient care or safety compromised, in your opinion?

Patient was completely stripped of any privacy, dignity or compassion. Not to mention there is no safety equipment in a corridor if the patient was to need a crash call.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

All corridors in A and E majors. Patients were assessed and given drips. Two patients were kept in the cubicle awaiting assessment. Dignity not maintained. Pathetic!!

In what ways were patient care or safety compromised, in your opinion?

No privacy, dignity and respect

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Checking up on a patients well being after cancer check up. Limited space to see patients in privacy therefore not giving the care and privacy they need

In what ways were patient care or safety compromised, in your opinion?

Not being able to open up about how they really feel

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Makes me feel helpless. Not being able to deliver the proper care to the patients. Specially elderly and sick patients waiting an average of 6 to 8 hours just to be accommodated in a proper cubicle.

We are subject to abuse as well by some of the patients and their relatives

In what ways were patient care or safety compromised, in your opinion?

Treatments delayed because of the number of patients, sometimes reaching 30 in the corridor

Pads not changed immediately as the space is limited.

Risks of patients absconding

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

The unit was planned to facilitate the ward attenders (weekend outpatient clinic) for the weekend. There is only 1 room designated for this. Sometimes patients turn up without appointment, it could be an urgent matter or last minute referral. There is only 1 nurse who attend these patients and it is quite overwhelming when all the patient come at once. The patient reduces their dignity and does not receive the quality of care that they deserve.

In what ways were patient care or safety compromised, in your opinion?

They should be admitted in a space where they feel comfortable and dignified.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Stressed and over worked

In what ways were patient care or safety compromised, in your opinion?

Dignity, privacy

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

This is a daily occurrence and has been completely normalised. Trolleys line our corridors and multiple patients are sharing a cubicle designed for 1, which has been repurposed to an overflow area. We triage at a computer on wheels in the middle of the waiting room. There is nothing safe or dignified or confidential about this. This normalisation has led to the erosion of standards I'm every aspect of care. It makes me feel ashamed and depressed and I am looking to leave my role in frontline nursing. I have already gone part time and I will be leaving as soon as the right opportunity comes up- this is what is happening to senior ED nurses. I am a highly qualified senior sister with a lot of experience, my similarly qualified peers have left ED, so the team is now very junior and I no longer feel any pride in my job whatsoever.

In what ways were patient care or safety compromised, in your opinion?

In every way. Lying on a trolley in a corridor is undignified no matter how hard the staff try to make it otherwise. There can be no confidentiality when assessing patients in a corridor or waiting room. You can not attend to a patient's basic hygiene needs in a corridor, you can not check their pressure areas, care is delayed because of how much longer everything takes when you try to do it in a corridor. There are no plug sockets in the corridor for monitors or pumps. You can not turn the lights off in the corridor in the middle of an emergency department because staff need to see and it is loud, so patients can not sleep. Staff and patients feel unsafe when other patients or visitors start to get angry and aggressive because of the long waits, there is plenty of research about the effects of incivility.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Lack of bed spaces for inpatient ward admissions.

In what ways were patient care or safety compromised, in your opinion?

I work in a mental health settings, working in an environment not designed to be used in caring for vulnerable and challenging patients makes it harder as patient's safety gets compromised with the level of risk to self and to others.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

It was unsafe as the room had no ventilation, no beds for parents no curtains to maintain dignity and privacy and no space for nurses to get to patient in an emergency, the nurses were sitting almost on top of patient. It was unsafe

In what ways were patient care or safety compromised, in your opinion?

As before

complications then develop

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Up to 18 patients were offloaded from the main waiting room and ambulances into the corridor. Most of these patients were elderly, requiring some form of personal care, whether this was toileting, washing etc.

Patients in the corridor that required these things needed to be wheeled to an area that was kept empty for the sake of corridor care which was making more work for nurses.

Patients were also being moved around the corridor frequently, for example if they were originally in front of majors 1 they would then go to X-ray etc, and then come back and be put in front of majors 12 which is a risk for many healthcare errors.

It's difficult to hear what your patients need when they are in the corridor due to the noise in Majors department. It's also difficult to complete a full head to toe assessment, not only due to the sheer noise but also because of patient confidentiality.

For me personally, as a nurse who works in the corridor, it makes the shift so much more stressful, it is more mentally taxing as well as physically due to the moving around of the trolleys. It also makes me feel as if I am working unsafely and makes me worried of errors involving patients that could lead to NMC action

In what ways were patient care or safety compromised, in your opinion?

More risk of errors including drug errors

Patients can be left in the corridor for up to 24 hours whilst waiting for a ward bed; they have a lack of privacy in the corridor. They are provided with hospital beds but are unable to sleep/rest in the corridor especially when the department is heaving

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

I was assaulted by a confused patient. A confused patient should not be in a corridor on a trolley.

In what ways were patient care or safety compromised, in your opinion?

No emergency bells. Bad lighting. No communication. Infection risk. Toilet duties cannot be done in private. Not enough space for trolleys to pass. Space blocked in emergencies.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Patient deteriorated on the corridor and needed oxygen stat

In what ways were patient care or safety compromised, in your opinion?

No privacy, dignity

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

It caused major disruption of patient care service. Those who need urgent dialysis can't receive it due to a patient occupying the emergency dialysis room

In what ways were patient care or safety compromised, in your opinion?

No urgent dialysis care done

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

no antenatal clinical room available

In what ways were patient care or safety compromised, in your opinion?

privacy and confidentiality

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

I had to receive a patient from emergency with femur fracture. She was due for emergency surgery. We are GI and uro surgical ward but we do get cases of other specialities when they don't have bed, which is fine. But the recovery dept called to receive the patient back. I had to put pressure on the incharge as it was not safe. The space allocated for her was the corner of the bay with no call bell or oxygen and vacuum inlet

In what ways were patient care or safety compromised, in your opinion?

No oxygen or vacuum inlet, no space for staff or for patient to move around freely or even to keep iv stand, no call bell or lights

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

No bed, pressure in A&E with many patients.

It is very difficult to treat a patient in the corridor.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Have to feed the patient in the corridor with no proper table. Has to give infusion whilst sitting on the wheelchair. Has to treat hypoglycaemia whilst sitting on the chair in the corridor. It was not fair for patient at all.

In what ways were patient care or safety compromised, in your opinion?

It does not look dignified. In an emergency it would be very difficult

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

I had to nurse patients in corridors on a daily basis. It felt horrible and undignified. I felt I couldn't give the care I wanted to.

In what ways were patient care or safety compromised, in your opinion?

- undignified

- unable to perform checks / care appropriately eg 2 hour skin checks / continence care due to lack of privacy.

- safe patient ratio exceeded

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

There were no toilets or a sink to wash hands. So the patients will go to other bays to use toilets. Men will use toilets in women bays and some of them post op will still have theatre gowns in bays if the opposite sex to use the toilet or sinks. The nurse have to look for a sink somewhere else and imagine the cross contamination

In what ways were patient care or safety compromised, in your opinion?

Patient privacy was compromised as well as infection control

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

I had experienced to look after a boarded patient on our ward corridor and was really unwell, we have to put IV stand, portable oxygen and even cover the patient with bed sheet while urinating on bottle because he cannot walk to the toilet. On this same day, one of my patient on a side room had an unwitnessed fall as all the attention of staffs were focused to the boarded corridor patient.

In what ways were patient care or safety compromised, in your opinion?

It is unsafe. I feel bad to patients being boarded in the corridor.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Patient was moved from bay to corridor as was MFFD and site managers needed to transfer from ED to ward due to cohorting. Patient to be moved from bay to corridor informed and obviously not very happy explained reasonings she understood but said it wasn't fair (agreed) staffing ratio went for 1:6/7 to 1:7/8. Family complaining to staff about their loved one having no dignity no electronic call bell no allocated toilet. (Privacy screen provided, hand held bell and all necessary items water jug cup etc.) Additional patient to be located right in-front of fire exit for the ward as nil other better suited area to provide some sort of dignity to the unfortunate additional patient.

Maybe 2/3 times a month we would have to accommodate 2 additional patients. Accounts to negative patient experience, more complaints (to be dealt with my ward and not site managers or NHS England), increased staff sickness due to already being over stretched, increased staff workload, staff feeling like they haven't done their job to best of ability due to pressures and extra patients.

In what ways were patient care or safety compromised, in your opinion?

Not provided full dignity, minimal privacy and at times unethical tending to hygiene in corridors with commode etc if staff weren't able to assist quick enough due to extra patients and demands from site

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

pt that has been treated in the corridor are vulnerable pt's sometimes high risk such as resus step downs and pt who are confuse or who are trauma pt's that are not suitable to be treated in corridor. However since there are no space and ambulance just kept on coming in and leaving pt's after 45mins without even been seen. even if nurses and dr's are short staffed we still have to accomodate. it is a defeating feeling and discouraging to come to work because it is unsafe and people lives and livelihood are on the line.

In what ways were patient care or safety compromised, in your opinion?

not proper place for a pt to be treated nil available machines such as oxygen resus trolleys call bell monitors. no privacy. even the layout of the corridor are unsafe not build for hospital beds. fire risk and pt are at risk of being left and forgotten if no available staff to accomodate in corridor.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Work in an A&E department, we daily and continuously look after patients in corridors, we doubled up cubicles that are meant for one patient only and in a majors capacity of 20 patients we often hold 30+

In what ways were patient care or safety compromised, in your opinion?

Lack of privacy, as nurse/patient ratio increases treatments get missed, care gets delayed and the overall care for the patient is comprimised

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

I'm a Site Manager and we have cohorts of patients receiving corridor care every day in ED. We also Board patients to wards when awaiting for discharges to leave in order to decompress ED when there are large numbers of patients awaiting admission.

In what ways were patient care or safety compromised, in your opinion?

Lack of privacy/dignity. Not the correct environment to be providing care.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

No bed is available in the whole Trust. I feel sorry for the patients

In what ways were patient care or safety compromised, in your opinion?

No call bel, No toilet and its very cold inside

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Most often we nurse patients who are not able to mobilise in the corridor so when they did to go to the toilet or needs to be changed, you have to move them round to get a space in the cubicle to be changed.

In what ways were patient care or safety compromised, in your opinion?

People do not get their dignity lying in the corridor

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

It became a regular extra bed in each bay nowadays. No privacy and dignity between each patients. High rise of fall patient because of inadequate space to move around. Unsafe patient and nurse ratio because of escalation bed. I have encounter one patient needing oxygen but no wall mounted oxygen available.

In what ways were patient care or safety compromised, in your opinion?

Unsafe surrounding and inappropriate set up for escalation bed in each bay

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Afraid of making mistakes

In what ways were patient care or safety compromised, in your opinion?

Corridors over filled with patients

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Long queue of patients waiting for inpatient beds in ed. No space to assess new patients and overcrowding

In what ways were patient care or safety compromised, in your opinion?

Frail patients led in trolleys, no possibility to mobilise early to reduce deconditioning, long waits causing possible pressure ulcers and delirium, not enough time or space or staff to provide nutrition and toileting. Risk of incontinence and poor respect to dignity and privacy. Stress for staff assessing and caring for those patients

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Corridor care has become a norm given that NHS England has made some guidelines for Corridor care.

The hospitals are doing their best in providing care to patients but governments is failing the nurses and patients it's worst now like being in third world countries if any of the MP were using NHS hospital they would have understood our pain including those of patients

In what ways were patient care or safety compromised, in your opinion?

Not easy at time to cater the needs of all the patients in the corridor especially with the fundamental of care

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

I am part of an integrated care team so we casefind in ED, I've interviewed patients in the resus corridor, in an ambulance, in the extra beds squeezed into the space between the desks in Majors all on the same day. It's really awful, patients are really on edge, they don't feel safe so they spend their time telling me about that rather than their condition. I don't feel as effective and I finish late and feel stressed that I haven't been able to build a relationship with the patient because of their situation. This is also detrimental for ongoing care as it's really hard to get people back to hospital if they need to come back in the future as they are so fearful.

In what ways were patient care or safety compromised, in your opinion?

People are on hard beds and in chairs for days. They get very little sleep, food is poor and their dignity is harmed as ED doesn't have toilets or showers, strip washes and commodes only. Deconditioning in ED is a real problem. Staff sickness is also high at the moment so basic needs are not being met and there are no beds in the hospital for speciality care.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

It felt dehumanising.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

The patient had no capacity at all, she was bed bound, and in the morning when we wanted to give her personal care. We had to push her in the middle of a Four bedding bay. Which I feel was also inappropriate with no dignity. But that was the only place we could give her the proper care. And this happens every day on every ward in my hospital. They refer to it has FCP) : Full Capacity Patients. But most time the patients, has no capacity. Even some of our nurses refuses to take these patients from wherever they are been transferred from. So, many undignified things happens in the hospital. Sometimes, some patients with capacity have to self discharge themselves because they can not stay in the corridor anymore.

In what ways were patient care or safety compromised, in your opinion?

Privacy and dignity

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Delivering care in corridor AKA cohorting in our trust its part of a daily practice. When we reach maximum capacity in the corridor we start offloading patients mostly everywhere. As a nurse coordinator sometimes I feel overwhelmed by this and feels like a big incident can occur anytime.

In what ways were patient care or safety compromised, in your opinion?

In multiple ways, especially now during flu season put our elderly patients at higher risk of cross infection, also delivering care in unapproapriate setting can lead to serious incidents, like falls, death and violence and aggression towards staff.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

The department was very busy and there was no where else to asses the patient who was in the corridor on a trolley. It wasn't a great experience for the patient but it is becoming the norm

In what ways were patient care or safety compromised, in your opinion?

It's not dignifying for the patient

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

I am the on call Director for 2 sites, whilst I do not directly care for patients I am responsible for the corridor and escalation areas and boarding out of hours when on call. I have to give advice to support the teams. It is really challenging, none of us want to do this. Patients rarely complain and spend hours and days on a trolley in the corridor. This is absolutely unacceptable. I fear for their well being and safety and one detest being on call for fear of what may happen.

In what ways were patient care or safety compromised, in your opinion?

Patient kept safe however, no privacy or dignity, discomfort being on a trolley for many hours.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

There were no available bedspaces and the patient required our care. We were told that as we are an orthopaedic unit, patients with fractures should come to us. It meant that I now had to take care of 9 patients, including two in side rooms that needed extra care.

In what ways were patient care or safety compromised, in your opinion?

In my most recent experience, the patient that we had to put on a recliner was elderly. He had to sit out on that chair for a few hours while waiting for a bedspace to be available. Having a fracture on his leg, I'm sure that must have been very uncomfortable.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Difficult to keep patient consultations and conversations confidential when in an inappropriate space. Not fair on patients and their families to be in a space not safely designed for patients. My concerns are also that the beds in corridors are blocking the fire exits and emergency evacuation would be very difficult.

In what ways were patient care or safety compromised, in your opinion?

Blocking of fire exits with beds in the way, not enough room around the bed area for care to be delivered properly. Not adequate privacy due to lack of curtains when bed is in the corridor.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

It's undignified for patients. I have to ask them personal questions behind a screen. Clinical examination is often delayed because I have to wait for a temp room to be free in order to move the patient in for examination then move them back out again after. It's mentally and physically exhausting

In what ways were patient care or safety compromised, in your opinion?

Delays in examining the patient to determine the cause of their presentation to ED.

Pt dignity and confidentiality broken

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Because of the excess number of patients, we are treating patients in the corridor.

But, this is not all a safe in our A&E, Patients privacy, safety, even less access to the medical devices are challenging in the corridor care.

In this winter, the patients they are in the corridor exposing to cold environment. Once they discharged with current problem, will be return with cold like symptoms due to this precious exposure.

In what ways were patient care or safety compromised, in your opinion?

Less access to medical devices in the corridor and privacy.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

It affects the quality of care you give to the patient.

In what ways were patient care or safety compromised, in your opinion?

Not having privacy and dignity

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

The bedbound patient was kept in corridor for more than 6 hours. Because there was no space in ED. The staff informed the matron that RN s have got full patients in their caseloads . But were told that they could nothing about it as there was no capacity.

The patient was incontinent. The staff was helpless to even give personal care keeping in mind the dignity of patient.

In what ways were patient care or safety compromised, in your opinion?

Personal hygiene,other medical care and dignity

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

One of the confused patient was sitting on a recliner chair and the bed space was full , waiting for another patient to be collected by the transport. The patient become very aggressive and he used the fire extinguisher to broke one of the window

In what ways were patient care or safety compromised, in your opinion?

Patient didn't get adequate care and attention

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

The hospital was full

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

There was no in patient bed available at that time and the patient had to be admitted. Hence, there was no choice other than letting him stay on a bed, by the corridor untill he gets a bed.

I feel so sorry that this happens quite alot, especially during the winter.

In what ways were patient care or safety compromised, in your opinion?

There were just too many patients with too little space for them... Many patients sit in chairs & some on the bed coz they are too sick.. and all the healthcare workers are just too busy and it's like the demand is so high and the resource including human resource is too less.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

We had to clean an incontinent patient in the corridor with screens, terrible for the patient and I kept apologising. No one could get past due to the screens and narrow corridor- unsafe and degrading

In what ways were patient care or safety compromised, in your opinion?

No one could get past in an emergency. Patient care sub optimal

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Lack in maintaining dignity and confidentiality

In what ways were patient care or safety compromised, in your opinion?

In corridors no oxygen suction

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Patient was admitted on a Friday and for almost 5 days she was in the corridor. First day she was very nice, but later she started being confusing and agitated. Later when we moved her to a bay, she settled.

Even I had an experience were received patient to corridor. Next day while we changing him, infection control called to say that the patient is CPE positive.

Portors struggle to transfer patients as beds are on the way.

In what ways were patient care or safety compromised, in your opinion?

Privacy not maintained, infection control not maintained, challenging families

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

I work in a elective surgical ward and we have more patients that bed daily. We sometimes have to give some pre opp care I.e enema for pre surgical colorectal surgery, medications before surgery, wound care in the waiting room. This is a constant worry because we do have enough beds to accommodate elective surgical patients but 1 bay in the ward is being used for medical patients that stay as king stayer due to medical bed shortages. Now this has created shortage in surgical elective beds

In what ways were patient care or safety compromised, in your opinion?

Patients dignity and privacy has been compromised due to not received medical care in a private place but in public where other patients can see them. Male and females wait together in a waiting room wearing gowns waiting for their surgeries. Multiple patients that have religious beliefs have complained, even patients that don't follow religion have complained of lack of privacy

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Every day in the Emergency department corridor care is provided. Despite escalations to trust execs there is no let up in the amount of ambulances coming despite pressure. A corridor care SOP has been produced to identify appropriate patients, escalate and book extra nursing staff.

In what ways were patient care or safety compromised, in your opinion?

No limit to the number of corridor care patients. Ambulances leave patients after 30 minutes whether handover taken or not. This is very unsafe and severely compromises patient safety when the department is already at its busiest.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Patients are very unwell, and often have neutropenic sepsis, flu, Covid or d&v. I think it's a failure on healthcare systems in the UK and completely unsafe. London ambulance service are now able to offload patients and leave, be it on their trolleys or ours, so there is sometimes no nurse available to care for these patients.

In what ways were patient care or safety compromised, in your opinion?

Falls risks, emergency response is limited, infection hazards, no handwashing facilities in the corridor, no privacy (if a women comes in with chest pain, there is a big delay in finding a space to carry out an ECG for her).

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Patient's waiting hours for chemotherapy due to late prescribing, pharmacy delays and nursing shortage. Therefore to try and catch up we have to administer treatments in waiting rooms/family rooms/corridors.

In what ways were patient care or safety compromised, in your opinion?

It's less dignified. If they crash you have minimal space, no piped oxygen and no crash bell to call for attention. It's not the level of care our patients deserve.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Overflowed by ambulances, had to care for patients and receive handovers while they were in the corridors. Then when moving them to main ED they needed to be in overcapacity spaces in the corridors. It's very chaotic, stressful and a lot of work as you end up caring for more than the allocated amount of beds.

In what ways were patient care or safety compromised, in your opinion?

No privacy so patients needed to be seen and clerked by ED doctors while in the corridors. Treatments are delayed as no equipment is available such as drip stands or cardiac monitor spaces unavailable. No portable monitors as well

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

There was an aggressive abusive person in the corridor who caused a disturbance on his trolley and he frightened our patients in the corridor. Security were called but the patient was not suitable to be removed! As the department was over capacity that's where he remained and thankfully fell asleep after a period of disruption.

The corridor is called COHORT and it deflates the fact that it is a busy corridor with a constant flow of LAS, ED & UTC patients.

In what ways were patient care or safety compromised, in your opinion?

Having to listen to abuse and witness the aggression displayed towards the staff. COHORT patients were elderly and the patient was trying to get off his trolley.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

cold area. no privacy. no toileting facilities. no call bells. its inappropriate.

In what ways were patient care or safety compromised, in your opinion?

they get lost to the triage system. doctors cant find them to assess.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

The following issues were identified during a shift in the nurse-led cohort (resus corridor):

Overcrowding – trolleys and tables on both sides of the corridor leading to a delay in staff getting to an emergency in the main waiting room.

Patients not afforded privacy leading to clinical assessments not being undertaken appropriately including lack of confidentiality.

Patients unable to receive personal care due to lack of privacy.

Unacceptable delay in getting a hospital bed and pressure mattress for a 91 year old man with a grade 3 pressure ulcer to his sacrum.

Toilet out of order – patients taken to toilet in another area leading to unsafe staffing levels.

Toilet out of order – delays in finding wheelchairs to take patients to toilet in another area.

IPC – temporary sink out of use.

IPC – hand sanitiser dispensers empty.

IPC – unable to isolate at least 3 patients throughout the day with D&V.

Staff nurse was managing up to 8 patients on her own (no HCA) for long periods of the day.

This was the basis of my radar report. I felt completely helpless to improve things for my patients

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Due to ward change from elective surgery to general surgery, patients have to wait and be admitted in the day room and wait there until they went to surgery. They only went to surgery once a bed had been confirmed somewhere in the hospital.

In what ways were patient care or safety compromised, in your opinion?

Privacy and dignity were compromised. The uncertainty if the procedures would go ahead

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

I'm an ANP my mum fell and fractured hip and humerus we were in corridor for >12hours , taken to X-ray for CT and X-rays but back in corridor after, no privacy (mum has dementia) no skin scare or toileting , she was hydrated with IV fluids but had to chase for results and analgesia , not nursing staff fault as totally inappropriate area to care for anyone , she was accepted by surgeons for hip repair but had to wait for bed to become free. If my sister and I were not there in the corridor with her she would have been even more confused and in pain. It's not good enough for the NHS

In what ways were patient care or safety compromised, in your opinion?

Other pts in corridor who were confused without carers we're trying to climb off trolley and risk of falls not enough staff to care for them and again without a family member being there high risk of trying to climb off trolleys

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Delivering care in inappropriate setting are terrible experience.it is not convenient for both patient and the carer. Especially when patient need a care privately.

In what ways were patient care or safety compromised, in your opinion?

If the patient needs urgent oxygen ,there no oxygen mounted in the corridor.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Lacks of beds in the wards make ED to spill in the corridors, unfortunately this is the new norm,not enough staff to look after so many patients , unsafe practice as physically impossible to give proper care as one nurse and one HCA to at least 20 patients . I felt so tired physically and mentally , felt that patients were let down and at any point something serious could happen and we overlooked it.

I felt like a whipped hard working donkey that no one cares as this continues to happen and when the complains are coming you need to explain yourself but no one take in the account the way the department was. Plus the patient is not receiving the care that they should.

I feel that the human life has no value anymore from the government point of view.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

too many patients for the area, starting treatment & assessing people in the waiting room

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Overcrowding in ED. Nil available rooms.

Patients are unhappy, increases stress to which doesn't aid their already deteriorating state.

Also taking away their dignity (although there are screens available), at times there are tasks that's needed urgently and sometimes have to be completed without it, i.e. an elderly patient requiring a urinary bottle immediately. Many times we have elderly patients who end up having to pass urine/open bowels on their pads as nil available room to change. Patients' personal hygiene/ care then gets overlooked at many times.

In what ways were patient care or safety compromised, in your opinion?

Nil privacy.

Corridor with less patient visibility is now regularly used as nil other trolley spaces available, which increases risk of falls and unable to immediately see patients becoming unwell.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

No dedicated emergency equipment for that patient. Having to use portable oxygen cylinders which ran out. Not able to provide privacy for patient.

In what ways were patient care or safety compromised, in your opinion?

No dedicated emergency equipment, unable to provide privacy for care

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

I had a night shift last night and my designated cubicles were 13-15, however by 2.30 am I received a patient from another zone and the patient was kept in front of the cubicle space where everyone walks and all the trolleys wheel chair passes by. the patient was a paralyzed person who has 24 hour carer. Also yesterday night a patient had a fall on the corridor where LAS ambulance trolleys queued and waited in the corridor. After every shift it's quite exhausting, also short of staff is another issue, Less working space, small cubicles lack of basic equipments, so altogether working in NHS became more stressful.

In what ways were patient care or safety compromised, in your opinion?

The patient needs to be changed and there was no place to change him..because no cubicle space was available

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

The worst ones:

Someone having to use urine bottle and had to cover the person with bedsheet

Had an end of life patient who passed away on a hospital bed in the middle of corridor

In what ways were patient care or safety compromised, in your opinion?

No confidentiality, lack of safety equipment, space

Also – triaging people in the middle of corridor while all the other people waiting hear persons problems. Escalated to the management multiple times

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

There are 'plus 1's' and sometimes 'plus 2's' in the corridor on wards all of the time. It has become the norm.

In what ways were patient care or safety compromised, in your opinion?

Lack of dignity and not safe as nurses and care staff have extra patients to care for and are already over-worked

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Very unsafe practice, not best patient experience, no staffing support but additional patients to cared for. Complaints increasing left right and Center. Staff exhausted to their maximum. Never had this problem before, this year is particularly hard for everyone on the NHS.

In what ways were patient care or safety compromised, in your opinion?

No privacy and dignity

Insufficient equipment for patient care

Insufficient MDT

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

17 patients on trollies in the ED corridor. Corridor can only safely hold 5 or 6 trollies.

Unable to walk down corridor, frightened in case of an emergency and could not get to a patient.

In what ways were patient care or safety compromised, in your opinion?

Absolutely no dignity. Unable to perform ECGs for 12+ hours. Unable to respond to an emergency

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

an elderly patient in a corridor for 48hrs developed a pressure ulcer because they couldn't be checked due to being in a public area

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

It's as if we are ineffective in our jobs. Like an actual representation of a backlog in physical form. That patient in s recliner chair has already formed a negative opinion on us even before actual care has started.

In what ways were patient care or safety compromised, in your opinion?

No one knows who or what the patient is admitted to because there details won't be in the system yet. Doctors can't locate them,etc. Lots of missed communication.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Cancer patients who want to discuss their concerns/fears/care needs/symptom control/ psychosocial issues/sexual function etc are expected to speak to specialist nurses in corridors of clinics as the specialist nurses have no clinic rooms or dedicated space to see them

In what ways were patient care or safety compromised, in your opinion?

Lack of dignity, privacy and care – impossible to address issues properly in this manner. Patients will not feel able to fully discuss things in this setting so may reduce the level of support they seek

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Dignity of patient compromised, patient safety at risk, staff under gross pressure, relatives very upset and cannot understand, anger transfer to staff by patient family

In what ways were patient care or safety compromised, in your opinion?

Use of O2 cylinder finished and staff not able to check or replace on time.

chaotic state and medication/investigation delayed

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Patients for theatre are kept in waiting room then the pre-op checklist done in chair inside the corridor. Patients are then allowed to change in one of the bays to hospital gown. Then they are kept in the corridor chairs for long waiting hours at times they may not be able to get the surgery done as well.

In what ways were patient care or safety compromised, in your opinion?

They develop frustrated over long waiting hours not even able to rest.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Hospital at full capacity allowing no movement from a&e

In what ways were patient care or safety compromised, in your opinion?

No bedside oxygen / suction

No privacy or dignity

Fire safety from overcrowding

Not enough equipment to provide essential care, always running out due to the amount of patients

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Now a regular occurrence in accident and emergency. The allocation has corridor nurses on it now so you're assigned purely to take care of corridor patients sometimes 30 plus who are having to be changed with dividers put round their trolley. A lot of patients are unable to get to the toilet on time as they need to wait on the one cubicle used to be free so are becoming incontinent in the corridor. Observations aren't able to be done regularly due to lack of staff and volume of patients. I've stopped doing bank in an and e now as it's too unsafe.

In what ways were patient care or safety compromised, in your opinion?

Unable to look after patients properly. Treatment delays and unable to maintain observations to notice deteriorating patients. Dignity of the patient affected and feeling like you're going to lose your pin as you are so stretched and unable to care for all the patients.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Recently

In what ways were patient care or safety compromised, in your opinion?

Not appropriate settings for personal care or emergency

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Corridors are inappropriate to look after patients and to deliver care and treatment. There is no basic medical device such as suction for example. Sometimes the patient on the corridor, often in ambulance line or reverse stack are sick, confused or mental health. Although they have been escalated they have to wait until a cubicle becomes available, sometimes it's immediately, sometimes they have to wait longer. If they need catheters, ECGs or other medical procedures that involve exposing their bodies the clinical staff has to push the trolley to a place where they can have the procedure, and it often involves at least 5 meters and then to bring them back after you finish the procedure. It also does not feel properly private as in a designed cubicle. Also for patient who are difficult to mobilise the clinical staff has to push the trolley to the nearest toilet, same with changing patient's pads, you have to find a cubicle. It may look like trivial things, but it adds up during the shift and you have to keep a smiling face and encourage the patient, as they are also not happy to be looked after in the corridor, sometimes for several hours since they arrived. Corridor care is not safe either for the patients or for the nurses or doctors, we are all doing our best to provide outstanding care, even if it's in the corridor.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

I am working in A & E. This happens every day. Corridor care. Now it's worse day by day. No space in department

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

The patient had no dignity as there were no curtains so when toileting he was embarrassed. Had to constantly apologise to him. He was next to window so was cold even though it was closed.

He arrived at beginning of night shift and the next day was not moved as still no beds, escalated patient was becoming unwell but bed managers refused to move him as no beds elsewhere. Patient was news 9 within 22 hours of arrival onto ward requiring oxygen when there was no piped oxygen to his space. Patient was escalated by nurse, doctor and critical care outreach team he needed a bed but was left in this space for at least 5 more hours.

I needed to stay with patient source more bottled oxygen to keep patient stable. No space for family to visit and be with him.

It made me feel inadequate as a nurse as I could not provide the care he needed even though this was down to the environment. It made me angry on the patient's behalf. And also made me feel I was neglecting my other patients as I had to focus on trying to sort out the environmental factors and beg and plead with bed manager for their help. I felt ignored and powerless and like my opinion and the safety of the patient did not matter to any staff outside the direct care of the patient.

In what ways were patient care or safety compromised, in your opinion?

No emergency equipment, ie piped oxygen that was needed. Meant large volume of oxygen bottles were found and kept on the ward which is also a hazard for everyone. Patient's dignity was not maintained. Needed to use urine bottles in the bay with no curtains.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Managing patients in waiting rooms that should be in beds having monitoring. Delayed treatment of sepsis. Delayed treatment of pain, delayed management of symptoms / infections

In what ways were patient care or safety compromised, in your opinion?

Sepsis mismanaged . Pain mismanaged , patients not receiving the monitoring of their acute conditions they needed

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

The hospital is overcrowded, there is no space for patients .. ambulances queue with patients on corridors- the care for them is poor , there is no space to past with other patients on trolleys on the very busy and packt corridor, patients don't have privacy if they need toilet (a specially the bed bound patients)

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

We have 10trolley space in corridor to receive the patient. Don't have monitoring facilities in the corridor.

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Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

The other patients in a bay are put at risk. The makeshift bed that was squeezed between 2 patients in a bay had no oxygen, suction, and other emergency paraphernalia. Breaks infection prevention as well as patients are squeezed very close to each other. Nurses have more patient to look after, the nurse to patient ratio is high and nurses will not be able to give high quality care to patients with the additional pressure from patients nursed on an inappropriate setting (makeshift bed). It also breaks privacy and dignity.

In what ways were patient care or safety compromised, in your opinion?

Inserting a catheter on an inappropriate bed, without curtains to cover them for privacy and dignity.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

The patient was in the window space with no call bell no emergency button or oxygen or suction access completely unsafe .Every patient has potential to become a cardiac or medical emergency this is unsafe and we are forced to nurse patients in this setting .We are told this is how it is . I am unhappy and scared i have to risk my pin and am told you have no choice daily if i was young enough i would leave nursing i hate it due to way we are treated and th e dangerous mcare we are forced to bve a part of.

In what ways were patient care or safety compromised, in your opinion?

Dignity and respect were compromised as no curtain .Emergency care dangerous as no equipment for airway etc

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Area not set up for this inpatients, no toilets, no housekeepers, sex breaches, compromised safety due to visitors in high risk areas. Patients walking in and out of theatre complex.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Not enough bed space, more patients than the department can handle. Limited dignity and privacy for the patients and family. Feeling helpless and sadly nothing I could do. The only thing kept me going was that if they were not in the corridor where else could they go as the hospital was full to capacity and they needed treatment. Efforts were made to ensure patient in corridor were the most well. It does not make it right, but what is the solution??? Help

In what ways were patient care or safety compromised, in your opinion?

Whilst effort are made for the most safe patient be put in the corridor but things can go wrong quickly, what then also Covid and flu are on the rise. Put vulnerable patients at risk.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

We were informed that all the wards should accommodate at least extra 2 patients we call it plus1 in the bay because of the increase of patient admission. The space is inappropriate patient complaining that the space is cold although the window on the bay are shut. Also, during examination the temporary screen is somehow inadequate to provide privacy.

In what ways were patient care or safety compromised, in your opinion?

There is no emergency box by the bedside and there is no allocated patients medicine locker. Patient placed on the space are the very least at risk of deteriorating but my concern is the fact that there is a risk of harm.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Patients awaiting admission whilst discharged patient awaiting stretcher ambulance collection. Patient cared for in corridor in chair, meals served on make shift side table. Required wound redressing due to leakage and needed to use storage area, after removing drip stands and trolleys, to achieve privacy.

Impact was working at low lever as not able to adjust chair height, quite uncomfortable. Also, not a good welcome for patient. Patient was polite but relatives quite vocal and unimpressed. Took time away from other patient care dealing with complaints and trying to ensure they did not feel ignored. Also had to ask colleagues to leave office to have a private admission conversation which disrupted their workflow too.

In what ways were patient care or safety compromised, in your opinion?

Not able to provide pressure relieving surface in timely manner. Patient had to keep standing and moving to allow other surgical post op patients be moved through corridors. Dressing care not in designated clean area. Patient quite exhausted by the time bed available and not as willing to answer admission questions fully.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

I came to review a patient with psin issues, he was left on his own barely conscious due to alcohol intoxication. No monitoring devices attached to him, exposed and could be seen by everyone so no privacy at all.

In what ways were patient care or safety compromised, in your opinion?

No monitoring devices nearby.

Privacy was not maintained.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Patient wanted to use toilet but there was no space in majors and rhesus bed. Patient need of assistance. I could not take him any where due to no space, matron and manager is aware. Finally I have to give wee bottle by providing screen in the corridor where other patient and relatives was seeing all this happening. I felt so bad for my patient because I couldn't do much for him. It is really difficult for the staff to manage patient in the corridor and most of the time we are unable to meet their personal needs and there is no extra hand as well and no space to push trolley as well because there is no number of porter to push the trolley. Nursing staff has to push trolley and give medication same time which makes our life harder.

Please do something to save our NHS and poor patient.

In what ways were patient care or safety compromised, in your opinion?

Patient in long time with dirty pads in the corridor and we are unable to change patient in the corridor.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

I worked in ED and we have patients lining up in the corridor and I think it's not safe for the patient and that there is no privacy, no bed space available if the patient needs to be assessed by the doctor, no confidentiality etc

In what ways were patient care or safety compromised, in your opinion?

We've been struggling specially when the patient is in oxygen or if the patient needs close monitoring and if there is no available bays for them, ambulance keeps coming in and there is not enough staffs working in ambulance line, sometimes there is 3-4 nurses allocated in ambulance line and we've got like 20+ patients, care and patient's safety is compromised

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

I had to provide level 2 Care to a patient who was in a bed placed between 2 actual beds . I had literally no space to move around to reach to oxygen , suction or to access my portable ventilator.

I was really concerned how we would be able to perform CPR if patient go in to cardiac arrest at that point.

In what ways were patient care or safety compromised, in your opinion?

Unsafe environment

Unable to access appropriate emergency equipment

Manual Handling risks

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Unable to deliver appropriate compassionate care. Unable to provide continence care. Unable to provide pressure care. Confused patients becoming more disorientated.

In what ways were patient care or safety compromised, in your opinion?

As previously mentioned

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Frequently having to give care/assessment of patients in corridors, sometimes with the provision of screens, but also seeing and discussing patients results and management with no privacy.

There is a lack of privacy for the patient, and lack of emergency facilities. No oxygen/suction/patient call bells available.

In what ways were patient care or safety compromised, in your opinion?

No privacy and lack of patient centred facilities. No call bells. Lack of emergency provisions

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Assessing patients mental health in an environment which does not provide privacy

In what ways were patient care or safety compromised, in your opinion?

Confidentiality

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Patient was put on a dayroom since there was no bed available yet. It was not safe for the patient as the room was not visible to everyone. It's not safe for the staff as well as we can not do our job right.

In what ways were patient care or safety compromised, in your opinion?

Safety, that patient was not monitored properly on that room.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

I was informed by bed managers that there are lots of patients who needed bed space and as such 2 extra beds were opened and also patients were also boarded pending when another patient is discharged

In what ways were patient care or safety compromised, in your opinion?

Patient was kept in the corridor and not comfortable and there was no privacy

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

It is happening because of overcrowding. Because they don't want to keep the ambulance waiting outside. It was temporary but now became a norm and I don't see things improving for two reasons. 1. Not enough space to accommodate people in bays 2. not enough staff to create a quick turnaround

In what ways were patient care or safety compromised, in your opinion?

People with chest pain being put in corridors without cardiac monitoring is one example.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

I have witnessed patients having seizures in the corridor because there is not space in a cuticle with a cardiac monitor. Also seen patients receiving IV fluids with potassium in the corridor with no monitors and personal care being given to patient covered by a sheet so the next patient won't see them.

In what ways were patient care or safety compromised, in your opinion?

Patient easily deteriorated and it takes longer to notice them. Dignity is compromised because there is no privacy.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

The situation was very overwhelming and unpredictable

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

We were holding ambulances, no space in A&E. Discharge profile was very poor.

We have an escalation process (SOP) for single/double/triple 'boarding'.

This is followed depending on a number of factors but primarily driven by pressures in A&E and lack of bed availability.

In what ways were patient care or safety compromised, in your opinion?

It's easy to overlook basic care & nursing needs if there are more patients being looked after in inappropriate setting.

Privacy and dignity are also compromised.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Patients could not be repositioned. Very difficult to provide personal care. Patients could not sleep due to bright lights.

In what ways were patient care or safety compromised, in your opinion?

Challenging to provide fundamental care, to assess, to provide privacy and dignity

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

I'm an ACP and at my current workplace we deliver care to patients on escalation areas and corridors on a daily basis for more than 6 months now. This includes Resus patients where after doubling the bays I have seen patients in the actual corridor of Resus. We often assess blue lights on corridor and have to hold them. We consistently have an average of 10 patients in holding area with allocated nurse but it can go up to 15 or more to corridor areas where are not even staffed by nurses. More than 2-3x times a week the overflow is so much that patients are kept in the last trucks. Most of the times I'm unable to even examine the patient appropriately because we don't even have enough screens. The care provided to these patients is significantly affected by the lack of space and staff capacity. Investigations and treatments are often severely delayed. On a daily basis we run out of trolleys and patients wait on last stretchers for long periods. Despite constant escalation of concerns we are told that there's nothing can be done. This is disheartening and incredibly frustrating on a daily basis. The effect that has on patients and staff is awful. I just feel completely defeated and exhausted daily facing these conditions. Higher management in the NHS and government should be ashamed of the working conditions they're putting NHS staff through and the care provided to patients.

In what ways were patient care or safety compromised, in your opinion?

Previous statement explained but overall care and safety has been severely compromised.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

London ambulance services have been instructed by NHS England to leave patients in the corridor and leave within 30 minutes (winter pressure policy).

Also, a lot of walk-in patients requiring cubicles in the main department are left in the waiting room for hours and hours.

Also, patients for admission are left in the waiting room even for a day, waiting for a ward to be allocated.

In what ways were patient care or safety compromised, in your opinion?

Confused patients left in the corridor, numerous falls occurred.

Not being able to provide personal hygiene/ toilet / feeding / refreshments.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Attending an emergency call to a deteriorating patient- undignified with no privacy.

In what ways were patient care or safety compromised, in your opinion?

No wall oxygen and suction.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

A patient was brought in to the ward before the previous patient had been discharged.

The patient had dementia and was confused and of course disorientated. The patient was also incontinent, but as she had been put in the space in the middle of the bay there were no curtains available to provide privacy, therefore we were unable to give basic care until the patient had been discharged from their bed space and the area had been cleaned.

In what ways were patient care or safety compromised, in your opinion?

Increasing the number of patients that the nurse and health care assistant had to care for in a situation where we already had increased patient numbers due to staffing.

Unable to monitor safely or provide basic personal care.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Oncology patients out of hours – treatment room had a patient with the same needs – so we had to deliver care in a play room, make shift bed, sofa/waiting areas

In what ways were patient care or safety compromised, in your opinion?

no emergency equipment (e.g oxygen/suction at bedspace) no call bells available, unsafe treatment areas – chairs and sofas that would not allow CPR etc

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

I had to do a wound dressing on a patient's arm as he had attempted to slit his wrist and was taken to hospital but had been sent back and the wound started bleeding. I often take blood from patient in the food storage room. I felt bad for the patients as there is no privacy for them.

In what ways were patient care or safety compromised, in your opinion?

The room was available for anyone to walk in, patient did not get a guaranteed privacy as part of their care.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

I was concern about the patient care is not appropriate. Giving in the corridor specially the weather is so cold in the corridor and the decently.

In what ways were patient care or safety compromised, in your opinion?

Concerned about toileting

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

It makes me feel like we are not respecting patient dignity or their right to confidentiality. It makes me feel like we are providing inadequate care to the patient and each time we do it I feel we are putting our PIN numbers at risk.

In what ways were patient care or safety compromised, in your opinion?

They had inadequate monitoring, their dignity was compromised. Their confidentiality was compromised. They were at higher risk of negligence and medical errors. They were not made to feel cared for properly. We had inadequate staffing to cover these additional areas.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

There is insufficient space for patient and parent unless a small baby. No nurse call bells. Poor ventilation so either too hot or too cold. Deemed inappropriate for infectious patients. Not enough staff on the ward to care for additional capacity.

In what ways were patient care or safety compromised, in your opinion?

Inappropriate for infectious patients or those at risk of infection. Poor ventilation therefore unsafe for patients with poor temperature control or pyrexia.

Lack of space to access patient in emergency.

No nurse call bells, emergency bell by the door not bedside.

Over capacity of ward area without sufficient staffing to accommodate.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Daily the main ED is full of patients waiting for beds on the ward so any new patients that have not been initially assessed are left in corridors or chairs. Routinely it is one nurse looking after her designated bays as well as at time an additional 10/15 patients that may be acutely unwell. There have been patients left in corridors out of direct sight of nurses in collars and blocks. Others have dementia and are at risk of falls. This is demoralising as I am constantly fearful I will miss a patient that is very sick and he/ she could possibly die in the corridor. Other times you know you are not giving the best care and you just feel hopeless. You have to provide personal care in the middle of corridors where there is CCTV above you. It's awful feels like we're living in a third world country or worse. I dread going into work now and wish I'd picked an alternative career where I didn't always feel so guilty for just surviving or awful after a day at work.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

No curtains to provide privacy. Had to examine the pt with another beside him with nothing inbetween. Shared o2 and emergency suction.

In what ways were patient care or safety compromised, in your opinion?

Shared emergency equipment. No privacy. Lack of space between beds to deliver care or sit out of bed

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

I work as a site manager or a bed manager. I am asked to allocate patients to the corridors of each wards(sometimes one, sometimes 2 patients to corridors of a ward). I feel so sad and feel bad about the staff who go through this. They already struggle to give enough care to patients in bays. Moreover these extra patients in the corridor make their work life stressful and hard. I have no other choice than allocations the patients from ED once executives tell me to do so. I feel really bad about the staff and the patients.

In what ways were patient care or safety compromised, in your opinion?

Not enough privacy. Most corridors has lights on all the time so the night sleep and rest of the patients are compromised. Some people becomes unwell on the corridors.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Pt was again breaching from ED, so site manager had asked us to take the pt as a boarding pt since we have a definite discharge for the day. The new pt had to stay on the corridor of our ward for a good couple of hours still on the ED trolley, we had to do a make shift table as the bedside tables in the ward are only limited to our actual bed numbers. We couldn't do personal care as well with this pt because it is right outside our corridor with no privacy curtains. It was undignified for the pt, but also stressful for staff members who had to think of ways to care for this pt in an inappropriate place.

In what ways were patient care or safety compromised, in your opinion?

There are no oxygen ports on the corridor in case of a crash call. Pt was by the corridor so also becomes a problem in case of fire evacuation. We couldn't do personal care, like change pads as this would be undignified out in the open. So pt had to wait a couple of hrs just to have their pads changed.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

There was no clinical rooms available in my department- I had to meet with a patient in the cafe to discuss her care – we couldn't discuss some things in detail due to the lack of privacy. I later found a room in another department that I could use but this took more time than necessary and was more disruptive for the patient.

In what ways were patient care or safety compromised, in your opinion?

No privacy

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Lack of dignity. Inability to perform some crucial tasks that require privacy.

In what ways were patient care or safety compromised, in your opinion?

Inability to perform crucial tasks because the equipment not available in corridors and waiting rooms.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

In an ED, many patients remained on trolleys in corridors for hours, no privacy & dignity possible when you ask them about their symptoms or ailments, or when the clinician does their workup.

We are able to move the patient into a side room to deliver personal cares, but this can be slow and no afford the patients time if they are feeling the urgency, meaning they may experience incontinence. This side room is also used to carry out ECGs and bladder scans. It feels off as when we aren't stacking/queuing/boarding in the corridor, this would normally be the viewing room* where families come to say goodbye to their relatives that have passed away.

We have good escalation pathways, with responsive clinicians, but it's at a point now that when an unwell patient is identified, and needs to move to a monitored space, we then have to go through the cubicle bedded list to determine who can be pulled out to the corridor to allow this other patient in. It's exhausting, and leaves you feeling like you are giving subpar care, with many patients and relatives taking their frustrations out on you personally. I wonder how long our morale can weather this pressure, I myself have considered leaving on and near daily/shift basis.

In what ways were patient care or safety compromised, in your opinion?

Limited resources for appropriate care, including but not limited to:

- patients remaining on trollies for more than 6 hours, risk of pressure injuries
- lack of pillows or other bedding, so patients uncomfortable
- limited amount of monitoring available in corridor care and inability to move to a monitored space, means using transport monitors or OBS machines attached to patients
- IV medications that should be giving through pumps due to risk of extravasation, or cardiac changes given as free flow due to not enough pumps/syringe drivers available to give safely, but pressure to give medication as to not delay treatment

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

It gives a sense of an inevitability negative experience. I walk through corridors of patients who haven't been seen and can't make eye contact. The patient experience is non existent and awful

In what ways were patient care or safety compromised, in your opinion?

Zero privacy and dignity, confusion over allocated staff, nowhere to put unwell patients ie no access to oxygen, crash bells or call bells not there, difficulty delegating tasks because other staff don't know where a specific patient is

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Unsafe practice. Difficult to provide care especially during emergency. No privacy and no dignity.

In what ways were patient care or safety compromised, in your opinion?

No access to emergency equipments. No access to oxygen therapy. Difficult to provide privacy during personal care. No curtains so no privacy when doctors do their rounds.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

The patient arrived w/o proper communication with the admitting ward if the bed is ready, thus the patient was nursed in a small space in the bay

In what ways were patient care or safety compromised, in your opinion?

If something happened, there will be no immediate rescue equipments for instant/immediate care, e.g. suction and oxygen. The space will be a little restricted.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

no curtains for patient privacy in case of pad change or procedures. uncomfortable for the patient

In what ways were patient care or safety compromised, in your opinion?

no privacy and unsafe as there was no oxygen port, suction equipment and call bell in case needed

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

severe morale injury

makes me want to leave nursing

In what ways were patient care or safety compromised, in your opinion?

quality

dignity

safety

extra stress on staff

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

There were a lot of patients in the department. (Day case unit) resulted to some patients sitting on a chair in the hallway

In what ways were patient care or safety compromised, in your opinion?

Patient ratio was exceedingly high and that they were less likely to be monitored or checked upon

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

It was very unsafe as the patient on the corridor was often forgotten. It was an added patient to look after. We also had boarded patient who had an MET call while in the corridor.

In what ways were patient care or safety compromised, in your opinion?

The patient is often taken for granted and missed.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

I manage a CAMHS Psychiatric Liaison Service across three Emergency Departments. All three ED's are often overwhelmed by patients meaning there is often a lack of appropriate space to complete assessments and treatment. This has derogatory and negative impact on children, young people and their families. Particularly for 16 and 17 year olds who are seen in Major part of ED.

In what ways were patient care or safety compromised, in your opinion?

Vulnerable young people (16 and 17) being managed in adult ED departments compromises patient care significantly. It is often not a safe environment.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

they added an extra bed between the patients , but It was temporary

In what ways were patient care or safety compromised, in your opinion?

infection control protocols, equipment not enough, staff not enough.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Ongoing situation with almost permanent number of up to 15 patients in corridor

In what ways were patient care or safety compromised, in your opinion?

Delayed care, no privacy/dignity

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

I was told that due to lack of beds each ward had to take a plus 1 patient. Ours is in the treatment room where we keep peritoneal dialysis fluids. The fridge is in this room. There's no call bell, we have to give the patient a hand held bell. This makes me and the team very sad because the space is not conducive for patient care. The worst thing is that this is not a temporary thing.

In what ways were patient care or safety compromised, in your opinion?

No call bell, fluids in the room can become contaminated. There's no toilet, patient has to walk to the outside toilet

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

1. There's no privacy and dignity
2. In case of emergency, there's limited space to care for patient
3. No oxygen or suction allocated to patient
4. No pods to keep patient's property, own medications

In what ways were patient care or safety compromised, in your opinion?

No privacy and dignity- having to change patient without screen or curtains

No oxygen and suction allocated to patient

Extra patient load in nurses who already have patients

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

admitting patients in day surgery unit, regularly have to admit, discharge, or sit the patient in an office or recovery area where other patients are being cared for post-operatively. This was very distressing for a particular patient who was very anxious about having surgery, and had to sit and witness other patients waking from anaesthesia who were presenting with pain, prior to having her own procedure. I felt very upset that I was expected to support this substandard care of patients

In what ways were patient care or safety compromised, in your opinion?

not able to stay and support / reassure patient until called for surgery, as had to attend to many others

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Because there was no space inside emergency department and the patients keep coming who needed to lie down and we ended up filling all the corridor, viewing room, A&E waiting room, A&E reception, back of ambulance

In what ways were patient care or safety compromised, in your opinion?

In the corridor there is limited privacy, no oxygen port or suction port, high risk of falls, can't keep an eye on patients as we have to go back and forth to get medications. The dignity of patients is compromised and the staff getting burn out and compromised mental health and physical health

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Pushed by bed manager to move a patient awaiting discharge pending blood results to a seat in the corridor – they would still be under my care and I would have an additional patient to provide care for. When the blood results came back as not improved the medical staff discharged the person anyway as their bed had been given up. This happened again on the same shift, at one point I had 9 patients under my care when the normal is only 7, as 2 people were sitting out in chairs

In what ways were patient care or safety compromised, in your opinion?

Rushed to discharge a patient, patient that has late stage alzheimer's being put in a separate room with a 1:1 HCA, out of sight essentially

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

It was a concerning experience providing care in less than ideal situations. I was fortunate that I contributed to a better experience for the person and stopped what could have been an unsafe discharge

In what ways were patient care or safety compromised, in your opinion?

In appropriate environment meant the patient wasn't getting the right care they needed

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

It was a very horrible experience as I had a confused elderly patient who was undressing himself and there was no dignity or privacy as other patients and family members witnessed all.

In what ways were patient care or safety compromised, in your opinion?

There is no emergency call bell no oxygen in case of emergency.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

I was supporting a patient on escort. There was a very long wait and the patient in was supporting had dementia. On top of this the environment was extremely busy and patients everywhere there was extra floor room. This made it so difficult to care for my patient. It also made the patient more distress and agitated leading them to become aggressive towards staff. There were no staff around to support due to how busy it was. This allows impacted the other patients around. It made it extremely difficult to manage and to help the patient at the same time.

In what ways were patient care or safety compromised, in your opinion?

It was compromised because staff were not able to facilitate the patients needs and having some many people around, patients in corridor and relatives made it more of a hazard.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

In ED. Unable to offload

Ambulance patients into cubicle so performing initial tests and treatments in corridor. Often for several hours. Unable to maintain patient dignity or provide personal care. Some requiring additional monitoring and not able to provide.

This has been due to lack of flow out of ED to the wider hospital with greater than 40 patients waiting more than 12 hours for admission – some patients waiting up to 60 Hours.

Also sometimes due to inappropriate patient transfers from other hospitals or inappropriate speciality referrals.

In what ways were patient care or safety compromised, in your opinion?

Delay diagnoses due to delay in imaging and other investigations unable to perform in corridors. Lack of provision for those requiring oxygen therapy – risk of using portable gases for prolonged periods. Unable to provide adequate personal care due to lack of privacy.

Increased risk when forced to administer critical treatments in appropriate setting (eg IV bronchodilators on portable monitoring)

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

I cried with patient when I have to clean her up on corridor where everyone could see, people were passing by to another part of hospital, kitchen hostess was serving hot drinks, doctors chatted too patients and new patients were arriving by ambulance on stretchers, the some of my patients was keen keeping up the blanket up as portable wall. I felt broken inside out

In what ways were patient care or safety compromised, in your opinion?

My patients was not old and fully minded, she is MS patient. She knew I have to clean her and there is no privacy, I'm sure that incident can damage patient mental health

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

In accident and emergency. Too many ambulances, inadequate flow through ed to ward beds. Looking after patients for 7+ hours in ed

In what ways were patient care or safety compromised, in your opinion?

Diverting blue light calls in to ambulance bays. Delays in treatment and limitations to the treatment that can be provided to patients

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Corridor care for ED patients.

No call buzzers, no oxygen, suction, trust have had to install electrics to allow for beds to be plugged in so they can be operated.

No designated toilet, nil privacy, dignity for patients, nil safe space to receive handover.

Lights do not turn off at night.

Registered children's nurse, redeployed to adults to assist with bed pressures. Out of scope of practice, limited orientation, resulted in PTSD from COVID redeployment.

In what ways were patient care or safety compromised, in your opinion?

Lack of dignity, inappropriate place for treatments. Short staffing of nursing and medical colleagues.

Delays in patient care.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Additional bed in the corridor in a ward. Patient was not happy and restless therefore it was difficult to create a rapport and collect proper history and provide adequate care for the patient.

In what ways were patient care or safety compromised, in your opinion?

Lack of dignity.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

I feel sorry for the patients that being placed in the middle of the bay without proper curtain and call bell. I know they came to the hospital because they are not unwell and it's not appropriate for them to be placed like that. I work in a respiratory ward and most of our patients are in oxygen treatment, it is hard for us to especially when emergency happens. They should look for a solution for this problem its not only for the safety of the patients but also for the nurses who having hard time already to look after their patients and facing complaints from the patient's family why their love ones is not in the proper bed. This is not acceptable and we've been experiencing this for almost 2 years now.

In what ways were patient care or safety compromised, in your opinion?

Unable to do proper bedside care and unable to maintain privacy and dignity

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

It was a patient on a trolley in a space which is usually used as a 2-bedded bay which itself is not an appropriate space for patient beds although is equipped with oxygen and suction.

In what ways were patient care or safety compromised, in your opinion?

Beds and trolleys too close together for proper infection control.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Undignified patient, too many patients to nurse ratio, not able to give the best care

In what ways were patient care or safety compromised, in your opinion?

Nursed in corridors, 7 patients per nurse as they kept coming in by ambulance into the emergency department. Emergency care: one, bloods, skin checks all compromised

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

In the Emergency Department, overcrowding due to no bed capacity makes us deliver care in appropriate settings on a daily basis.

In what ways were patient care or safety compromised, in your opinion?

Delays in care for not having the appropriate setting to provide certain treatments, patient's perspective.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

We have an extra capacity bed on our ward, not designed for a patient without central oxygen and suction and personal locker not available for that patient

In what ways were patient care or safety compromised, in your opinion?

Patient properties not safe and risk of them get lost

Limited space for personal care

Challenges for providing oxygen and suction in case of deterioration

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Our area is appropriate for patients and we are very supportive, caring during our duties provided on daily basis.

In what ways were patient care or safety compromised, in your opinion?

If an incident occurred we always put patients care first making sure an agreement is being made

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

For two years now, we provide corridor care to our patients. However, since end of November last year, the situation is completely out of control. I do not have words to express what my patients and colleagues go through every day working there. Is inhuman. After every shift I go home totally drained, mentally and physically. We need urgent help.

In what ways were patient care or safety compromised, in your opinion?

There is no possible way to provide efficient care in a corridor, not when we have 30 or more patients spread on 4 corridors. There is staff allocated on each corridor, sometime one, sometimes two staff. The patients are mainly old people, unable to mobilise or with impaired mobility that need assistance. We spend 70% of the shift pushing beds inside to toilet patients. We transfer patients from a corridor to another. They are reffered to medics or a speciality and admitted soon afterwards. These patients are waiting in the corridors 50-60 hours before getting a bed in the wards.

Northern Region

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Patients shouted at nurses because they were not in proper bed spaces

In what ways were patient care or safety compromised, in your opinion?

No emergency kits or call bells for patients

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

No bed available, patient was confused and tired, patient was elderly, sat in a chair for hours, kept apologising to them

In what ways were patient care or safety compromised, in your opinion?

Not received appropriate care

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Incidents were patients fell due to lack of space.

In what ways were patient care or safety compromised, in your opinion?

Number of patients in bay make it difficult to access patients in emergency situations

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Cared for patients in the corridor and it was inappropriate as patient needed ECG. Dignity and privacy doesn't exist when you on a trolley in the corridor getting treated.

In what ways were patient care or safety compromised, in your opinion?

Patient with chest pain should be in CCU on a proper monitor not just on telemetry.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Every day we have at least 1 patient in corridor and one in the patient day room. There is no oxygen available and no sockets to plug in any equipment or indeed the profiling bed. There is no privacy for the patient and no dignity

In what ways were patient care or safety compromised, in your opinion?

No oxygen, no electric sockets difficult to ensure dignity and privacy

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Site managers wanted to admit a patient however the bed they were going into wasn't ready yet the other person hadn't been discharged, so they sent up this patient anyways and sat them in the relative waiting room where there's no emergency equipment if anything was to happen. This impacted me as the bay I was in that day was the complete opposite side of the waiting area and I was trying to juggle looking after my bay of patients while discharging them and admitting someone who wasn't even in a bed space yet

In what ways were patient care or safety compromised, in your opinion?

No bed space. No emergency equipment in the waiting area. Unable to maintain privacy and dignity as waiting area is open for everyone to see

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

No room for patients to be seen or assessed in. Therefore have to assess them in the corridor in front of paramedics and other people. No dignity or confidentiality felt I have given substandard care

In what ways were patient care or safety compromised, in your opinion?

Patients can't be assessed or treated properly as no cubicles to do so. Delay in patient care unable to give medications when they should be given as per policy. Patients laying on floor or sitting on floor no movement in the hospital to admit people patients waiting over 13 hours to be seen by a practitioner or doctor and they deteriorate in the waiting room. Patients waiting hours just to be triaged from the time of booking in

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

I was sent from my usual ward to work on the winter pressures ward. There was only myself and another nurse for 20 patients one of which became critically unwell. While providing care for the unwell patient we were sent another patient from ED and we did not have a bed space for him. This patient required oxygen therapy and we're unable to put him in a bed space with an oxygen supply. As a result we had to keep him connected to an oxygen cylinder and had to keep ensuring it wasn't empty.

In what ways were patient care or safety compromised, in your opinion?

If the patient had deteriorated he was not in an appropriate space to provide life saving care

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

This happens daily in ED. It helps to get ambulances back out but has zero dignity for patients.

In what ways were patient care or safety compromised, in your opinion?

There is no dignity, it is difficult to conduct appropriate investigations and there is no privacy to take a comprehensive history so things could be missed.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Patients was escalated to full capacity (placed in the middle of a 4 bedded bay) during the middle of the night patient deteriorated and due to having no where to nurse the patient safely they were placed on oxygen and required oxygen canisters next to their bed. This could have had massive consequences to the patient and could have even lead to respiratory arrest or death in the worst case scenario

In what ways were patient care or safety compromised, in your opinion?

Patients lack the basic human right of privacy and dignity we have no available areas to change dressings or have private conversation's, they have no where the keep personal belongings and feel comfortable in a setting which is supposed to provide them safety and security

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Already having 9 patients 2 of them poorly (high EWS) I took a corridor patient who on the point in time assessment was appropriate but in actual fact was not. She was elderly, frail, on IV fluids and at high risk of delerium.

In what ways were patient care or safety compromised, in your opinion?

Nursing anywhere but a dedicated spaces always will compromise patient safety. Every patient has the potential to deteriorate or for their needs to change quickly, therefore a corridor is never a safe place for a patient. I was extremely upset that this patient was sent up to me. Even more so having to explain to her family that this was the case. We were told by higher up that we should treat this as normal now. Whereas nursing people in corridors is anything but normal. At the very least patients and family should be made aware upon admission to ED that being nursed in the corridor may be a possibility. Rather than coming up to a ward then it coming as a nasty surprise to patients and family and consequently, nursing staff having deal with guilt, moral distress and understandably disgruntled (sometimes extremely rude and intimidating) patients and family members. The point in time assessment to assess if a patient is appropriate for a corridor, is not holistic enough at all. This and other similar situations that are almost daily are contributory to the reasons why I'm leaving UK nursing and possibly bed side nursing all together.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Lack of space in onward base wards. This was AMU. Feel guilty, due to lack of dignity for our patients.

In what ways were patient care or safety compromised, in your opinion?

Not having a 'safe space' of a bedded area. Lots of hustle and bustle in the corridors.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

We were told each ward had to have 2 extra beds in the corridors. We managed to squeeze them into the bays instead which wasn't good either but it was a little more dignified for the patients and we did the best we could for them

In what ways were patient care or safety compromised, in your opinion?

The extra patients had no nurse call bells and no emergency equipment at there bed spaces

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

While patients are cared for in such settings it feels very unsafe, you feel worried that if the patient were to deteriorate in such a space that you would not be able to help them effectively or provide care safely as it is not equipped for this.

In what ways were patient care or safety compromised, in your opinion?

The areas which are used in escalation purposes are not equipped like a bedside or clinical patient space is. If a patient were to deteriorate you do not always have access to oxygen/suction points. The patients off dont have call bells. It also feels undignified for the patients experiencing this.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

I was doing bank work in a and e and don't normally work in a and e and cared for patients in a cramped cold corridor. In the way of everyone and no privacy. Had to move them on a bed to the plaster room if they needed the toilet.

In what ways were patient care or safety compromised, in your opinion?

Cramped environment. People struggling to get past us. No privacy for patients to talk to me. No dignity when people are feeling sick.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Patient admitted temporarily pending availability of bed space. It's overwhelming to care for your assigned patients and an additional patient in a shift. Having to move mobile screen to provide privacy and oxygen equipment when required is another physical strain. Also it reduces bed spacing in a bay thereby impacting infection prevention.

In what ways were patient care or safety compromised, in your opinion?

Infection prevention. Privacy and confidentiality

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Every shift we are forced to administer treatments and care within the waiting room.of our over crowded ED. Patients wait on chairs in the waiting room having IV treatment. Patients wait in excess of 10-20 hours to be seen by specialities. Patients are placed in 5 available trolley spaces/ rooms in clinical priority, these patients are often risk assessed as being unsuitable for these spaces, (due to falls risk, delirium, dementia, unmonitored), yet we are repeatedly told there is no available majors spaces for these patients and priority is focused on offloading Ambulances.

In what ways were patient care or safety compromised, in your opinion?

Treatments are administered in unsafe spaces with no monitoring. Patients often deteriorate and require additional treatment and increased length of stay admissions. Risk assessments undertaken regularly highlight the inappropriate setting that these patients are kept in, but capacity constraints across the hospital and reducing staffing (Clinical and Nursing) mean that there is no other option and we are pushed to breaking point each shift.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Whilst the care my colleagues and I administer is to the best of our capability given the circumstances it falls evidently short of expected standards.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

In the 'Majors' end of our ED it has now become common practice to 'reverse corridor queue', whereby patients who have treatment plans in place are pulled out from bedspaces and into the corridor. These patients will already have been in the department for excess of 10 hours. This corridor offers no privacy or dignity despite the use of screens when undertaking ECG's/toileting etc.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

I feel embarrassed, exhausted and fearful that making the wrong decision will put my patients at risk. I have often thought of leaving Nursing, this is no longer the profession I proudly joined.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

It feels horrible, disappointing when we care a patient in corridor, most shocking thing is it's no more a temporary escalation space, rather treated and used regular 24/7. We are asked to receive patient anywhere and wherever if the space fits a trolley. IT BREAKS MY HEART EVERYTIME WHEN WE DO THAT.

In what ways were patient care or safety compromised, in your opinion?

Corridor do not have proper privacy for patient. It's do not have oxygen or suction. No proper infection control, no call bells or emergency pull to call for help, no monitors.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

I am deciding who gets the care in the corridors on a busy acute medical unit and deciding who will go onto medical wards on corridors. I have to risk assess each patient. I feel awful doing it and it's not nursing care

In what ways were patient care or safety compromised, in your opinion?

I have experienced patients being peri-arrest or having blood transfusions in the corridors. I have experienced patients having a TACO post transfusion in the corridor and end up in ITU

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

No capacity in dept. No pt flow to wards from ED. Felt did not deliver adequate pt care, pt dignity was compromised, risk as no oxygen or suction on some trolleys.

In what ways were patient care or safety compromised, in your opinion?

Unable to provide safe care or any level of privacy and dignity.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

I feel staff are being pressured to identify patient suitable for middle of bay. There is no privacy as no curtains. Patient has to be mobile on no Oxygen or IV fluids and no falls risks. Limited space in room to move around.

In what ways were patient care or safety compromised, in your opinion?

Not in all cases but sometimes the next best patient had to be identified as extreme pressures on site to create beds for pts in ED. In the event of a cardiac arrest or Medical Emergency call, the space is very limited and at least one of beds have to be moved out to allow teams to get into some patients. Also if falls risk patients in bed space and not TES space this can put them at risk.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Intervention for wound care, staff using pmva in safety pod, other young people moved away but could still hear the screaming and distress

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Undignified. Thankful to patients who understand the bed pressures. Equally difficult and understandable when relatives and patients refuse treatment in the corridor. But this is daily practice in my area. Now have to think about the patient only presented on the ward to continue their care.

In what ways were patient care or safety compromised, in your opinion?

Being in charge of cardiac monitors and take bay of patients and corridor patients

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Elderly patient in corridor undignified personal care being met in a corridor this happens on a daily basis up to 3-4 patients in corridor no extra staffing already short staffed patient care is minimal. My opinion not good enough undignified and make me feels ashamed of being a nurse it's not right

In what ways were patient care or safety compromised, in your opinion?

No call light available. Minimal care as no room in already packed corridor to meet hygiene needs in a satisfactory way. If a fire broke out very unsafe just unsafe and undignified in all aspects patients confidentially broken

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

I am a Palliative Care CNS, end of life care is a daily experience. Within our hospital we have four bedded bays and a small number of single rooms (usually occupied due to infection control). For the past few months an extra bed has been placed in the middle of bays, this space has no access to a call system or any of the usual bed area facilities, more over there are no screens or curtains. We are increasingly caring for very sick or dying patients in these bays, albeit not in the extra bed space. Nonetheless, dying patients are cared for in cramped conditions with no privacy, loved ones have to sit in these bays unable to truly grieve or have private conversations. Also other patients in the bays are in touching distance to the next patient. Last week we had 2 patients dying at the same time in a four bedded bays and with an extra bed pushed in. No dignity no respect it's heartbreaking

In what ways were patient care or safety compromised, in your opinion?

Patients did not receive compassionate dignified death, it feels like they are on display and their families are not supported, every word or action is shared with the other 4 patients and it's even worse at visiting time . Like watching a horrid film that I can't stop

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Unfortunately, this is norm now. I work on a medical ward and we have 2 corridor patients all the time. Mot are not appropriate, wait all day for a bed space. The last patient we had had to be change for faeces in the store cupboard. Totally inappropriate, and truly awful for the patient.

In what ways were patient care or safety compromised, in your opinion?

Patient changed in store cupboard. He was also a level 3 falls risk and was not able to be watched appropriately. Another patient in the corridor was ?infective gastroenteritis. This was putting all patients and staff on the ward at risk.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

A recent event had a patient 'collapse' and become unresponsive on the corridor. There was no clear cause and no handover was given. The arrest call was initially put out by nursing staff as there is no call buzzer, no oxygen port and other than shouting, no means to call for help. The arrest call was unnecessary however not unjustified. We quickly managed to get the patient swapped with another into a room where a full assessment and investigations could be conducted. The patient had a prolonged admission and circumstances were still vague on discharge.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

This kind of practice in my opinion is very unsafe (often no handover, the porters don't pass anyone so don't say anything to anyone, there is no privacy, no dignity), many patients are very unsuitable to be left on a corridor (active alcohol withdrawal, cardiac chest pain, emotional distress from bereavement are a few recent examples).

In what ways were patient care or safety compromised, in your opinion?

A corridor is not a suitable place for a patient full stop. If there was an arrest or collapse in a public place then you deal with that without the four walls. This is a controlled environment where there are not the facilities or resources to look after a patient.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

The team use a term continuous flow so the Emergency Department can transfer patients round to our ward, Acute Medical Unit if they have a certain NEWS. Often on assessment at our unit we may find they have a higher NEWS score and they should not be in a corridor. It is not safe. We can end over 20% over our ward capacity at times. It's stressful for the nursing staff who then have so many more patients to care for. And it's stressful and unsafe for the patients.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

I was redeployed from my shift in critical care to the emergency department – where I had never worked before. All bays were full and I also had 4 male patients on trolleys in the corridor who had been there since the previous night awaiting a hospital bed as all were admitted. This made for a concerning and difficult time since the patients were confused, there was no name allocated to a bed area as they were in corridors – staff knew these as 'spaces' as they were regularly used. When they wanted to pass urine I had to find somewhere I could push there trolley into to give them some privacy and dignity. They had rolled up blankets as pillows as there were insufficient pillows. Those poor people who felt ill could get no peace or rest as they were in the middle of the department's hustle, bustle, and noise. There were no tables to rest food and drink on – the whole situation was undignified and awful. I felt embarrassed to work for the NHS and for the first time, I could see it was broken. Never in my 30-year career could I have imagined this would become a 'norm' but it is – patients are regularly then decompressed out of ED to be placed on another corridor within a ward, how is this adequate care let alone showing patients are our priority and we are adequately prepared to care for them. It is simply nowhere near good enough and a system failure, failing both our patients and our staff who are impacted negatively by working in these situations. The errors and harm that must be occurring need investigating.

In what ways were patient care or safety compromised, in your opinion?

Staff working in an unfamiliar location, patients in corridors, yes they have name bands on but they are confused they cannot be observed clearly, waiting long times to be placed on a bed with a surface suitable for their skin as opposed to a hard trolley lack of access to food and drinks. Staff are 'frazzled' human errors will occur but who is there to notice them?

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Elderly patient, frail patients waiting for long periods of time for a trolley and to see a doctor as ambulance patients taking priority to achieve 15 minute handover target

In what ways were patient care or safety compromised, in your opinion?

No patient flow or ward beds which grinds the dept to a halt and we continue to fill up like a balloon waiting to explode. Patients that once would have been given a room for dignity and privacy are sat in the waiting room as we are permanently full to capacity. Patients still come in because we never close.

1. Fire risks associated with working in an overcrowded dept.
2. HCAs currently struggling to record all patient observations in the waiting room due to the sheer volume of patients attending so patients often waiting for their observations to be recorded.
3. No seating available in the waiting room at times for patients so we regularly have to ask for the second person accompanying patients to leave.
4. Frail, elderly patients are sat in a chair for long period of time which means that pressure areas care is not given.
5. Patients with a tachycardia for example are waiting for a monitored bay when there is no capacity and resuscitation/ monitored areas are full with unstable patients. Staff are unable to prioritise the priorities.
6. Vulnerable patients, with dementia, elderly or unaccompanied are sat in an overcrowded waiting room which is noisy and frightening.
7. The staff are always running around busy so some patients don't ask for help or assistance to go to the toilet.
8. Long delays for patients to be seen by a doctor which exacerbates patients condition as there is a delay to treatment.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

It has been part of our normal practice in my ED to provide corridor nursing care and medical care for 5 year ish. All the management are aware this happens and appear happy with it. Most patients also accept it. I think it's terrible. Our ambulance queue is the corridor. We even have corridor 1, corridor 2 on our computer screen and new non clinical spaces have also popped up on the screen such an extra space created in resus but has no equipment and the same in the monitoring area. Tell anyone you like no one listens to us and every time the CQC visits amazing there are no queues. We have no space to see new patients and as a practitioner we fight for any non clinical spaces that is not staffed by the nursing team to see a patient in. It is the normal for us and has been for a long time

In what ways were patient care or safety compromised, in your opinion?

Unable to examine properly as on a corridor. Not enough equipment. No buzzers. Police patients kept in vans. I could go on but nothing ever gets done about it

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Ambulances waiting in corridors and also overflow on corridors in areas of ED of waiting to get to wards when we have no space for everyone. ED gets overwhelmed and then we are nursing a ward as well as running an ED

In what ways were patient care or safety compromised, in your opinion?

Lack of privacy, not enough staff to cope with the volume of patients

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Patients cared for in a bed in the middle of a bay, now named full capacity patients (FCP). Access to other patients in the bay is restricted due to the additional bed, and fellow patients requiring a zimmer frame have difficulty manoeuvring past the bed that is in the middle of the bay. Patient safety becomes more of a concern, and in the case of an emergency it is difficult to gain access to the patient to give effective emergency care.

In what ways were patient care or safety compromised, in your opinion?

Patient mobility is restricted due to the extra bed in the middle of the bay. Access to patients is compromised in the case of an emergency. Confused cohort patients are at increased risk of falls as the area is not clutter free. Difficult to maintain the dignity of the patient who is in the middle of the bay. No table available for the patient in the middle of the bay to safely eat their meals. No locker available for the patient's belongings. No access to pipes oxygen should a patient deteriorate. No privacy for the patient.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Inappropriate care for patients who are being admitted to severely understaffed wards. Confused patients being allocated to wards who cannot monitor them properly leading to inpatient falls and other patient harm incidents that add to patient's being kept longer in hospitals. Along with overworked staff compensating for departments being understaffed.

In what ways were patient care or safety compromised, in your opinion?

Due to bed pressures patients get boarded onto wards that aren't equipped to handle their medical conditions such as medical wards taking vascular, cardiology, orthopaedic patients. Immunocompromised patients are admitted next to patients suspected or showing symptoms of flu/covid. Patients with MRSA not being properly screened or handed over from A&E being placed inside bays with confused wandering patients.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Corridor care is now standard in our emergency department. We have even turned our main nurses station into a temporary extra zone to care for patients and we can have up to 6 patients on trolleys in there. It's devastating, we've converted one of our actual rooms into an escalation space assessment area for those on the corridor that need to use bottles or bedpans

In what ways were patient care or safety compromised, in your opinion?

Patients who are on the corridor can't use the toilet themselves often, inappropriate monitoring or nurses are spread way too thin. They block exit routes and relatives often block corridors

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

No space in any cubicles, ambulance queue. Asked to assess patient whilst still on ambulance trolley in corridor. Consent from patients obtained. 1 patient was an elderly fall, could not complete thorough examination until in cubicle due to being unable to expose patient appropriately.

In what ways were patient care or safety compromised, in your opinion?

Unable to complete thorough examination first time due to location and delay in x-rays as unable to change patient into hospital gown for images

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

On a daily basis we deliver care in waiting rooms and corridors of the ED department and emergency assessment area. This is both frustrating and embarrassing for staff and undignified for patients. We also face anger and criticism from patients and relatives. I have often seen staff frightened and distressed by this situation

In what ways were patient care or safety compromised, in your opinion?

Lack of staff means no one is assigned to solely care for these patients and a declining situation can be missed

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

I work on an acute assessment unit – we accept patients from A&E and directly from GP referrals. Ambulances will bring in the GP referrals or they will make their own way into the ward and often have to queue for long periods on the corridor, in our small relatives room or in a temporary seating area that has been hap hazard put together from a storage area. Patients will arrive from A&e even if beds aren't available and they will have to sit in these areas also as part of 'continuous flow model'.

In what ways were patient care or safety compromised, in your opinion?

The areas that we sit patients are not designed for patient care, there is no privacy or dignity allowed. The chairs are uncomfortable and there aren't any options to have a table, call bell or oxygen. When sat on the corridor they are placed next to the sluice door.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Outpatient clinic has been set up on a ward. Only room for 1 patient to be seen at a time. If more than 1 there at a time then one gets seen in a room that has the bath for ward patients. Due to the bed pressure we usually care patients in corridor .most of the time we get 2 corridor patients

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Patient was not given privacy or dignity when it came to personal care- a screen was placed around the bed. Relatives of the patient were angry towards me

In what ways were patient care or safety compromised, in your opinion?

No call bell on their space.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

we had extra bed in a bay and our lounge was turned into a bedroom, no call bell facilities then we had person in a bed in the corridor, we had a person in a bay whos behaviour became challenging and was running up and down the corridor this was not safe for wither patient

In what ways were patient care or safety compromised, in your opinion?

no extra staff allocated for the extra patients and then patients with challenging beviour

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

I came to work for a night shift that day i found patient in the trolley lying in there i was very surprised asked some colleague why patient is in the corridor in the trolley ,they said that patient is for admission waiting for a bed to be available in the other ward then i was just very confused why they accepted the patient to be left in the corridor of our ward the fact that patient is not ours . My main concern is that poor patient he was there in the corridor since after lunch time till i came to start on a night shift.The patient is an elderly and i really do know how they can do this i just cant imagined how uncomfortable to be in that situation lying in the trolley in the corridor for hours and hours..I feel very sorry ,dissapointed with what i saw and thinking what is going on with the nhs system now.To be fair i just witnessed this one once and did not happened again till this time as what i have known.

In what ways were patient care or safety compromised, in your opinion?

Patients safety was compromised in this situation what if patient will fall in the trolley patient is elderly with dementia and patients privacy and dignity.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

It's standard in my trust that the Emergency Department offloads patients waiting on beds to any ward across the hospital to sit in a corridor until a bed becomes available. This helps ED achieve better breach results, and frees up space there, but the patient is not in a designated bed. Also, the wards are short staffed, so these patients don't receive adequate care.

In what ways were patient care or safety compromised, in your opinion?

Patients are not closely observed. There is not allocated staff. Staff are busy with their own ward patients. Patients often been on trollies for hours already. Issues with incontinence, pressure areas etc. IVT not monitored. Obs not done.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Patients not being as independent as made out to be, which is apparently the only reason they are able to be nursed in corridors, if they can get up to toilet etc/continent... patients having to witness other poorly patients around them, not having the space for them to be able to leave their beds and sit into chair etc, no privacy for familys. recent experiences is patients in corridors having to witness patients who have passed away & have to be wheeled passed them in concealment trollies, although this may be dignified for the deceased, its not appropriate for other patients to have to witness.

In what ways were patient care or safety compromised, in your opinion?

the patient needs were probably not met to the highest standard. we nursed a patient temporarily and they spend 3 nights or more in a corridor space

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

No beds available to transfer pts from A&E who had pts waiting over 40 hours for a bed. Had no choice but to accept 2 pts to an already full ward, these pts have no call bell, no privacy and although we try little dignity. If I was this patient I would seriously think of self discharge

In what ways were patient care or safety compromised, in your opinion?

Unsafe staff patient ratios. Blocking corridors so actually every person on the wards safety was compromised. How can care be conducted safely and privately. These patients are overlooked as staff are embarrassed to engage. Relatives are angry adding to extra workload.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

A patient with advanced dementia, who was doubly incontinent over and over again but would refuse to let is change them. Insisting they done it themselves in the middle of the corridor. A patient on a trolley in the corridoor passed away whilst waiting for a cubicle on a ward and it was not noticed for at least 60minutes.

In what ways were patient care or safety compromised, in your opinion?

No dignity or confidentiality

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

We regularly use the 'cupboard' (ent room) as the trust states it has 'suitable appliances' – ie bed, oxygen, suction, lights, buzzer. However we use for infected patients and this room is opposite 2 bays and often the door has to be left open as there are often confused patient or individuals with anxiety placed in here. We also nurse on corridors when PT overflow, identifying the most medically fit is difficult due to infection, oxygen needs and dignity (a lot of our patients come in with bowel concerns). Not enough. Last patient I had in corridor cried to their daughter as they were not warned by A&E they would be in corridor.

In what ways were patient care or safety compromised, in your opinion?

Dignity effected. Poor night sleep due to staff noise/machinery and wandering patients. Anxiety and distress raised. Had they desaturated nothing other than oxygen cylinders and crash trolley to assist

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

We corridor nurse patients every day as well as give medications such as nebulisers iv antibiotics in the waiting room. Undignified, not safe, no privacy or confidentiality.

In what ways were patient care or safety compromised, in your opinion?

• No where to take patient if needed oxygen • 3rd patient and 7th pt in areas where there is no additional oxygen / suction / defibrillator • No privacy, no dignity, not confidential • Brings infection control risks

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

It's a daily occurrence in A&E having to look after people in the waiting room and corridor spaces

In what ways were patient care or safety compromised, in your opinion?

Not enough bed space for people when they deteriorate

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Patients are always cared for on the corridor with the emergency department. The influx of patients means that dignity and patients privacy is constantly not private or dignified. It makes me feel appalled

In what ways were patient care or safety compromised, in your opinion?

No dignity, unable to meet the demands. Patients becoming significant unwell on corridors

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Day unit it's so busy and treatments overrun quite often so patients treatment given in waiting seats or the unit would overrun it's opening times meaning staff would work late every night

In what ways were patient care or safety compromised, in your opinion?

Patients could react to treatment making it unsafe to treat in this area

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Asked to see a patient in ED who was severely hyperglycaemic and dehydrated. He was sitting on a chair with IV fluids hanging from the trolley of the patient next to him. I had to take a history and discuss personal information. I apologised to the patient who was very understanding but I felt very uncomfortable and unprofessional. However, he was grateful that he had been seen and was able to go home soon after this with treatment and a plan.

In what ways were patient care or safety compromised, in your opinion?

Privacy and dignity. IV fluids hanging from another patients trolley poses an infection risk.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

It's a daily occurrence. We have an ambulance handover bay with four bays but we're expected to take (at least) eight as standard. The four extra have no bay space so we nurse them in the corridor. 24/7. We bleed them and cannulate them. The doctors review them in an open area with no confidentiality. We have to play musical beds when heaven forbid someone needs a wee or an ecg. There is no dignity. They always try and get us to take more still but it's not worth our pins. And physically no more space unless they spill out onto the main hospital corridor. It's disgusting and I'm ashamed to do it.

In what ways were patient care or safety compromised, in your opinion?

No confidentiality, no dignity. It's an obstruction when we have to rush someone through to resus in an emergency.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

A corridor is often use as an ambulance handover area where patients are nursed on a trolley waiting for bed space within A&E

In what ways were patient care or safety compromised, in your opinion?

The corridor is needs to be left unattended while bloods are requested

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Patient required oxygen-cylinders ran out because everyone was busy and did not get to check

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Full capacity protocol implemented meaning we had to take an extra patient to create flow for ED

In what ways were patient care or safety compromised, in your opinion?

Not enough staff for the number or patients

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

In the trust I work, we can have up to two patients in the corridor. These are described as temporary escalation spaces. Not only is this an extra patient to care for, it is extremely difficult providing dignity to patients in corridor

In what ways were patient care or safety compromised, in your opinion?

I work on a cardiology ward, if there is a cardiac arrest or MET call it is difficult to get up the corridor past beds with a crash trolley

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

poor bedside care as there was no privacy to patient. Risky for patients to move around specially at night.. no o2 and suction in the middle of the bay.. patient unable to get some rest as people are coming in and out of bay

In what ways were patient care or safety compromised, in your opinion?

no o2 and suction outlet incase of emergency. Safety and privacy of patient compromised

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

I feel it's highly inappropriate and does keep in with patient confidentiality, as well as increasing the numbers of patients being cared for in a specific area, this can cause additional stress for both nurses and health care professionals as well as patients

In what ways were patient care or safety compromised, in your opinion?

Corridors crowding through routes, for example in one instance a patient started seizing while on the corridor and required high flow o2 and suction, this was delayed due to being on the corridor. This I believe compromised the patient safety as well as their dignity

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Inappropriate place to deliver care.

In what ways were patient care or safety compromised, in your opinion?

Patients not fully visible. Unwell patients on corridor needing care. Patients queuing to get into resus. Not confidential. Cold. Demoralising for Patient and staff

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

I just want to say that I feel it is inappropriate

In what ways were patient care or safety compromised, in your opinion?

Privacy and dignity is not easily maintained and it can impact on manual handling and safety of patients moving round the room where there is an extra bed

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Patients on oxygen are also regularly nursed in the corridor, using portable o2 cylinders which then run out and at times we have completely ran out of oxygen in the hospital because of this.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

We regularly give IV medications and carry out venipuncture and cannulation on the corridor, with people, trolleys, equipment coming past and banging into us which is unsafe and a huge risk of a needle stick injury.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

We deliver care for patients in the middle of a bay on a daily basis. Temporary escalation spaces are the 5th bed in a bay designed for 4 patients. We normally have 3 TES on a 32 bedded ward. These patients have no privacy, no curtains, no bedside table or locker, no permanent call bell no oxygen and no suction. It impacts the staff on the ward massively as we are dealing with extra patients, unhappy patients and relatives and the added pressure of having to recognize patients that could be nursed in the middle of a bay

In what ways were patient care or safety compromised, in your opinion?

nurses have extra patients to look after on top of an already really busy workload. The patients have no privacy or dignity

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

An extra 2 patients to care for on a ward understaffed, with minimal movement.

In what ways were patient care or safety compromised, in your opinion?

No real medical review, patient ratio stretched, unsuitable patients being nurses in corridors

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

It happens all the time. Patients don't always have it explained to them.. last patient was in tears. Whilst I understand the pressures, we used to call it Full Capacity Protocol. Corridor Care seems to legitimize the occurrence. Temporary Escalation Space suggests it's short term, but it's been happening for months and months

In what ways were patient care or safety compromised, in your opinion?

Privacy and dignity

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

I think it's absolutely appalling I am well aware of bed pressures but having a extra 4 patients in the corridor with no privacy expecting them to sleep, eat and receive so called treatment is barbaric, patients getting told bad news in a busy corridor is not what I signed up to when I begun nursing 30 years ago

In what ways were patient care or safety compromised, in your opinion?

Unable to access piped oxygen, relying on canisters, not supervised adequately, usually frail and elderly

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Toileting patients on a busy corridor – lack of space and privacy. Humiliating for the patient and unpleasant for those around. Resuscitating people in a corridor whilst people around you watch. People of all ages sitting or lying on floors as there's nowhere for them to sit. Some of these people are waiting up to 18 hours to see a clinician. Being told by senior management to ignore the waiting room as ambulances are the priority.

In what ways were patient care or safety compromised, in your opinion?

People waiting to be seen for over 18 hours in a waiting room means their care is delayed. People waiting over 24 hours for a bed on a hospital trolley means they're not receiving the right care at the right time in the right place. Pressure sores go up. Staff can not look after them when they have reduced the nurse staffing numbers to save money.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Patients are of all ages and are less of a priority than an ambulance as management care about targets rather than human beings. They state people are dying in the community as you are making ambulances wait meanwhile people are dying in waiting rooms as they aren't a target that needs to be delivered. Staff leaving in tears. Abuse and aggression towards staff increases.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

many occasions recently -

In what ways were patient care or safety compromised, in your opinion?

nurse to patient ratio wildly out of sorts

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

we occupy a pod adjacent to ED, & on a daily basis we are asked to double up in examination rooms, having to type notes of examinations up on corridor, having to perform treatment in less than private settings, due to the over saturation of patients in ED.

In what ways were patient care or safety compromised, in your opinion?

patients have fell from trolleys on holding corridors whilst the one nurse has been providing care to another, patient have had medical events that were not immediately dealt with because of this poor staffing ratio also

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Our ED never deflects ambulances, but does in fact take in deflections from local ED's, this in turn adds to the footfall in ED, which basically does not presently have the floor space to accommodate all these extra people. There are several temporary escalation zones, which have been in effect for at least the last 2 years. Short stay have been forced to nurse patient son beds in corridors waiting for a room to be vacated, so as to facilitate movement through the ED. ED staff are exhausted & scared of a serious incident I am personally very glad to be no longer working in ED because of this. Too many ambulances coming into ED, no beds on the ward which means having to look after patients on corridor. Very stressful as we were accepting diverted ambulances from other hospitals

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Cardiac arrest – not able to get equipment in or team

In what ways were patient care or safety compromised, in your opinion?

Privacy and dignity

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Fall – patient trapped under bed in middle of bay unable to move it as no space

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

End of life patient with family – no dignity or privacy

In what ways were patient care or safety compromised, in your opinion?

No space for patients thus increasing falls risks

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Today it self we totally received 5 corridor patient through the day and three patient sitting at the corridor at the same time in an elderly ward. It was said because A&E was busy and needed space. I felt helpless, awful and unsafe because they are in corridor which is not appropriate some of them are incontinent and bed ridden thus hard to give basic personal care to them. Because of the stretched patient ratio was not able attend them and allocated patient properly. I feel it's pressure on staff and not safe and appropriate to patients.

In what ways were patient care or safety compromised, in your opinion?

Falls risk, not receiving the appropriate care needed, not able to check skin and lying on bed longer sometimes lead to pressure sore, long time sitting in the chair makes pt exhausted who are already ill etc

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Seeing Pre Alerted suspected Stroke patients to assess them for Thrombolysis in a corridor or non trolley space. Very difficult assessment with other distractions around, no privacy or dignity for the patient, substandard care. Have occasionally had to double patients up in a Resus space to provide thrombolysis.

In what ways were patient care or safety compromised, in your opinion?

Privacy, Dignity, less Focus on that patient, less monitoring, potential to miss things if not examined correctly

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Emotionally and physically drained staff ratio is not correct

In what ways were patient care or safety compromised, in your opinion?

Staffing ratio, patients non trolleys that shouldn't be

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Corridor spaces in our ED have numbers assigned to them with laminated numbers tacked to the walls.

In what ways were patient care or safety compromised, in your opinion?

Transferring from the trolleys is at height increases risk.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

My role is to assess for discharge from the ED. Having to transfer frail elderly patients from trolleys to standing that can not be lowered enough is difficult, and often the patients are not dressed appropriately and are under blankets.

North West Region

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

I worked in the current hospital since 2017. I currently work in the Urgent Treatment Centre in my A&E. Corridor nursing has unfortunately become habit in our ED

In what ways were patient care or safety compromised, in your opinion?

We had patients deteriorating whilst in corridor (nurse was allocated to care for this patients), recently a patient had a gran mal seizure

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

The patients nursed in these areas are called 'boarded patients' they are usually in the main corridor on the ward, they have no privacy screens, no oxygen points and the beds themselves are a hazard as they partially obstruct the corridors on the wards. Another patient was nursed in a relatives room overnight, they had to sleep in a chair as a bed wouldn't fit in the room, again no oxygen points or patient call bell.

In what ways were patient care or safety compromised, in your opinion?

Lack of privacy/dignity, unsafe as no oxygen points. No call bell. Beds causing obstruction in corridor.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

It's absolutely disgusting, no capacity in Ed as upto 60 medical patients required ward bed. Only the sickest patients actually leave the corridor. The trust has just accepted that this is the norm, delivering all care in a public space, it's unsafe and undignified.

In what ways were patient care or safety compromised, in your opinion?

How can you deliver personal care on a corridor? There is no privacy, patients on Ed trolley for days at risk of pressure sore.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Patients kept in Ed waiting room and corridor and around desks... staff are so upset and demoralising as we can't deliver that patients deserve. I feel sick walking into work every day knowing that it's never going to change.

In what ways were patient care or safety compromised, in your opinion?

Patients next to each other and when swabbed are positive for covid, flu, rsv ... putting all the patients around at risk.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

More needs to be done to fast track discharges, and community teams to prevent hospital admissions.

In what ways were patient care or safety compromised, in your opinion?

Breach of confidentiality as all aspects of care discussion in front of other patients.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Unfortunately a patient had an issue with her catheter (over full), myself and a colleague had to make a temporary screen and empty the catheter, attempting to respect the patient's privacy.

In what ways were patient care or safety compromised, in your opinion?

A patient's dignity was compromised. No privacy, limited toileting facilities

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

I have delivered both corridor care in ED & in the middle of the bay in a ward. I feel this is undignified & compromised patient safety.

In what ways were patient care or safety compromised, in your opinion?

An extra patient in the bay means an increase ratio. There is no dignity & privacy. Patients don't have access to a table meaning no water jug to hand No words to describe it. Expect personal care and ECG. Rest need to perform

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Department full. Expected to see patients on corridor, no space to examine.

In what ways were patient care or safety compromised, in your opinion?

Lack of dignity for patients, no privacy.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Overcrowding in ED, expectation to offload ambulances into any space available even though nursing numbers are below expected levels.

In what ways were patient care or safety compromised, in your opinion?

Overcrowding not enough staff and delays in treatments.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

The department is overcrowded, we have to have a patient safety nurse who effectively nurses the patients waiting 10+ hours in the waiting room.

In what ways were patient care or safety compromised, in your opinion?

Medication is missed, pressure sores develop, families are angry at the staff Privacy is not maintained on the corridor. Nurses are expected to look after anything from 6-12 patients on the corridor.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

I have to do alcohol assessments. Asking very personal questions and often distressing for patients whilst other patients and relatives are listening and watching. This happens every day. I often see patients before they have made it into a trolley space or bed in order to advise on appropriate treatment plan.

In what ways were patient care or safety compromised, in your opinion?

No privacy or dignity.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

I was moved to ED from my ward as they had inadequate staffing levels even though it left my ward with unsafe staffing levels. I had to care for 5 patients in the corridor. Two patients were withdrawing from alcohol and I only had one Librium chart. Staff did not know where the other one was. I had an inadequate handover, nobody showed me round the department. I was trying to get antibiotics for two patients which were overdue and staff were not helpful. I did not have keys or access to drug cupboards.

In what ways were patient care or safety compromised, in your opinion?

Patient charts missing

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

The experience made me feel sad and ashamed that this is the new norm

In what ways were patient care or safety compromised, in your opinion?

Difficulty accessing medical staff No access to medication Inadequate handover

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

I'm a community nurse whose 92 year old disabled grandad was admitted to my local hospital. He was looked after on the corridor on a trolley for around 30 something hours. No privacy apart from temporary screens. He was uncomfortable.

In what ways were patient care or safety compromised, in your opinion?

At risk of pressure damage on a tiny trolley for a disabled 92 year old who passed away a week or so later in hospital. Inappropriate place for elderly care Bright lights permanently on due to being corridor

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Undignified, unprofessional it's not a war zone or a third world country just so mortifying to work and look after people in these areas day after day. Also started looking after people now in the back of ambulances too.

In what ways were patient care or safety compromised, in your opinion?

Not appropriate space to assess properly, things get missed ie wounds. Oxygen runs out on trolleys etc

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

No room to bring the patient in who was very unwell mentally, was in the police van for 6hrs before room could be made.

In what ways were patient care or safety compromised, in your opinion?

The patient was in the back of a police van, small cold space of a vulnerable person. Not a place to nurse/care for anybody but specialist care was needed to support them whilst waiting

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

I came into shift and was handed over a boarding patient in the middle of the bay. We had to move the nurses desk in order to accommodate the bed, so there were no desktop computer facilities in the bay. The bay was tagged. There were no available sockets and not enough mobile computers so I had to swap out medicine carts throughout the day. This meant I had to stand to document as I could not see the screen when sitting.

In what ways were patient care or safety compromised, in your opinion?

Lack of privacy. Lack of dignity

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

The patient was assistance of one to mobilise and was able to mobilise to the toilet for admission swabs, toileting and personal care.

In what ways were patient care or safety compromised, in your opinion?

Lack of appropriate safe medication storage. Lack of appropriate storage for personal items

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

The patient's respiratory swabs came back positive for flu and we were unable to isolate the patient due to having no side rooms. The patient was not in an appropriate bed space so we were unable to close the curtains around the patient to minimise the spread. The patient was extremely close to another vulnerable patient. Flu A spread to the other patients in the bay.

In what ways were patient care or safety compromised, in your opinion?

Lack of space for the patient to mobilise. No space for a chair. No oxygen wall port for this patient Nurses desk was out of use to accommodate this patient which made it more difficult to coordinate care between RN/HCA, more difficult to document appropriately (HCAs were using linen bin to lean on for document in folders as there was no other surface and the bay was tagged) The patient then due to Flu and other health issues required supplementary oxygen which had to be utilised from the wall, on another patients bedspace. The patient boarded for 3 days on my ward and on day 3 was moved from the ward to a flu bay on another ward. The patient would have continued to board if they did not test positive for Flu.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

It's impractical, and doesn't allow for patients to be assessed thoroughly. It's also demoralising for the patient and the staff member.

In what ways were patient care or safety compromised, in your opinion?

Patients die in ED, while waiting in corridors for beds. It's appalling

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

There's no privacy for the patients. Relatives and other staff kept walking and passing by. No buzzers available to leave for the patient when you leave them.

In what ways were patient care or safety compromised, in your opinion?

No privacy for patients, passers by can hear what's being discussed, no buzzer call available for the patients .

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

There were not enough rooms available in the community clinic for a mental health assessment meaning that I had to see my patient in an office space. The room was tiny and it felt very cramped and cluttered. There was a mouse trap under the radiator and the light didn't work. To make matters worse, whilst my patient was talking about a very personal topic, someone walked in without knocking. I felt so embarrassed that this was her first impression of mental health services.

In what ways were patient care or safety compromised, in your opinion?

Environment helps in the formation of patient rapport in mental health. Not having enough space heightened her anxiety.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

No privacy or dignity. No handwashing facilities. No CSW support. Patients left without anyone caring for them if ambulance staff walk out

In what ways were patient care or safety compromised, in your opinion?

Poor access to toileting facilities. Patients left for periods of time wet waiting for staff to help change. Poor access to meals and refreshments

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Patients being cared for on the corridors for 12 + hours waiting for beds on wards. Some of these patients were elderly 80+ years old and needed assistance with ADLs such as toileting/ changing which was carried out on corridors with temporary dividers to try maintain dignity. It made me feel sad and embarrassed that the care given felt substandard and undignified.

In what ways were patient care or safety compromised, in your opinion?

Increased risk of pressure ulcers for patients on trolleys for many hours. Undignified cleaning and changing patients on the corridors.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

A 91year old , nursed in a recliner chair in the main waiting room as there were no ED trollies and no ward bed availability for admission. This a a daily occurrence. The local ED has several 'escalation' areas .

In what ways were patient care or safety compromised, in your opinion?

Delay in assessments/treatments/ medications

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

This impacts greatly on providing a caring and empathetic approach to my patients. I am unable to provide little dignity for them , confidentiality is constantly compromised and care /treatments / assessments are often delayed as there are no treatment areas or cubicles to facilitate this.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

I work 1 shift in ED and 2 shifts on a ward per week. In ED we work on a corridor everyday currently. While on the ward they are doing my next patient which a patient arrives at 8am from ED, we often don't have a medically fit person and have have an extra patient on the corridor. This is more than our allotted patients and often we are caring on an acute ward 11 patients already as we are a nurse down on virtually every shift. This is unsafe, this is making me consider leaving the ward as at least in ED we have priority staffing

In what ways were patient care or safety compromised, in your opinion?

They do not have eyes on them and they do not have a nurse allocated to their care. Safety and dignity is compromised

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Patient came to the ward and was put in the middle of the bay. Sometimes they arrive in a chair, but more often than not, they are in a bed.

In what ways were patient care or safety compromised, in your opinion?

Compromising pressure areas due to incontinence as we are an elderly care ward. Often confused and limited staff to start with No screens are provided for the extra bed and the patient can be in the middle for more than 6 hours sometimes. We have no way to check the patient, and at times they are incontinent. There is no privacy or dignity for these patients, we are just told this is the way it has to be.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

It has become acceptable for pts to b cared for on the corridor.

In what ways were patient care or safety compromised, in your opinion?

One nurse could have at least 10 pts.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

In the emergency department, it doesn't appear to be considered us at being over capacity until all our corridor spaces are full.

In what ways were patient care or safety compromised, in your opinion?

There is no privacy and dignity on the corridor and u can't deliver high quality patient care.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Patients crammed into bays, not enough space to give care, curtains not available so using screens meaning patients are deprived of dignity. Other family members of patients complaining about noise in bay.

In what ways were patient care or safety compromised, in your opinion?

Dignity of patients, as the escalation bays don't have curtains impacting the privacy of patient care.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Multiple frail elderly patients nursed on drafty ambulance corridor in Majors. Very cold overnight, made worse by doors opening to allow ambulances to off-load.

In what ways were patient care or safety compromised, in your opinion?

Corridor nursing is dehumanising.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Patient had to urinate in a bottle with screens round due to lack of space.

In what ways were patient care or safety compromised, in your opinion?

It is also clinically unsafe as these patients cannot be properly monitored or observed.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Utterly degrading and dehumanising for patients, has made me give serious contemplation to leaving A&E nursing after 15 years in the profession

In what ways were patient care or safety compromised, in your opinion?

Daily I fear losing my NMC PIN due to being forced to care for a patient on a corridor

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Looking at 4 patients on the corridor. Having to toilet patients in the corridor.

In what ways were patient care or safety compromised, in your opinion?

Privacy and dignity compramisid

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

No privacy, no dignity and not a suitable place to rest for a patient when unwell.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

From a nurse perspective no room to give proper care and speak to patients and family privately.

In what ways were patient care or safety compromised, in your opinion?

No Suitable rest for patients as patients don't have their own cubicle area.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

I didn't go into nursing to nurse on a corridor it's like being in a war zone/ 3rd world country.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Very deflating being a nurse at the moment.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

More than 20 people in the corridor and the verbal abuse is getting worse.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Patients coming in pre op for surgery with no bed available to come into. These patients are having to wait and get ready in the day room, sometimes waiting for hours in the room with until a bed is available. Alternatively patients waiting on the ward on a bed in the corridor being sent from A&E waiting for someone to be discharged. It impacts me and other staff negatively, it puts more pressure on staff to discharge patients quickly and the patients can feel like they are not being treated with dignity if they are having to wait in a corridor or a room not designed to stay in.

In what ways were patient care or safety compromised, in your opinion?

Patient care can be compromised as patients can feel forgotten about in the day room as you do not expect to be looking after an extra person on the ward. The corridor or day room is not well equipped to take patients in, there's no privacy for them.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

In A&E Awaiting more than 60 beds on wards with zero movement. Patients moved onto corridor to create flow in the department. It is demoralising for staff, this is not how I want to give care, it is not dignified for the patients

In what ways were patient care or safety compromised, in your opinion?

No dignity. It is also a fire hazard. Unable to pass with another bed so patients having to wait on trolleys for many hours meaning pressure areas are compromised and unable to do skin checks etc on a corridor to maintain a little dignity for the patient

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Pressure to discharge patients when they are not ready for discharge. Or having the high acuity of the ward with challenging behavioural patients on top of additional patient

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

The corridor is now a permanent fixture with oxygen and buzzers. We have wooden dividers to put in front of trolleys so do personal care or we can use the stock room which is difficult when you have other staff and numerous patients needing personal care. Its hard work for staff. It makes you feel like your not giving the best care and that patients deserves more

In what ways were patient care or safety compromised, in your opinion?

Undignified, unsafe as trolleys are small uncomfortable so rolling patients for personal care is hard and they can be squashed on bars

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

No dignity for the patient very stressful for me as had limited access to medication or equipment that is required I had to search for this in an area I am unfamiliar with

In what ways were patient care or safety compromised, in your opinion?

No access to privacy for the patient uncomfortable on a trolley for hours

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

I had to care for patients on the ED corridors as there were no bed spaces on ED majors, no movement in the hospital and ambulances kept appearing. I was in charge, short staffed and continually apologizing to relatives for caring for their loved ones on the corridor.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Undignified for the patient, patients being placed in quiet rooms which are not as clean as the wards, not as safe as no bedside equipment available eg suction oxygen etc, concerns raised with ward manager but ignored and made to feel like causing trouble.

In what ways were patient care or safety compromised, in your opinion?

Lack of safe areas for patients.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Complete lack of privacy and dignity seeing an elderly patient on a corridor with heart failure. So unsafe.

In what ways were patient care or safety compromised, in your opinion?

Patient with moderate to severe illness on a corridor with inadequate monitoring

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

My feelings of shame are there on a daily basis.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

To take care of a patient with doubly incontinent in a corridor and patient was bed bound

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

I work in a&e and we cover whole of Lancashire we take care of 150 patients a day and forced to have a corridor space open and which is really inappropriate and not safe

In what ways were patient care or safety compromised, in your opinion?

Patients have no privacy or dignity there's always foot traffic in the corridor people cant rest or high risk of falls. No electric sockets for air drivers, infusion pumps, etc

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Our trust has a permanent corridor care in a+e, you can even book corridor shifts on bank. They also use the corridor on the wards and just put a screen in front of patients, they have no personal toilet or bed and are in front of a floor to ceiling window. They say it's temporary but patients have been there 24hrs+. It's terrible, poor patient care, can't do my best.

In what ways were patient care or safety compromised, in your opinion?

No hand washing facilities, trying to do dialysis on a patient where it's meant to be sterile with no close sink

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

No hand washing facilities.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Several patients lined up on the corridor. Having to take bloods knelt on the floor. It impacts me daily doing this as I feel patients aren't getting the care they deserve.

In what ways were patient care or safety compromised, in your opinion?

Lack of adequate space. No space for patients on oxygen, leaving them on a cylinder in the corridor.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Patients ready to stepdown from Recovery stayed in Recovery overnight or more due to the wards are full or have plus one in their corridor or priority are given to patients from A&E awaiting bed for hours.

In what ways were patient care or safety compromised, in your opinion?

They are not within the site if the nurses.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Doing post take ward round seeing multiple patients in corridor. Unable to examine patients or speak to them properly as no privacy and hard to hear in noisy corridor. Informed patients relatives of terminal diagnosis and of palliative care in corridor in front of other patients and relatives as no private spaces around

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Bed spaces now delagated at both ends of corridor on wards. (ae also has full corridor patients)

In what ways were patient care or safety compromised, in your opinion?

Unable to provide shower facilities. Not enough room for staff if patient is bedbound. No call bells so patients unable ring for help. Increased falls risk if they try get help. Very confusing/ disorientating for confused patients. No piped oxygen so risk of cylinders running empty while staff busy elsewhere. Ward becomes 30 beds – often only 3 RNs on shift. Patient ratio is unsafe.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Curtains have been put up and blinds on large floor length windows. There is 1 disabled toilet for both patients to share but no shower facilities available for them.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

It's degrading for patients, doesn't provide dignity and at times can be unsafe

In what ways were patient care or safety compromised, in your opinion?

Having to give rectal medications in a toilet due to there being nowhere else to provide the patient with dignity. It's unhygienic, demoralising, unsafe if patient is unsteady in feet etc

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Patients are continuously brought into A&E corridors and the corridor is counted as a bedspace. It is unsafe to navigate trolleys around confined spaces when corridor care is being provided. It is difficult to carry out care with dignity or provide personal care, skin assessments or discuss a patients' care with dignity and privacy

In what ways were patient care or safety compromised, in your opinion?

Lack of adequate monitoring facilities. No privacy. Unable to provide basic facilities like a jug or cup of water within their reach, nowhere to place it.. Patient belongings at risk of being stolen by passer-bys

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

We were told this was part of a program called my next patient rolled out on wards to help with patient flow. We were told the area had been risk assessed and would be safe. Myself and colleagues felt this was unsafe and undignified as the only modification was a screen which did not provide enough privacy in my opinion. There's no suction or oxygen in this space and no clearly named nurse or doctor. They claim we need to put the safest patient in this area but sometimes no patient is safe to stay there and our voices are not being heard.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

The front corridor has as constant stream of patients coming from the ambulances. The ambulances are lined up outside waiting for movement to bring in the next person as our corridor only hold 12. Resulting in patients waiting hours on are ambulances not getting appropriate treatment. On the front corridor we have no privacy for patients who are bedbound to get cleaned up or use the toilet. We have to push the patient to a makeshift room across the department to do this. Often with no help. This has resulted in nurses having back and joint injuries. Being on the corridor patients who are in nursing homes and have dementia can wander or fall. Few patients have died on the corridor due to long waits. We have also made the back corridor into a permanent makeshift ward. This makeshift ward has lifts at one end we're strangers can wander through. Patients who with walking difficulties have to walk to the toilet in the xray department. All I say is sorry. My mental health has suffered as long waits make patients and patients families angry and they take it out on us. I feel helpless.

In what ways were patient care or safety compromised, in your opinion?

Lack of staff for the amount of patients that are coming in make it impossible to give the person centred care they deserve. Being in an open space leaves patients vulnerable to people passing by.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Daily occurrence in my current place of work. As senior member of staff it is extremely disheartening to have to deal with complaints from patients and relatives regarding their experiences in inappropriate care settings and seeing the impact on patients is difficult. There have been multiple members of staff sharing concerns that they feel their registration is at risk due to the expectation to provide care in an inappropriate setting and the risks associated with this.

In what ways were patient care or safety compromised, in your opinion?

Lack of access to emergency equipment, lack of access to emergency buzzer, lack of adherence to fire safety standards. Lack of dignity for patients being nursed in open corridors.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Patients that were not suitable were in the inappropriate place , this resulted in staff members being verbally and physically assaulted including myself

In what ways were patient care or safety compromised, in your opinion?

Patients that are palliative or have cognition diagnoses should not be cared for on the corridor as they can not be cared for properly

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Extra workload for each additional patient with no extra staff. Patient had no privacy and no call bell. No piped oxygen. One patient was sleeping on the floor. Beds are positioned in front of fire escape doors and blocking bathrooms.

In what ways were patient care or safety compromised, in your opinion?

Inadequate staffing for additional bed base, lack of privacy, blocked fire escape, lack of bedside equipment such as call bell, suction and oxygen Not able to meet clients and families needs/ expectations Risk to self and others. Not being able to access right care at right time.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Unable to move around the bed space. When the curtains were drawn there was not adequate space to move around the bed to deliver care which impacted on the patient privacy and dignity.

In what ways were patient care or safety compromised, in your opinion?

Privacy and dignity

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Taking observations, giving oral and IV medications. I witnessed history taking and discussing results by doctors. ECG's being performed behind a temporary screen which could easily be seen through on the hinges.

In what ways were patient care or safety compromised, in your opinion?

Confused patients in corridors. Patients having to wait for free beds to use bedpans/commodes ect in privacy. Waiting In Soiled pads for free bed areas to be changed.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

No dignity no privacy

In what ways were patient care or safety compromised, in your opinion?

Moving patients on trolleys to do personal care in a suitable room for privacy compromises other patients safety as no one to look after them whilst we are away doing personal care Degrading for patients. Upsetting for all

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

As a community nurse I supported a patient in A&E that had a learning disability, Down syndrome and used non-verbal means of communication. There was no available staff, carers or family to support leaving a highly vulnerable, non-verbal patient on a trolley in a corridor in A&E unable to say how he was feeling or verbalise pain or simply request a drink. Patient admitted to ED with SOB and low saturations. ED staff were unable to complete investigations due to compliance likely exacerbated by misunderstanding.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Dangerous to move and handle patients in narrow space

In what ways were patient care or safety compromised, in your opinion?

Patient safety because injuries on limbs for traffic in limited spaces. Injuries both to staff and patient due to narrow space for manipulation of beds Unable to change and do personal care Difficult to track the patients whereabouts Keep waking up the patients for moving. Damages to properties as equipment not fit for purposes. Difficulties to handover in privacy. Often no appropriate rooms available especially in wards in general hospital often in a+e department

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Escalated, pt put in-between two other patients no privacy curtain. No oxygen port, pts have no space to mobilise around bed space happens regularly and we are now escalated almost every day.

In what ways were patient care or safety compromised, in your opinion?

No oxygen port, no curtain for privacy and dignity. Environmental constraints in cases of emergency treatment.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Patient arrived on ward no bed area had to leave on corridor patient needed to use toilet but was bed bound had to use bed pan with just two screen around them evdryone wslking past knew what was happening no diginty gor patient felt digusted this had to happen to a patient

In what ways were patient care or safety compromised, in your opinion?

No one looking after them just whoever happened to walk past

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

We have had to deliver care 99% of the time on a corridor since August 2020. Management have improved care by adding call bells, putting a sink into the only available private room on the corridor for hand hygiene and 10 patients to share to complete hygiene needs, purchasing tables that fit onto ED trolleys for eating, changing light shades to a sky scene to improve ambience, supplying comfort bags containing bottled water, toiletries, eye mask and ear buds and a letter apologising from the management.

In what ways were patient care or safety compromised, in your opinion?

We are over capacity 99% (not statistically accurate) of the time, there have been several deaths to my knowledge which have occurred due to being nursed in an inappropriate area. That is not to mention the number of patients whose ill health has increased due to being cared for in inappropriate areas. Calling it an escalation area when it is the norm is ridiculous. They have used it as a queue to get in the dept, then a reverse queue, then back to a queue to get in and now they are reverting to a reverse queue. Patients also have to be cared for in ambulances transferred to xray and CT then back to the ambulance. I am honestly surprised hospital management have not asked us to use the decontamination tent as an extra area, probably because they don't even know we have one! All this time we have managed to reduce our waiting lists so I wonder why there are no beds for the acutely ill???? We also have to treat patients in the waiting room. Recently one nurse with no HCA support was in charge of 60 patients in the waiting room. We have patients in chairs waiting for a bed or trolley even for over 48 hours frequently. These are patients identified as requiring hospital admission, they are sick how are we making them better making them sit in a chair for over 48 hours

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

I was the only nurse for the whole waiting room. I had three mental health who were red ragged and 60 people in the waiting room. Being asked to give iv morphine and potassium. I've seen blood transfusions being given in the waiting room. Waiting room nurse and corridor nurse and that includes an area of 5 patients outside the matrons office on beds with family and they hear everything.

In what ways were patient care or safety compromised, in your opinion?

Patients go without obs because nurses are being sepsis abx, no proper monitoring when you are giving it morphine. You can not physically care for >30 single handed it's just impossible but it's expected if you. People want food it's just so sad and people can be in there days. We had one in there for 3 days!!!!

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Very difficult to do cannulation , ECG and personal care

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

I had to assess a patient (elderly woman who had had a fall) on a trolley in ED in the corridor. There was no privacy to ask questions, I could not do the physical examination due to her still being fully dressed and in the corridor. This led to a delay in X-rays and diagnosis. There was a delay with analgesia as there were no staff designated to look after corridor patients. This is undignified for the patient and demoralising for staff.

In what ways were patient care or safety compromised, in your opinion?

Delays in analgesia. Delay in proper assessment. No privacy or dignity. Staff dividing their attention between too many different areas.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Another patient arrived before the bed was available and due to this tge new patient was left in the corridor this was unacceptable environment where the patient had to stay for about 1hr

In what ways were patient care or safety compromised, in your opinion?

Due to tjr patient arriving during morning meds time and i was alao trting to get a patient ready for discharge, the new patients time critical meds where delayed, i was unaware of his cirrent meds list until i got hos precription up! Due to the rush no handover was given to me at that point! i let the patient down and this is something i often think about

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

I was moved within the trust to give care on a&e which escalated onto the corridor. Four out of the five patients were doubly incontinent, all elderly and very poorly. Resulting in wheeling them to an a ward that i was told was not fit for purpose and closed down by CQC to hoist and give hygiene care.

In what ways were patient care or safety compromised, in your opinion?

Not being part of the team I had no access to drugs and had to ask other team members for any medications patient needed. No patient dignity. Visitors etc walking past. No handovers for new patients arriving on corridor.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

It mentally and physically deflated me.

In what ways were patient care or safety compromised, in your opinion?

No support from coordinators or relief for breaks.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Increased number of patients in the emergency department due to lack of inpatient beds. Patients had to be cared for on trolleys in the corridor, not easily observable impacting on patient safety and unable to maintain privacy/dignity.

In what ways were patient care or safety compromised, in your opinion?

Please see previous response

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

I work in a hospital where we are not supposed to have patients in the corridor, but then it was approved due to demands. Initially they did not approve an extra nurse for the corridor, so we didn't really have anyone to look after these patients. Then they allocated a nurse to these patients. There were supposed to only be 6 patients in the corridor, but every day it has been going up to 10. For one nurse only. Most times we don't even get breaks because there isn't anyone to cover

In what ways were patient care or safety compromised, in your opinion?

Nurses are overworked. No breaks. No space to appropriately deliver patient care. No privacy. Nurses looking after too many patients.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

I was sent in a taxi from another hospital to look after some patients in A&E on a corridor, the ward I left was put under pressure due to lack of staff and I did not have any experience working in A&E.. Which put both me and the patients at risk.

In what ways were patient care or safety compromised, in your opinion?

I have no A&E experience, plus my patients are at risk due to lack of staff. I felt out of control. Anxious. Embarrassed then desensitising was my coping strategy. Observation and support lacking with feeding/drinking. No medication or Medication timing poor. Toileting needs not met. Dementia/individualised/safe care not evident. No dignity, uncovered in a corridor

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

The patient I was caring for was in the corridor and unable to look after himself. He wanted to use the toilet but was bedridden, and there was no privacy. The department was very busy, and I already had seven patients, so I took this patient on as an extra one. I was running here and there to do my tasks. The patient in the corridor didn't have a call bell within reach and couldn't keep any medicine or food nearby. It was very difficult to manage

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Today in the emergency department. Patients being left on trolleys on the corridor awaiting treatments further assessments or admission to an acute bed.

In what ways were patient care or safety compromised, in your opinion?

Don't receive appropriate care due to lack of space. No privacy or dignity of patients.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Patients collectively sitting in chairs in 2 bays of the ED awaiting on going assessment investigations and onward admission/ specialist review

In what ways were patient care or safety compromised, in your opinion?

Over crowded patient areas with fewer staff. Delay in basic nursing needs and care. Communication with patients is compromised due to no privacy

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

During one of my weekly shifts, I often care for patients placed in the ward corridor due to a lack of bed space. While we use temporary shields for privacy, the environment is far from ideal, and patients often suffer due to these conditions. This experience has been challenging but has motivated me to provide the best care possible while advocating for improved hospital resources and processes to prevent such situations in the future.

In what ways were patient care or safety compromised, in your opinion?

Patient care and safety were compromised in several ways. Being in the corridor meant patients lacked the privacy and dignity they would have in a proper ward space, which could impact their emotional well-being. Additionally, the environment was more exposed to noise, distractions, and foot traffic, making it harder to provide a restful and healing atmosphere. Limited access to necessary equipment and space also made it challenging to deliver care efficiently, potentially delaying treatments or interventions. These factors highlighted the need for better infrastructure to ensure patients receive the care they deserve in a safe and comfortable setting.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

I don't work on a ward but I go to them to pre-assess and consent patients for procedures and find lots of patients in corridors on trolleys and in 'surge' bed spaces that aren't purpose built spaces in a bay. They don't have curtains and so I had to ask if I could pull curtains of other patients for privacy. It just feels wrong having to have patients in these circumstances but at the same time what can we do when we simply don't have enough space.

In what ways were patient care or safety compromised, in your opinion?

Dignity – lack of privacy – no curtains. No oxygen/suction or call buzzer due to these not being purpose built bed spaces

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Patient had an arrest and transferred to Resus because care is being so low. No safety at all this should not be normalise

In what ways were patient care or safety compromised, in your opinion?

In all aspect. Patient care- not appropriate place to give care. medications- cupboard are far away from the corridor when you are back your elderly confused patients is in the floor- had a fall bang his head and CT done- resulted l hemmorhage how is that even safe?

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

I usually work in a ward setting; however, due to understaffing in A&E, I have been asked by my nurse in-charge to work in A&E. This happens several times a month. I have worked in the corridor, which was quite unpleasant and stressful for me. Some patients are not meant to stay on trolleys for several hours in the corridor. It is unsafe and poses a high risk to patient safety. I hope corridor care will stop one day if we continue questioning it reminding everyone about the risk to patient safety.

In what ways were patient care or safety compromised, in your opinion?

It is unsafe and poses a significant risk to patient safety, potentially increasing the risk of falls, delays in care, and compromising privacy and confidentiality.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

I was a student nurse on placement in Accident and Emergency. My first shift allocation was in fit to sit, which expanded to ambulance corridor. An elderly gentleman was manoeuvring himself off a bed in the corridor, concerned over his mobility, I assisted him to the only working toilet; He was confused & was unaware that he had soiled himself. I pressed the call bell for assistance as I didn't want to leave him unsupervised whilst I got the necessary provisions & clothing to clean him- the call went unanswered, I had no choice but to leave him in the end, everyone I asked was too busy attending to others. Thankfully he remained safe. This experience was one of many on the corridor, I gave personal care, performed ECG's etc, there was no privacy for the patient being attended to or the patients witnessing such events.

In what ways were patient care or safety compromised, in your opinion?

Patient privacy was compromised. The safety of the patients was compromised, especially the vulnerable. It was incredibly hard to manoeuvre in the corridor, I was a case of giving way! I do not think a safe evacuation could have been logistically possible if needed.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Its really an unsafe practice and pathetic situation. In my AED corridor, we have 12 patients with most of them being bedbound, assigned with 2 RN's. Sometimes there won't be an HCA due to very high departmental pressure. I always feel very low in mood and stressed while working in the corridor.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Not enough examination / clinical rooms in the OPD to meet appointment demand. Often use interview /counselling room in our department to provide education. Then move to examination room as available in order to complete intimate procedure in order not to delay patient care. Recently many additional clinics have been put on so demand for rooms have significantly increased. Many of the long waiters attending these appointments are people with 2 sitter transport needs on trolleys. They need to be in an examination room often waiting several hours. Often on innapropriate beds with no pressure relief.

In what ways were patient care or safety compromised, in your opinion?

Continuity of care interrupted by having to change rooms. Patients awaiting transport often have pressure care needs and OPD not appropriate for them to have long waits in. They unintentionally delay others appointments and there skin integrity, and overall safety is compromised. I give patients the choice to wait for a room or to change rooms. Most people want to get home so choose the former.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

No patient can ever be cared for, or by definition receive any sort of 'care' in a corridor, the fact that our hospitals are in this dire state is a reflection of years of mismanagement, a reducing bed base and a lack of staff, the fact we have so many patients bed-blocking is also awful and the social care system is absolutely broken. I feel totally dissalusioned with the NHS

In what ways were patient care or safety compromised, in your opinion?

As stated earlier no degree of care can be provided in a corridor, not just undignified but totally unsafe

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Working space was very limited. Moreover, patient was very uncomfortable and he was very concerned about his privacy. Me and my colleague explained him that, we do not have any extra bed, and we can make sure his privacy by closing curtains. This all happened last time. But, when our ward was in old building, which is more congested, there exceeding capacity patients space was in infront of the toilet. They will close one toilet and, put a bed there for patient. Other two toilets next it are open and all patients were using it which I found as a very bad situation. Physical and mental stress are very high in this situation especially to work in elderly care, where sometimes patients need 1:1 care because of very high risk of fall, confusion, dementia, aggression etc.

In what ways were patient care or safety compromised, in your opinion?

Patient do not have enough space around bed space, so their bed space will be cluttered with medical equipments and patient's own bag which can result in a fall.

For exceeding capacity patients there will not be oxygen facility or wall mounted suction facility we need to get everything which can be portable One toilet will close to arrange a bed space for exceeding capacity patient. And toilets next to it will be open which is very unhygienic practice and has potential risk of infections. Staff will be in physical and mental stress which will again compromise the patient care and safety. Because they are asked to work extra than a shift with normal patient nurse ratio.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

No space in the emergency department, the department was at capacity, no flow of the patients to the ward.

In what ways were patient care or safety compromised, in your opinion?

Patients cared in the corridor are at high risk of falling, deteriorating without being monitored properly.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

It is impacting my ability to work, I feel like I am failing on patients, unable to provide the care they need.

In what ways were patient care or safety compromised, in your opinion?

Multiple deaths have already occurred in busy A&E waiting areas were patients have been found dead or with low GCS

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Also most of the time patients are frustrated and shout at staff that have to provide corridor care.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Having to push the patient from the Corridor to a room in order to carry out ur interventions

In what ways were patient care or safety compromised, in your opinion?

Patients lying on trolleys in corridors for over 12 hours, increase the risk of pressure sores

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Nursing on the corridor is normal in our hospital I wish it wasn't , we hold ambulances most days it's just awful I hate it

In what ways were patient care or safety compromised, in your opinion?

Nurses where on the corridor nursing patients always in eye line health care assistance always on hand to help with personal care and assistance it's not ideal tho

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

We just don't have a big enough department, I feel like I am constantly apologising for the lack of space and comfort that we are unable to provide.

In what ways were patient care or safety compromised, in your opinion?

Delay in treatment treatment as we can't give IV Medication to patients whilst they are in the waiting room(rightly so). Drs also face delays is assessing patients due to space which then can delay treatment.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Daily corridor care

In what ways were patient care or safety compromised, in your opinion?

No privacy

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

More anxious as if we had to many border beds their might not be enough buzzers for each patient. Also if there was a emergency it would be harder to reach that patient/ surrounding patients with a crash cart as there is a bed in a small space that isn't designed to be put there

In what ways were patient care or safety compromised, in your opinion?

Restricted access to patients in the event of an emergency. Having to move beds around so a patient can access a commode/ use aids such as a returner. Falls risk as beds are crammed together in a small space.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Quite regular in the A & E I work in. I and other staff regularly give care to patients on the long corridor which takes up to 6 patients as well as a further 4 spaces in majors. Then a further 4 in majors when the department is hitting breaking point. Thats 14 extra places for patients.

In what ways were patient care or safety compromised, in your opinion?

Theres no availability directly to wall suction amd oxygen for emergencies. The patient has to be moved somewhere else in the event of a medical emergency. Quote often the corridor is left unmanned as the nurse is preparing medicines and the HCA is in the designated care cubicle with a patient which leaves room for the 5 other patients to get worse without anyone directly notice unless someone walks passed. Patient who put on the corridor have a risk assessment done but these are questions more designed for safety such as are they on oxygen, do they need barrier nursing. Those questions dont look at mobility, wether the patient has a pressure ulcer or confusion. Sometimes the patient on the corridor needs 1:1 which means you can never care for the rest of your patients because your looking after the confused patient trying to stand and wander away.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

We usually don't have additional staff to staff said areas in an appropriate manner.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

The patients on the long corridor is staffed by 1 nurse and 1 HCA, often these patients are bed bound, confused and sometimes on oxygen. The confusion sometimes leads to patients stripping naked, screaming and shouting. You do have a designated cubicle to do personal care but that always leaves the corridor unmanned for a minute as the nurse is busy preparing medication and the HCA is having to do care that should be with two people. Its unsafe and patients can get worse very quickly.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Caring for patients in corridors is a daily occurrence for the staff in my trust (NCA). The corridor becomes incredibly crowded with up to 12 patients for 2 registered nursing staff (Registered nursing associates & registered nurses). Corridor care is unorganised, stressful, and tasks often get missed due to the lack of proper space to provide care. Patients complain frequently, and emergencies on the corridor are also a regular occurrence, affecting the dignity of patients and creating fear for others. Corridor allocation of staff is just like being allocated anywhere else to work – it has become so normalised but staff dread having to work there. This needs to change, for the staff and patients alike

In what ways were patient care or safety compromised, in your opinion?

Lack of organisation, missed tasks, emergency situations without adequate space and resources, lack of privacy and dignity, patient complaints, increase if staff burnout, no specific allocated area for each patient, easy to mix patients up. And more.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Poor care delivered. Nil privacy, lack of monitoring equipment

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

It has been in place since I started working as a nurse, corridors are now numbered so we can find patients. It is heartbreaking to have to work in this situation, no dignity for patients, who often are unable to mobilise to bathrooms and need to wait for a free cubicle so they can use a commode or have personal care, causing them further stress. Cubicles have been designated personal care and treatment rooms for these patients -3 of them for over 30 patients waiting in corridor spaces. It gets even worse when ambulances are backlogged and we have to use the main hospital corridor to line patients up which has been happening on a daily basis recently

In what ways were patient care or safety compromised, in your opinion?

To many patients waiting to be seen by a doctor, not enough nurses to care for them properly-missing vital signs of deterioration, missing vital medications,

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

I am a diabetes specialist nurse and work at the hospital once a week. The rest of my week is community based. At the hospital I often review patients in A&E assessing, giving advice, education and making prescription changes. It is not unusual to have to find the patient on a trolley in a corridor. .

In what ways were patient care or safety compromised, in your opinion?

Undignified. Lack of privacy. When patient unwell she was not easily observed.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

I find treating patients in corridors very uncomfortable, undignified and unprofessional. But it seems to have become normalised to many staff.

In what ways were patient care or safety compromised, in your opinion?

Care delayed as around the corner out of the way.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

It is very inconvenient for the patients as we need to bring them to a cubicle if they do pass urine or open their bowels. There is no buzzer or any emergency equipment the need arises. The patients cannot rest as they should compared to if they are in a room of their own.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

The most recent example is an 82 year old gentleman had D& V. He was on a trolley on a corridor in A&E for 3 days and he had to be tended to in front of other patients also on trolleys on the corridor and members of the public who were waiting with their relatives. We had to hold up sheets as a makeshift curtain that took extra staff including cleaners. The poor man was embarrassed and crying because he knew he was needing so many staff to help and everyone was busy. He was also upset because he knew everyone could smell his loose stools and we had to clean him up as best we could. This is a daily occurrence. There is no other area to move him to as they were all full.

In what ways were patient care or safety compromised, in your opinion?

Unable to cleanse him properly due to the circumstances as we couldn't properly see what we were doing as we had to rush the procedure to minimise the level of embarrassment. We were also unable to thoroughly check his pressure areas and he would have possibly developed a sore as he was lay on a trolley so long with no pressure relief.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Patient was uncomfortable and anxious, arrange a swap with another patient to get a room, patient flow / bed manager admitted another patient into the room

In what ways were patient care or safety compromised, in your opinion?

Patient was in a corridor, they was mobile, but had to walk down the ward to the toilet, patient was also on chemo

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

We have 3 escalation/surge beds on an acute ward. These beds are inappropriately placed with no curtain, electrical supply or suction oxygen. Theses beds add extra precious and nurse has 10 patients to care for. Initially placed in Covid but have never been removed and are used daily. Unsafe

In what ways were patient care or safety compromised, in your opinion?

No electricity, suction or O2. Patients beds to close together. No room for patient visitors. Fall and trip hazards due to extension cables. Nurse having to care for 9/10 acute medical patients

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

89 year old with fractured neck of femur nursed in the back of ambulance for 7 hours then moved onto a corridor for a further 3 hours during a night shift. Because there was no bed space available in ae department.

In what ways were patient care or safety compromised, in your opinion?

The lady was given morphine in the back of the ambulance and I couldn't keep a close monitoring on her

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

I could not provide the appropriate care to the elderly lady and it was extremely upsetting for her and myself as I no longer feel I can provide the care for my patients anymore. The reason I came into nursing

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

The patient who are in extra space were really upset regarding the space given to them and they weren't happy about it. Which made me think I'm helpless.

In what ways were patient care or safety compromised, in your opinion?

As the patient stays near to toilet, they were continuously disturbed by others who is going to toilet and also as that was an extra space hospital couldn't provide proper privacy.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Patient collapsed due physiotherapy and mobilising so I had to rush to save him and informed doctors by shouting and physiotherapist did help me otherwise it would have been a nightmare. Thankfully he was saved but let to setback for his recovery and prolonged hospital stay. I was very much exhausted and terrified with the incident.

In what ways were patient care or safety compromised, in your opinion?

I think more staffing would have benefited in this situation but we had to try as patient was much better and active in rehab. It's was a very unfortunate event.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Too much stress and feels like pt's dignity is not taken into consideration

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

I took care of the pr who was a retires RN. pt was on the corridor. The space where she is at is on one side of the ward and the toilet was on the other side of the ward. She just had a leg surgery prior so she is in a lot of pain and has limitations with her mobility.

In what ways were patient care or safety compromised, in your opinion?

Patient was few days post op, in so much pain, elderly, had mobility problems, on diuretics and she needed to walk on the other end of the ward to use the toilet. Very prone to falls. The only toilet that she can use in the ward has curtain because we also had another boarder just on the outside of the toilet so everytime she wants to use the toilet she needed to ask permission from the other boarder for her to open the curtain and access the toilet. My patient was also on diuretics so it makes everything worse

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Last week I was looking after an 81 year old lady with dementia on the back corridor. This is not even party of AE. Paramedic crews were with her waiting to off load. She had already waiting four hours when I saw her . The is no privacy or dignity. She had to be wheeled into the decontamination room to be toileted .

In what ways were patient care or safety compromised, in your opinion?

Lack of privacy and dignity

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Unfortunately this is happening every day now. Staff are becoming desensitised to the appalling situation we are in.

In what ways were patient care or safety compromised, in your opinion?

Lack of monitoring facilities

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

The system is collapsing before our eyes and nothing is being done.

In what ways were patient care or safety compromised, in your opinion?

Lack of nursing staff

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Dealing with an 88 yr old lady who had progression of her breast cancer, it was difficult to assess her as beds and ambulance stretchers were being pushed past frequently and I had to keep moving out of the way. I acknowledged it was inappropriate to discuss scan results and so I did not but I heard from her daughter the following day that the medical consultant pushed them to have DNACPR discussion in the corridor

In what ways were patient care or safety compromised, in your opinion?

Privacy and dignity

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

It was really a bad experience for me. Every time the patient need to go for their elimination need we have to find another person to push the trolley which is very hard to handle by one person. Very difficult to find another person or HCA to help. Very low staff ratio.

In what ways were patient care or safety compromised, in your opinion?

Delayed response to elimination needs.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

A patient was moved from A&E into our full capacity bed which is a trolley on the corridor. This was due to A&E being at capacity and the fact we had a potential discharge. This patient was on an acute NIV and was not suitable for a corridor bed. This made it extremely difficult to safely look after them.

In what ways were patient care or safety compromised, in your opinion?

The patient was on an acute noninvasive ventilator and was not stable. This was not an appropriate patient placement due to the lack of space and monitoring available

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

No bed space and the patient needed to be admitted and therefore ended up on the corridor. Patients privacy and dignity were at jeopardy and had to nurse the patient with a portable curtain around them. Patients privacy was not happy either.

In what ways were patient care or safety compromised, in your opinion?

No oxygen/suction near the patient. Difficult to take other patients on/off the ward as this patient was in a bed in the corridor

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Work in A&E dept and we regularly have ~12 pts on the corridor. With 3 nurses allocated to look after them. These patients can be anyone. I have nursed dementia pts, septic pts, young, old and everyone in between. Most people I look after are immobile in some respects and need assistance with personal care, either assisting them to use a bedpan/urinal or full personal care. With only 1 room allocated to be free for personal care needs, meaning if it is being used by someone else then I cannot assist my patient with their needs. Trying to manage my patients personal care needs on top of managing everyone's medical needs as they require hourly observations for the first 4 hrs minimum, and if they are scoring meaning I have an hour to give that, meds prescribed by the doctor including regular medications (required as the pt has been there so long), facilitating transfer of pts when they get cubicle space, handing them over and taking handover of the ambulance for the next patient to try and relieve their pressure. It's a never ending cycle. The turnover of pts on the corridor can be so quick that it's hard to stay on top of who you are looking after and what the plan is

In what ways were patient care or safety compromised, in your opinion?

The demand of care as mentioned previously, because pts are on the corridor and we try to move them so quickly to relieve pressure on ambulances that we miss important information, miss important signs. We care more about numbers and targets than stopping and caring for the patient

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

It was upsetting, my patient had to be assessed and treated there. They watched others with rooms have privacy.

In what ways were patient care or safety compromised, in your opinion?

No appropriate monitoring

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

In order to put a patient on the bedpan and give care, treatments i had to wait for an empty room or swap a patient out. What is worse is this patient needed a cardiac monitor and none was available.

In what ways were patient care or safety compromised, in your opinion?

Increased patient task load

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

It was embarrassing and demeaning, both for the patient and myself

In what ways were patient care or safety compromised, in your opinion?

Unable to provide continence care or pressure care. Struggling to provide food and oral fluids

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

The patient was quite poorly , had to stay in the corridor cause no space available, he needed to shout when needed some help cause there's no special buzzer available. Despite having a corridor curtain the pt couldn't have full privacy as there's a big window that couldn't be fully covered and also including the noises from the corridor. Pt couldn't sleep all night because of the disturbance. Also he didn't have a bathroom nearby, had to walk with minimal assistance quite long distance to a near available bathroom which was actually the staffroom toilet as there wasn't any other. I felt so sorry for the patient that he has to face this kind of situation and not deserve a normal treatment setting.

In what ways were patient care or safety compromised, in your opinion?

As pt was not independently mobile, he needed some assistance, he could risk to have a fall, there are no falls alarms available for the corridor patients and neither buzzers

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

No privacy & dignity for patients

In what ways were patient care or safety compromised, in your opinion?

Long waits in ambulances, on corridor & waiting room – no capacity to give treatments/ medication

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

On corridor for extremely long times

In what ways were patient care or safety compromised, in your opinion?

Unable to prioritise sick patients

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Complete lack of dignity for patients – I observed someone assisting their elderly parent to urinate into a bottle on the corridor. We were also told of a lady who was distraught at being placed in a day room while in an adrenal crisis during boarding who was scared she would become unconscious and staff would assume she was just sleeping. This is mortifying – our patients are supposed to feel safe and cared for and they are scared.

In what ways were patient care or safety compromised, in your opinion?

As mentioned – no dignity, and it is incredibly unsafe. Patients are being placed in rooms without emergency equipment. Staff are expected to cover these areas when they may not even have worked in them before – e.g. paediatric nurses asked to act as a Healthcare Assistant on a busy adult ED corridor. It feels very unsafe, and when we say we feel unsupported we are basically told we need to be more resilient and flexible, and made to feel like we are the ones compromising patient care.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Had a patient who was luckily mobile, but extremely Acutely unwell, Moved up from A&E left in the ward day room/storage room with IV antibiotics running no handover given. This patient was specifically listed for a monitored cardiology bed as requested by cardiologist as had recent heart surgery 6 weeks prior for a valve replacement. This patient was left in the room with no call bell, no staff to monitor him only his wife present. The patient was being treated for suspected infective endocarditis. I had to really fight and push to try and get this patient a bed! no care should be given like this in a unfit area where risk to patient safety is high. It made me feel like i was unable to provide the safety and direct level of care for this patient as i could not see him regularly as i had 9 other patients on the ward. it makes me feel like i cannot do the job we are trained to do. patient safety is at risk and should not happen. it is not safe to do this.

In what ways were patient care or safety compromised, in your opinion?

No call bell to hand in case of emergency, patient not in eye supervision to monitor if condition had changed or deteriorated. No reassurance for the patient either. Acutely unwell patients should not be left in storerooms or day rooms who require treatment and are at risk of deterioration as this will likely be missed and lead to a never event. Just because of patient flow around the hospital. its disgusting.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

I felt personally unsafe and that I couldn't provide the care the patients deserved. I felt unsupported

In what ways were patient care or safety compromised, in your opinion?

I was left alone with patients I'd had no handover for, with no equipment and no way to get help if needed. I was also moved my my department to an unfamiliar one and left in the corridor

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Patients were upset and angry. They don't have call bells and we don't have emergency equipment. It's not fair on the patients or us. They get left in busy corridors and somehow this is the new normal and apparently acceptable. Patients who are unable to mobilise get left as we have 1 room for all 10 patients to use for toileting/turning/assessing/skin checking/performing ECGs/seeing Drs – it is not okay.

In what ways were patient care or safety compromised, in your opinion?

We don't have patient call bells on our 'cohort' and there's no emergency equipment on either the cohort or corridor. We have no oxygen and if something is to happen to a patient, it is so undignified as the whole corridor gets to view what's happening. The corridor space is inadequate for a trolley, let alone chairs, drink stations, relatives and other equipment like computers, drip stands and ECG/Obs machines – yet somehow we are supposed to be able to get emergency supplies to a patient if needed in this space too, it doesn't work and could delay patients getting treatment.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

This temporary space has been in situ for last 4 yrs it is undignified not professional unable to give the care people should rightly receive. Feel demoralised stressed think it's disgusting that it's become the 'norm' & acceptable.

In what ways were patient care or safety compromised, in your opinion?

No call/ emergency buzzers for assistance no dignity, no privacy, unable to give basic nursing care – food / hygiene/

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

The last time a lady was left in a chair, with iv fluids left on her lap, without us being given warning or a handover, which is a regular occurrence. She was just noticed amongst the chaos that was already ensuing on the ward.

In what ways were patient care or safety compromised, in your opinion?

The IV fluids were left unattended to. She was unwell, dehydrated and elderly. Almost fell out of the chair as she was so weary.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

When I was delivering care in corridor, I had to witness one of my colleagues getting physical abuse, there were no call bells or emergency buzzers to get help soon. The patient was extremely aggressive and was banging my colleague's head to wall. Then staff from next corridor came when he heard the shoutings and helped my colleague. I couldn't be of any help as the patient was very aggressive and he was a big man to handle. I believe care delivery in corridors is not a safe practice for patient as well as staff.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Sad to see patients not receiving the standard of care I'd expect for my own family

In what ways were patient care or safety compromised, in your opinion?

Difficult or delays in delivery of the basics like being able to eat , drink, use the bathroom maintain independence by being able to move around. They were trapped in a trolley, difficult to access food and drink due to lack of facilities, privacy and dignity not maintained particularly for the most vulnerable confused or frail. Delayed administration of drugs as have to leave area to go and get.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Patient had loose stool and vomiting and unable to go to toilet,also need to find the toilet in bay

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

When we have patients in tge corridors we can give the right care he/his need due the lack of space,privacy .

In what ways were patient care or safety compromised, in your opinion?

There is no space to move,far from toilet,patients will be in open space everyone can see and hear his/her conversations

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

We will do our best but is not fair for a patient be in a corridors for days is very inappropriate.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

As a patient I have worse experiences in hospital. A&E is the worse place .The government should do something about it

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

We had a patient transfered from ED and was told the patient was independent. When patient arrived they needed 2 members of staff to stand her, she struggles to walk. We had to sit her in a wheelchair and take her half way down the corridor to use the bathroom.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

How are we meant to do skin checks and MRSA swabs in a corridor. The screens do not give patients dignity!

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Nearly every shift has atleast 2 boarders

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Yesterday

In what ways were patient care or safety compromised, in your opinion?

Isolation oxygen required positioning dressings changing etc etc

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

It was undignified, There were about 20 patients on the corridor. Having to clean people up on the corridor behind screens. Staff were being sent from resus to help staff the corridor whilst non A+E staff were made to come from their areas of work such as ICU to work in resus without any training in that area no access to medication as it is thumb activated medication not knowing where anything is, ie dressings sutures etc. It is very dangerous to expect staff to work in A+E who have not had the training to work there. It is an ongoing situation

In what ways were patient care or safety compromised, in your opinion?

It is dangerous to have people working outside of their remit in an area such as A+E where everyone should know where everything is and have access to the medication in case of seizures, MIs and other such emergency care. They may use different IT systems in ICU to A+E so unable to document the care given. Meanwhile the areas they have left may be struggling to give the appropriate care as they are left with skeleton staff

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Work as a Cardiac Specialist Nurse. As part of the role, we need to perform clinical assessments on patients. Undertaking this on a corridor is clearly not appropriate in maintaining patient privacy and dignity. The patient was very understanding of this situation, and unfortunately, given their wider knowledge of the pressures the NHS faces, thought that this practice was the 'accepted norm'

In what ways were patient care or safety compromised, in your opinion?

Unable to maintain privacy and dignity

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

We 2 boarding patients which are cared for in the corridor everyday on the ward and overnight. It is undignified for the patient, lacks privacy. As a nurse providing care in this environment I it feels wrong and inadequate find myself continuously apologising for the situation

In what ways were patient care or safety compromised, in your opinion?

Very difficult to give personal care and thorough skin checks.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

No capacity in the medical division, therefore extra beds put into bays ,called boarded beds .

In what ways were patient care or safety compromised, in your opinion?

Observations not done in a timely manner.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

I was working in a medical ward and was asked to look after a patient coming from A&E in my bay by putting an extra chair in the bay until a patient gets discharged

In what ways were patient care or safety compromised, in your opinion?

We couldn't provide the patient much privacy and any comfort as the patient had to sit on a chair, we couldn't check skin there was no table to serve food even.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Unable to isolate infected pts

In what ways were patient care or safety compromised, in your opinion?

Unable to safely monitor poorly patients

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

It makes me feel extremely unsettled. I do not agree that any patient should be cared for in a corridor. Elderly patients up to the age of 90 have been cared for in the corridor, patients needing oxygen or pad changes also.

In what ways were patient care or safety compromised, in your opinion?

Unsafe in corridor, needing oxygen, needing pad changes and skin check and wash IN CORRIDOOR.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Patient sat on a transport chair for 36 hours in extreme pain with cholecystitis. We had to administer pain medication IV while she was still sat in the chair which was distressing for her and the nurses.

In what ways were patient care or safety compromised, in your opinion?

Patient did not receive care as planned and pain relief not given on time she was in extreme pain with no dignity as the waiting area was full and she had to sit on the transport chair throughout.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

The patient was in a walkway come storage area for chairs and computers. The patient was sent up from A&E as a border even though there was no bed space for him. He needed oxygen which had to be delivered through a canister. It was a busy walk through with no privacy and he was there for 16 hours only being moved because he had developed sepsis whilst waiting.

In what ways were patient care or safety compromised, in your opinion?

No dignity or privacy due to the location. Patients safety put at risk due to not being on wall delivered oxygen. No nurse call button or emergency button. All staff not made aware of where he was so not always being checked on. It was undignified for the patients, lack of resources, unsafe environment.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Pt comes from A& E before the bed is ready and we have to look after on a trolley in the corridor.

In what ways were patient care or safety compromised, in your opinion?

If there is an emergency it will be really hard to resuscitate it in the corridor.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

The patient was placed in the day room where we have our hand overs, it was my night duty, the patient was not oriented and he got up to go to the toilet and he had a fall (night always we have short staff) as an impact he had a cut on his nasal bridge , he was in severe pain. He supposed to have an OGD the next day and it was canceled as he was not in a condition to attend. Whenever an incident happens we do incident report but no use.

In what ways were patient care or safety compromised, in your opinion?

Because the patient was placed where they are out of our sight and less staff to attend to them frequently.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

We have to care for patients on a daily basis in a corridor in the emergency department, it is difficult as we have to move patients to a cubicle to do personal care. The doctors find it difficult to talk to the patients as it can get busy with transfers and emergencies.

In what ways were patient care or safety compromised, in your opinion?

I'm not sure, however, there are usually a number of patients with mental health issues and this can lead to a risk.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

There were 12 patients in the corridor and they were nursed there with lack of privacy and comfort

In what ways were patient care or safety compromised, in your opinion?

In case of an emergency the corridor is blocked and lack of space and an availability of enough sockets to put medical equipments for charging.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

It's degrading for patients and an embarrassment for the NHS

In what ways were patient care or safety compromised, in your opinion?

Not observed fully patient privacy and dignity not maintained

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Department was full, no majors beds. It was either use the corridor or the patient received no treatment. It is frustrating and stressful as you know it's not dignified but there is little choice

In what ways were patient care or safety compromised, in your opinion?

Delays in treatment, delays in getting on a trolley Too many people, too few spaces

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Undignified

In what ways were patient care or safety compromised, in your opinion?

No privacy, no call bell, insufficient facilities and staff

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Corridor care is really difficult process and we can't deliver appropriate care to the patient. Nurses are struggling to give medication, oxygen, nebulisation and even personal care. we need to push the trolley when there's a free space ahead. It makes our health also in trouble.

In what ways were patient care or safety compromised, in your opinion?

Because it's an open space, so we can't give personal care. And also we can't see the patient in our eye sight always. There's many risks for patient fall as well as pressure sore.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

8 pts cared for on the corridor. Multiple pts in the waiting room who had been there for 20+ hours some of which were elderly pts

In what ways were patient care or safety compromised, in your opinion?

not in an appropriate environment

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Pt put in a bay that should have 6 patients . The space occupied had no access to oxygen and suction. Only a portable screen used for privacy

In what ways were patient care or safety compromised, in your opinion?

Space around patient was small No oxygen and suction supply No proper privacy for patient

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

It's a daily occurrence!

In what ways were patient care or safety compromised, in your opinion?

No piped oxygen, no suction and no privacy or dignity on these temporary escalation beds that are in use at least 6 days out of 7.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

It was incredibly stressful added to already overstretched workload no handover physically degrading to patient and missed medication times

In what ways were patient care or safety compromised, in your opinion?

Not able to see patient as in corridor away from bay of patients I was looking after. Missed drug rounds and missed meals as forgot had patient/ too busy with already allocated bed patients to walk to other end of ward

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Lack of dignity, privacy and space.

In what ways were patient care or safety compromised, in your opinion?

Privacy and dignity. Escalated workload with sub optimal staffing.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Daily occurrence in the emergency department to the point that spaces on the corridor have been given a permanent numbering system.

In what ways were patient care or safety compromised, in your opinion?

Lack of dignity for patients on corridors Difficulty in recording vital signs due to sheer volume of patients and poor staffing numbers

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Department full to capacity, patients in waiting room needed treatment so had to be given in the waiting room or would not be given for ??? how long. Delayed me triaging & felt like there was no dignity at all.

In what ways were patient care or safety compromised, in your opinion?

Very poorly patients in waiting room as no space to treat, safety & care compromised

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Palliative patient who was at risk of seizures inappropriately being nursed in a corridor.

In what ways were patient care or safety compromised, in your opinion?

risk of seizures – no appropriate equipment to manage this is a corridor ie O2 or suction etc

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Highlighted to manager on ward this was not an appropriate corridor patient. Identified as suitable by transferring ward.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

During night shift ,got a new admission,who was a lady above 90 years of age.We had no empty beds.She was nurses in the corridor more than 24 hrs.And also in my ward there is a bay which has 4 bed space,but most of the time we get 5 patients there,Bay becomes really congested,no call bell ,no curtain,no bedside locker.

In what ways were patient care or safety compromised, in your opinion?

Privacy

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

No privacy. Unable to examine the patient. I am an advanced practitioner

In what ways were patient care or safety compromised, in your opinion?

Delay in performing a full examination

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Had to deliver care in a corridor for 6 patients at a time. This has been ongoing since 2021 and is no longer a temporary measure.

In what ways were patient care or safety compromised, in your opinion?

There's not call buzzers, oxygen or suction on the corridor, patient's cant call for help or support, they sometimes are incontinent and are left there until a member of staff is able to find a space to provide patient care to them. Patient's have deteriorated on the corridor and the emergency equipment is not available immediately.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Every day feels like a battle, yesterday it began in the corridor, where I was trying to assist a patient to the toilet at 8 a.m. A patient from the waiting room, frustrated and upset, began shouting at me because he hadn't received his breakfast or medications yet. It was overwhelming, and I broke down in tears—barely into my shift and already feeling emotionally drained.

In what ways were patient care or safety compromised, in your opinion?

Its an growing crisis, with overcrowding, staff shortages, and limited resources severely impacting patient care. Delays in triaging, treating, and admitting patients have become routine due to a lack of beds and space, leaving vulnerable individuals waiting for extended periods. Ambulance handovers are delayed, preventing crews from responding to other emergencies. Staff are stretched thin, leading to burnout, emotional distress, and increased risk of errors. Patients often face long waits for basic needs like food, medication, or even a proper assessment, creating frustration and compromising safety. These challenges underscore the urgent need for systemic reforms.The chaos didn't stop there. Earlier, I heard a family member shouting and screaming in the corridor. Her mother, a dementia patient who had come in after a fall, was still with the ambulance crew even after being triaged because there was no space to offload her into the department. This lack of capacity—not just in physical space but also in resources—meant patients and their families were left feeling ignored and abandoned.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

There are no trolleys or beds available, no room to provide even the most basic care efficiently. Ambulance crews are stuck waiting for hours, unable to hand over their patients, which creates bottlenecks throughout the system. These conditions are not only physically exhausting but emotionally devastating. This is just one day—yesterday's experience—but it is a mirror of every day in this job. The relentless pressure, lack of resources, and emotional toll are staggering, and it's difficult to see how things can improve in the current system.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

I covered the AED and the wards, patients were often in corridors when referred to me, it was often inappropriate to try to try and undertake initial risk assessments due to lack of privacy when the one allocated room we had for MH patients was often in use by other MH staff – or taken for use by the AED staff due to their lack of space for assessments. Also the room which was set up for our safety when in use (with panic buttons and CCTV) forced us to move to other spaces which may not have these safety devices.

In what ways were patient care or safety compromised, in your opinion?

After triage from AED staff, our MH patients with risks eg suicide were often being left to sit alone in the waiting room as there were no staff to sit with them and may abscond as result – needing referral to police to trace for a safe and well check.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

The patient was not appropriate for corridor as they suffered dementia and was climbing out of the trolley (as they are still on ED trolleys at this point, which are higher than beds). The patient was doubly incontinent with existing skin damage, and no area to care for this patient with dignity. No bedside table to put drinks and no buzzer to gain attention. This patient was a high falls risk, lacking in capacity.

In what ways were patient care or safety compromised, in your opinion?

Patient was a falls risk due to climbing and confusion on the background of dementia. Moreover, no suitable area to maintain dignity and preserve pressure areas when checking skin. The patient struggled to eat as she had no bedside table and nothing large enough to go over the ED trolley.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

We couldn't deliver appropriate care as the patient's privacy is compromised, the patients were complaining about the place as they can't even have some sleep, I felt pressured and uncomfortable

In what ways were patient care or safety compromised, in your opinion?

All the management that require the patient to be exposed were delayed / postponed, the patients didn't have a buzzer to call when they in need

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Patient had been receiving care in the corridor for the second day family were very upset understandably, which as the nurse caring for the patient I had to deal with this very difficult situation as deep down I completely agree with them it is unacceptable!! No privacy or dignity for the patient staff continually walking passed with equipment, medicine trolleys, tea trolleys having to move patients table to get through often getting their bed knocked. At times we receive patients not suitable for corridor care eg on oxygen or iv's.

In what ways were patient care or safety compromised, in your opinion?

Unable to carry out full body and skin assessment, lack of privacy and dignity, beds often parked near nurses stations so conversations either doctors and nurses can be overhead

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Struggled to give the patients space to move around, no oxygen or suction near them, no buzzer. Awful when relatives came as they had no place to sit and no privacy

In what ways were patient care or safety compromised, in your opinion?

No immediate medical devices or space available for emergency situation

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

It was not good feeling to deliver care with out a proper support and more than patients were exhausted waiting in trolleys.

In what ways were patient care or safety compromised, in your opinion?

I would say the regular care what is expected to ensure patients dignity and safety was compromised

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Need to move a trolley to a closed space and address their elimination needs and there was no csw support to do that work and all the work including elimination needs and nursing needs and providing food and drinks was nurse responsibility which was not appropriate. No shift leader roundings to assess the situation and provide support to nurses if needed. I was not a regular staff on that area but I was moved to support that area

In what ways were patient care or safety compromised, in your opinion?

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Delivering diagnosis of cancer , either at bedside or in a office taken away from other staff.. just to be private .

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Patients sat in chairs overnight in AE waiting room with IVs attached to them. No regular access to drinks/toilets. No table to place drinks/food on. Px treatments slow to be delivered or delayed. Belongings on floor next to them. Patients found to be in acute kidney injuries within 24 hours of arrival due to lack fluids or self imposed restriction due to lack of accessible toilets No access to a call bell. Impossible to identify which patient was which with calling out their name Corridor patients in trolleys. No access to call bell, table for food or drinks. Areas not numbered so again unable to identify who was who. No safe place for notes. Nowhere private to exam them or talk to them except a privacy mobile screen which then blocked an entire corridor through put. substandard levels of basic care for food/fluids/hygiene. No regular contingencies to staff to these areas appropriately. No where for relatives to sit or stand with their loved ones. It slows down our care and reviews of patients whilst we try and source appropriate places to see and examine them.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Placed an extra bed in the middle of the bay. No curtains, no oxygen/suction/power points etc. difficult to maintain privacy, dignity and infection control in already crowded bays

In what ways were patient care or safety compromised, in your opinion?

Privacy and dignity

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Lack of flow through a and e. No space in cubicles.

In what ways were patient care or safety compromised, in your opinion?

Unsafe, no extra staff on shift.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Patients nursed in corridor awaiting hospital bed on ward. Patients awaiting cubicle to get treated

In what ways were patient care or safety compromised, in your opinion?

Patients left unattended whilst nursing staff went to fetch equipment, medication.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

In what ways were patient care or safety compromised, in your opinion?

Lack of space. In emergency situation difficult to access patient , no privacy. Patients in corridor all night, not a nice place as lights on, people walking down corridor and noisy

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

undignified for patients,

In what ways were patient care or safety compromised, in your opinion?

undignified toileting, not being seen in time by drs

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

It was in the emergency department. I looked after patients awaiting a bed on the ward. I needed to leave these patients in a corridor where they was not bisible to make IV drugs, to assist with toileting and one patient required a discharge dependant ECG. This whole afternoon felt unsafe, not dignified for the patients. I went home feeling frustrated at this whole shift. I was a band 7 working in opd that was expected to rotate to help ED due to their staffing shortfalls therefore I wasn't even familiar with my surroundings. I was meant to be given a bleep incase I needed any assistance but they had run out. After this shift I escalated it all to my head of Nursing.

In what ways were patient care or safety compromised, in your opinion?

As i was a lonely worker in a corridor with 5 patients. Having to leave them without a nurse call bell to take a patient to the toilet. Inappropriate handover of care.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

On a night shift there was no bed for an emergency gynae patient experiencing an early miscarriage. There were no patients that could be moved from side rooms as we had several other patients having miscarriages or with Infection control concerns. So the patient had to be cared for in a treatment/clinic room, meant for examination and procedure. It was completely inappropriate and distressing for the patient at such a difficult time and the location made it difficult to monitor the patient for deterioration.

In what ways were patient care or safety compromised, in your opinion?

Poor patient experience/increased distress Safety compromised due to potentially unstable patient being looked after further from main beds on ward

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Patients in trolleys in the middle of ED majors. Simply parked side by side 3/ 4 in a row. Nowhere to move to do confidential examinations or assessments. Felt that could no ask too personal questions, nor uncover the patients to do thorough physical examination. Felt as though my assessment of the patient was suboptimal.

In what ways were patient care or safety compromised, in your opinion?

Lack of confidentiality Lack of dignity Incomplete assessment may have meant physical signs could have been overlooked

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

The corridor care is now normal, it isn't seen as temporary. We see people in any space, plaster room, waiting room, wherever and it is encouraged. There is no safety, no dignity and makes you feel the worst nurse ever as it is so unacceptable. There is no plan for it to change at all, management just stay we haven't got a choice. A+E is shocking, such a dangerous place to work and be a patient.

In what ways were patient care or safety compromised, in your opinion?

Unable to examine the patient safely orwith any dignity. Having to toilet people in the corridor, whilst others are eating. People constantly walking past, corridor nurse struggling to care for whole corridor by themselves. When the corridor nurse goes on break the patients are left. It's just unacceptable on every level and the opposite to our code of conduct.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

In addition to nursing the patient on a corridor, we also had another extra patient in a bay which was supposed to hold 4 patients and not they were 5 and this situation is almost very popular weekly. I sometimes forget about this patient because they are far away from the other patients which is unfair to them and to me as the patient to nurse ratio becomes 10:1

In what ways were patient care or safety compromised, in your opinion?

You might forget attending to them and when you don't they get to be attended last to in all care

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Its was in the ED and the patient inflow outnumbered the available bed, so patient were nursed on trolleys in the corridor and some in the ambulatory chairs while waiting for bed spaces to become available when patients get transferred up to the wards

In what ways were patient care or safety compromised, in your opinion?

Patient privacy was compromised and assisted patient with self care was difficult

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

I work as a stroke nurse and I had to give a patient a stroke assessment in a corridor as no space to do this in private. There was a possibility I was going to thrombolise the patient and the ED staff did not know if they would be able to offer me an appropriate space for this intervention.

In what ways were patient care or safety compromised, in your opinion?

Thrombolysis should be given under constant observation due to the risk of deterioration. This is plus not have happened if I had to thrombolise the patient. It also affects the patients dignity when doing an assessment in a corridor

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

All trolleys in the clinic were full so there was noware to see patients, so we had to see patients in the waiting room.

In what ways were patient care or safety compromised, in your opinion?

The patient had no privacy, dignity and unable to do a thorough examination

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Corridor care has been normalised. No privacy dignity or comfort for patients as on trollies for unacceptable amounts of time. Frustrated, compromising patient safety and care

In what ways were patient care or safety compromised, in your opinion?

Delay in treatment, inappropriate area for delivering treatments. Some areas of corridor are not visible by all staff

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Patients were unable to have treatment that would relieve their pain, were unable to be toiletted in the correct facilities. No patient dignity

In what ways were patient care or safety compromised, in your opinion?

No patient privacy and dignity. People walking down the corridor to enter other areas in department. Doctor ward round on corridors

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

No space to keep patients, procedures done in the corridor, have only one side room for 10patients, we have to push trolleys every time patient need side room, by the time I go home I have backache and it can cause permanent damage.

In what ways were patient care or safety compromised, in your opinion?

Patient on uncomfortable trolleys for so many hours, high risk for developing pressure sores, no privacy in corridor

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Patient are getting treatments late, unsatisfactory care

In what ways were patient care or safety compromised, in your opinion?

To many patients to safety care for, I e the isat area was for three patients there can be over 15 under the isat umbrella

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

I received corridors patient during my night duty and the patient was confused and was disturbed the sleeping of other patients. I escalated to bed manager but no intervention. staff shortages also another issue and lots of 1:1 patients. Everyday had patient falls and mentally and physically stressed

In what ways were patient care or safety compromised, in your opinion?

Poor staffing

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

On a daily basis patients are on trolleys along corridors in the emergency dept

In what ways were patient care or safety compromised, in your opinion?

Lack of privacy

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

This is embarrassing for the staff. The poor patient has no privacy. Overheard by other patients Care is compromised. It is unacceptable to expect sick patients to be treated in this way

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

It happened to us to receive patient on the ward even if is not an available bed. Patient is held on the corridor until a bed become available. We care for the patient on the corridor, which in my opinion I think affect their Dignity and privacy. We have on a daily basis a patient called border, located between 2 beds. When we draw the curtains the other patient can see and hear everything.

In what ways were patient care or safety compromised, in your opinion?

Patient care and treatment can be missed as we don't know which ward staff members will care for the patient. The medication can be easily missed.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

It was uncomfortable for both the patient and myself it was freezing cold and no privacy or dignity for me and my patient

In what ways were patient care or safety compromised, in your opinion?

Limited resources. Patient waited all night before being seen or reviewed by the Doctor

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

I work on ICU but was asked to work on A&E for the night and was asked to be a corridor nurse.

In what ways were patient care or safety compromised, in your opinion?

Unable to observe patients well enough. A flow of staff and other patients and trolleys going past them constantly made any procedures very difficult to carry out and very undignified for the patients.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

We were unable to fully clinical asses the patient as we were unable to ensure privacy and dignity to the patient

In what ways were patient care or safety compromised, in your opinion?

Limited ability to asses patient due to privacy and dignity clinical signs may have been missed patient journey likley to have been extended due to not having full assesment patient did not receive medication in a timely mannor even when dispensed from pharmacy medication lost in ed as not stored with patient

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Caring for patients in the corridor felt like poor care as it was undignified for the patient, for patient care boards are used to shield patient's dignity however this does not prevent sounds. Patients felt forgotten about and as though they don't matter. If a patient needed moving back into a proper clinical area as they became unwell this was usually delayed while space was found.

In what ways were patient care or safety compromised, in your opinion?

As previously stated, patients were not dignified and the appropriate equipment for care not readily available.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Corridor in A&E. Trying to provide personal care to someone in a corridor is horrendous. And lack of dignity

In what ways were patient care or safety compromised, in your opinion?

Too many patients, not enough staff

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Impossible for privacy as no curtains and we could not fit screens around the bed. Impossible to deliver oxygen without long trailing tubes. It was totally humiliating for both myself and the patient.

In what ways were patient care or safety compromised, in your opinion?

Dignity, privacy

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Unable to deliver adequate care- impossible to maintain privacy/ dignity. Unwell patient unable to sleep in noisy bright corridor. Difficult to maintain safe care in chaotic environment where many patients are not wearing wristbands.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

A patient was in a bed in the middle of a bay. He was an elderly chap and was crying whilst on his phone to his son. Its sould destroying.

In what ways were patient care or safety compromised, in your opinion?

No emergency equipment. There isnt enough portable o2 tanks. Absolutely np dignity!

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

We have to move trolleys with patients into unoccupied rooms so we can examine and tend to care.

In what ways were patient care or safety compromised, in your opinion?

No privacy. Corridor is near main door so area cold. No toilets nearby. The corridor is a thoroughfare so patients cannot sleep relax or talk privately

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Unable to clean patients if nursing in corridors if they are incontinent or have had an accident. Unable to do admission checks such as skin checks. No dignity for the patient. Patient can often feel left until a bed becomes available

In what ways were patient care or safety compromised, in your opinion?

No dignity for patient, not assigned a bed space on screen – easy to miss

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Overflowing department patients had to stand in waiting areas. Corridor had 11 patients on trollies, ambulance were waiting outside for hours. Many of the corridor patients were elderly or cognitively impaired and it was difficult to maintain their dignity.

In what ways were patient care or safety compromised, in your opinion?

Unable to document at computer and keep visual on patients.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Patient post op cholecystectomy had to be nursed in the corridor as no rooms available and recovery was not being opened overnight. Patient is in front of a large window with a blind that does not come down to the floor so no patient privacy or dignity. Next to the disabled toilet which the patient can use but then any disabled visitors or staff are then not able to use as it is designated for the patient, toilet has no showering facilities. Curtain separating patient from the main ward so very noisy for the patient overnight and lights on all night. Patient has no emergency equipment in the space- call bell, emergency buzzer, oxygen port, suction. Inappropriate and unsafe to nurse post op patients in the corridor, makes me feel embarrassed to work in these conditions

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Couldn't give proper care to patients due to poor space

In what ways were patient care or safety compromised, in your opinion?

Due to lack of enough area for proper care, lack of privacy

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Felt embarrassed that this is the care provided by my organisation. Felt sad for the patients.

In what ways were patient care or safety compromised, in your opinion?

No oxygen supply. Lack of emergency equipment. Lack of nursing staff.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

An extra bed was put in a bay of 10, with left with no privacy and dignity. This was designated safe space, which is not. Because the bed clearly obstruct fire exit. A nurse and 1 HCA looking after 11 patients with 3 DOLS patients on Level 3-4

In what ways were patient care or safety compromised, in your opinion?

Nursing to patient ratio

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Due to capacity problems I have used 'any space available' in which to see the patients. No privacy or dignity, have even used a mattress on the floor!

In what ways were patient care or safety compromised, in your opinion?

Complex patients are left in chairs, ie Cardiac events, sepsis, flu – therefore unsafe environments and can compromise care delivery

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Just continually apologising, an appalling way to deliver any health care

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Critical impact on patients 1 cardiac arrest and 1 patient needing critical care because of the events. Poor patient care and sub standards of care risking pin numbers

In what ways were patient care or safety compromised, in your opinion?

Multiple patients ended up death or needing critical care input. Critically ill patients needing resuscitation care on corridors due to capacity. Being forced to nurse patients in a substantially higher ratio than Nmc recommendations state for Emergency care setting

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

My trust introduced a patient flow system. This involved patients being brought round to the assessment unit before a bed was available. These patients were left on a chair, trolley or bed outside the bay until a bedspace became empty. In theory, these patients were only supposed to wait a few minutes whilst the bedspace they were pre-allocated became free but often this was not the case. Transfers were often delayed due to workloads of porters and nurses and changes in acuity of individual patients sometimes due to inaccurate allocations by bed managers and coordinating staff not involved in actual patient care. No patient was ever aware they were being moved from A&E to a corridor and my worst experience to date was finding an elderly man crying in his chair not knowing why he had been left in a corridor. He had just been given bad news in A&E before he was whisked away to my corridor. Patients would just turn up. No names or details would be given.

In what ways were patient care or safety compromised, in your opinion?

Not knowing names or details of patients is a safety compromise. Wristbands were on patients but can take a little time to grab a PC and log in and find patient. Sometimes patients were moved by porters following changes in acuity that allocating staff were unaware of.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Patient was bed bound, we need to do personal care with some screens around bed. Bed is close to Nurse station so everyone passing in the corridor knows what is happening. I felt I am not providing the right dignity to patient, felt really frustrated. Patient was in the corridor from 08am to 19:30, because we didn't discharge any patient. Patient was moved to other ward

In what ways were patient care or safety compromised, in your opinion?

Dignity of patient. Staff overwhelmed with an extra patient. Handovers not given. No right facilities of medical emergency happen

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

It's not safe! There's no privacy. It's not fair on the patients or staff.

In what ways were patient care or safety compromised, in your opinion?

No emergency equipment. No privacy for patients personal care affecting dignity.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Sometimes we get escalation patients in beds that are there all day waiting for a discharge to happen or then get moved to another ward. These patients stay near the nurse station or in another bay near the fire exits.

In what ways were patient care or safety compromised, in your opinion?

If patients are in beds then we have to either moved another patient out of a bed space so that we can provide care to them. Most of the time we have wondering patients who are confused and aggressive, sometimes they are near the escalation patients and they get upset. We also have some patients that come who are on oxygen and they have to use the temporary cylinders, and could be there all day.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Observations recorded in a waiting room as no area to relocate patient to record Observations due to all bed and trolley spaces being occupied by patients and no patients well enough to be moved out.

In what ways were patient care or safety compromised, in your opinion?

Not the best experience for patients or the standards of care that patient's expect. Not a private area so privacy and dignity not provided

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Its being made a normal situation in the ward to have an extra patient which is referred to as border patient. I took over the patient during my last shift and sometimes I forget about this particular patient because of the location of the bed in one corner of the corridor. Thankfully patient is mobile independently, I don't think it's a good practice in the hospital.

In what ways were patient care or safety compromised, in your opinion?

Patient does not have call bell to call for help, in case of sudden change in condition, no access to wall O2 if need be.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

The bed managers wanted a bed to be ring fence incase of a case overnight so a patient who was going to surgery that day had to be nursed in an escalation bed in the middle of the bay pre op and post op. They only had a divider between them and the rest of the bay no table or cupboard for their belongings

In what ways were patient care or safety compromised, in your opinion?

The patient when post operation was not in a bed space with o2 or suction incase of deteriorating and any personal care had very little to no privacy

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

All patients had to risk assessed for suitability for corridor taking time away from patients. Patient unhappy. Escalation space next to ward doors and opposite nurses desk

In what ways were patient care or safety compromised, in your opinion?

11 patients to 1 nurse ratio without extra patient in the corridor and need for assessments

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Had to assess patient and get them changed for theatre in a corridor with just a makeshift cover for dignity but you could still see through it

In what ways were patient care or safety compromised, in your opinion?

Very noisy competing assessment. Patient was very agitated and felt uncomfortable. Made me feel terrible not dignified care

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

No privacy or dignity for the patient, no rest for patient as bed next to nursing station with no curtains

In what ways were patient care or safety compromised, in your opinion?

Lack of privacy and dignity

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

I work in a&e and have had to work on the corridors and in rooms changed to rooms for patients to deliver care on a daily basis. It's now a designated area due to the amount of patients we have.

In what ways were patient care or safety compromised, in your opinion?

Patient care was compromised due to the fact we could not give the patient enough dignity to be able to take to a toilet rather than in a cubby to assist with changing

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

I had to try and manoeuvre a patient into a cubby to provide personal care, we have had to assist with patients having seizure and strokes on the front corridors and rush them to resus

In what ways were patient care or safety compromised, in your opinion?

Also safety is compromised everyday due to work load, work stress and trying to do the best with what we have. We luckily enough have fantastic management that will do what they can to help and support

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

I was moved to the corridor area of ED on a night shift from a surgical ward. I was unfamiliar with the area and way out of my comfort zone

In what ways were patient care or safety compromised, in your opinion?

It was difficult to tell which pt was which they were just brought to me and put in the space. No wrist band scanner for bloods, no toilet or curtains for pt Infusion pumps had nowhere to be plugged in so would run out of charge impacting pt care

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

A&E was full with wait times of 27 hours or more. Patients had to be treated and spoken to in the waiting room and corridors and loved ones were asked to leave them unaccompanied due to the lack of space. Elderly inform patients were alone on trolleys

In what ways were patient care or safety compromised, in your opinion?

Not enough staff to attend to ill patients in waiting room, some elderly patients left due to wait time and discomfort in chairs, as time went over a day length. It was frightening for both staff and patients

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Clinical reviews in car parks, park benches, high streets

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Ward was already short staffed so this was added pressure. Undignified for a patient. Made me feel I was short changing my patients.

In what ways were patient care or safety compromised, in your opinion?

Staff stretched too thin. Not easy to provide adequate care without adequate privacy for the patients. Patient lacked an effective call bell to call for help.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Patients need to be wheeled to a sideward for us to deliver hygiene needs or use screens to try and maintain dignity. Patients are on trolleys with no pillows, no bedside trolleys for access to water or eat meals easily.

In what ways were patient care or safety compromised, in your opinion?

Patients in temporary settings don't have easy access to bathrooms, food, water or have hygiene needs met. Corridors are draft and no space for a proper bed/mattress. They are cold due to the drafts and doors opening and closing.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Unable to fully assess/ examine the patient or ask relevant questiond

In what ways were patient care or safety compromised, in your opinion?

Incomplete patient assessment

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

This is a standard holding for people without bed spaces, people are regularly there over night.

In what ways were patient care or safety compromised, in your opinion?

On a hospital trolley, no dignity, not safe, less observed and or helped

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

I felt it compromised my care and I felt very uncomfortable administering medication in a corridor

In what ways were patient care or safety compromised, in your opinion?

Patient's were being moved all the time and it was difficult for all health care professionals to find the patients they were caring for

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

No capacity, unable to provide personal care to patients, leaving them soiled longer than we would hope

In what ways were patient care or safety compromised, in your opinion?

No personal care

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Also not enough staff to physically care for them

In what ways were patient care or safety compromised, in your opinion?

Delayed treatment. No dignity

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

It was draining physically, mentally and very unsafe

In what ways were patient care or safety compromised, in your opinion?

There was lack of privacy

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Cannot believe that a patient is subjected such shameful treatment .

In what ways were patient care or safety compromised, in your opinion?

Causes issue in lack of space in corridor. No dignity for patient . No privacy for patient care

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

I looked after what they now call a boarding patient last week. I felt unsafe for the patient and myself. The area was in the main corridor of the ward I was working on. Fortunately the patient was not a poorly patient but I felt if he had become unwell he would have been compromised and frightening for myself. He had no dignity and was on show for the duration of my shift.

In what ways were patient care or safety compromised, in your opinion?

There was no curtains to close if the patient needed to use a bed pan or bottle. If the patient needed oxygen there was no air inlets to administer oxygen. This practice is getting worse.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Yesterday the 6th January 2025 we had a boarding patient in the relatives room. To my horror in hand over this patient had been there for a whole week. This is a practice of the trust I work in on a daily basis.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

I recently got moved to an and e to cover the corridor area. This was so undignified as members of the public and other members of staff are passing through. I was told I would be looking after 4 patients which I took handover for. But the ambulance crews would also come to myself and ask me for things for their patients such as analgesia. This was not safe

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

We use screen do provide privacy to care for patients in the corridor and close to the staff base. I presume the patient hears the discussion about other patients. Confidentiality is bridged. The toilet for this patients is outside the ward. The hospital is built in a single rooms.

In what ways were patient care or safety compromised, in your opinion?

For example, patient who suppose to have enema, and there is no close toilet. Patien cannot have good quality sleep. Because its by the staff base, other patients being discussed, the corridor patient can hear the discussion. No more confidentiality.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

There is not much confidentiality in giving treatment in corridors

In what ways were patient care or safety compromised, in your opinion?

Especially in using commode and bed pans in corridors for bed bound or frail patients .

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Other patients and relatives could overhear the details.

In what ways were patient care or safety compromised, in your opinion?

Providing treatment & medication. Some would need vital signs monitoring post medication

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Even infectious patients are sometimes treated in corridors due to awaiting bed in wards to create space in cubicles for other patients

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Breaking bad news without privacy of even a curtain as added bed in a bay

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

No chair for patient, no name or information above the bed space, no room to manoeuvre around the bed when tending to the patients needs, knock on effect to normal bed space for the patients either side of this 'temporary escalation bed', lack of dignity for patient and patients in the beds either side as curtains not appropriate and the modesty screen really not suitable in reduce space. Very difficult to work in such setting.

In what ways were patient care or safety compromised, in your opinion?

Unsafe area as no room to manoeuvre around, makes me concerned especially should we need to do CPR.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Had to care for 4 patients on the corridor waiting for a bed on the ward. I HATE providing care on corridors.

In what ways were patient care or safety compromised, in your opinion?

No emergency equipment no walled oxygen. patients on portable oxygen which means an additional responsibility to keep checking tanks aren't empty.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

It completely strips patients of privacy and dignity. It is cold and unsafe. There's no call bells, no wall point oxygen no emergency buzzers or resus trolley not even a phone provided.

In what ways were patient care or safety compromised, in your opinion?

There's no call bells. No emergency buzzers.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

The corridor is full, on a daily basis of patients. It's undignifying and totally inappropriate

In what ways were patient care or safety compromised, in your opinion?

1 nurse to probably 10 patients on a corridor. No piped O2 etc. Resus trolley based in ED not on corridor

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

I was working a shift in Accident and Emergency, I came on shift to find there were over 70 patients awaiting medical beds in the department, and over 100 patients in the department on top of that. The shift was extremely overwhelming, lack of support due to weather causing patient to call out, replacement of B5s with B4s as a result (myself included). Patients were stuck in corridors for days, patients uncomfortable, and us as a service overwhelmed attempting to catch up.

In what ways were patient care or safety compromised, in your opinion?

Medication administration delayed, observations delayed, under qualified staff, and agency staff.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

I have had to attend many consultations in the corridor of ED with orthopaedic consultants. Most of these patients have been NOF fracture patients. There is no dignity or privacy for patients. Now way of examining them.

In what ways were patient care or safety compromised, in your opinion?

Patients left on small trolleys, limb hanging off the trolley because they are uncomfortable or confused. Vulnerable skin and no where to check skin assessments. No way of eating as unable to sit up probably without help.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Not being safe, not having adequate equipment if needed. When raised my concern been told it has been agreed by hospital management and it is okay.

In what ways were patient care or safety compromised, in your opinion?

Lack of appropriate care

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

You cannot provide adequate care on a corridor it is inhumane. It is stressful for the patient relatives and care givers. Ambulances are held up unnecessarily, as a poor alternative for lack of provision and resources, it lacks compassion and is totally inadequate.

In what ways were patient care or safety compromised, in your opinion?

There is no continued monitoring.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Exceeds staff patient ratio.

In what ways were patient care or safety compromised, in your opinion?

Staff/patient ratios exceeded, higher care needs

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Had to nurse >20 acute ED patients in a corridor including high acuity patients, patients immobilised due to C-spine concerns and a haemodynamically unstable patient who went off on the corridor and subsequently died of a GI bleed

In what ways were patient care or safety compromised, in your opinion?

No privacy/dignity for patients Patients nursed in areas with improper access to toilets No suction access Relatives asked to leave due to lack of space Poor staffing ratio on said area

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Corridor care has now become normality however the length of time patients are sitting in waiting areas in chairs to wait for beds is heart breaking as is the length of time patients are waiting in the backs of ambulances to come into the hospital. I feel that despite these pressure emergency department teams are providing the best level of care they can in circumstances that are beyond their control. Each year things seem to get worse not better, the NHS is broken

In what ways were patient care or safety compromised, in your opinion?

Patients are sitting in ambulances and on corridors and in chairs waiting t For a bed on a ward, we do are best on a daily basis we an. To give the best possible care we can but some days yanks just isn't enough

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

As a mental health nurse. I escorted a service user to general site. Due to long waiting period the patient became elated in mood and started kicking off, we were to put hands on go take him to place of safety.

In what ways were patient care or safety compromised, in your opinion?

Psychiatric patients are generally nursed in less stimulating environments, away from objects that may be used to harmself whi h is not a provision on waiting sites.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

There is no movement in the trust and no discharges. These means patients stays in our A&E department for days. They come in for minor issues but don't get triaged and sent to more appropriate places. I.e women come in with gynae issues and we have a leading women's hospital in the city and don't stream them away? This happens with lots of specialities. The more come and the longest waits don't move to wards. We've had the A&E corridor for over 2 years now and even opened up another corridor. We have 10+ ambulance outside everyday. We clear it sometimes and then it fills up. The most I have counted is 24 ambulances, longest wait was a crews entire shift. The heads of the trust don't seem to do anything. Wards complain about A&E throwing patients at them but we're 50+ over capacity. It's not safe. I've worked in a field hospital and that was safer.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Patient die or deteriorate whilst waiting for appropriate / timely help and care.

In what ways were patient care or safety compromised, in your opinion?

Lack of resources mainly in the space required to house them in hospital in safe clean and well staffed environments and lack of staff to look after them, both doctors, nurses, physios, LOTs, pharmacy staff etc.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

A chair or bed in the centre of the bay means we cannot offer dignity for patients as a whole. Additionally, if they were to deteriorate there is no access to oxygen therapy or suctioning.

In what ways were patient care or safety compromised, in your opinion?

Skin integrity is compromised by sitting in a chair for hours without the full guarantee of a bed. As mentioned earlier, access to things like oxygen therapy and suctioning are limited.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Was put on a corridor to work where there was no equipment available e.g resus trolley, medications, observation machines, toilets for staff or patients to use, no where to change a patient. Rudeness and lack of team work with the paramedics refusing to help in a situation with a patient. No where to wash your hands. Because it was another area I was moved to that I do no work in I was not told how the corridor works, I had no access to other areas so unable to go and collect medication from anywhere. This impacted me in a way where I felt incompetent at my job and felt like patient care and safety was massively compromised.

In what ways were patient care or safety compromised, in your opinion?

No access to any equipment. If a patient was to go into a cardiac arrest there was no resus trolley or relevant equipment nearby that would help. How can nurses care for their patients in an unfamiliar area and not being told how the unit runs.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

There was no bed they had to use the activities room as a bed room.

In what ways were patient care or safety compromised, in your opinion?

There was no appropriate bed room for patients. There was overflow at the A&E and the patient was nursed and cared for at the back of the Ambulance for 7hrs.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

ED was over capacitated so patients had to be treated on corridor. No beds available on wards. Pts are having to stay on the corridor for some days without having a shower as ED do not have such facilities. It is a disgrace.

In what ways were patient care or safety compromised, in your opinion?

Pt dignity and choice is compromised.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Had to take clinical history and examination in corridor as best I could

In what ways were patient care or safety compromised, in your opinion?

Undignified Not able to complete full examination due to lack of privacy

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

It is degrading to the patient

In what ways were patient care or safety compromised, in your opinion?

Safety, compassion, care, neglect , delays in treatment, people that are confused left on their own, falls risk , dehydration risk as no drinks are available to them

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

The patient was told to urinate in a pad as there were no toilets The patients pad was so full I actually cried for them and helped her to change. Patients have passed away on the corridor or in a safe haven that is really not safe. This is the poor standards of care that our public are exposed too it is truly heartbreaking

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

As a site manager I made the decision to nurse patients on the corridor in line with trust escalation policy. It was better than leaving patients outside in ambulances. Least worst decision. It made me feel like I had let patients down but there was no alternative

In what ways were patient care or safety compromised, in your opinion?

It is not dignified to nurse patients on a corridor

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Undignified care for patients in an inappropriate setting – patients on corridors having been offloaded from ambulances or awaiting beds on wards

In what ways were patient care or safety compromised, in your opinion?

Treatment being delayed Patient care compromised due to lack of equipment on corridors, not as observable and undignified

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

I am an ANP for frailty and I see patients on the corridor in ED every day. It is extremely difficult to do any kind of assessment, therapists often won't see them till they are in a bedspace which makes it even less likely for them to be able to go home. Patients are always much more tired and confused after a few hours on the corridor so any resilience they have is worn down and they often need admitting to a ward to recover when they may have been able to go home.

In what ways were patient care or safety compromised, in your opinion?

Often the staff allocated to the corridor have been moved from other areas so don't know how to care for patients on a corridor. There is no privacy, the toilets are not accessible so patients are often unnecessarily incontinent. They are often not supervised effectively and deteriorating quickly.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Sometimes it seems that the ones on the corridor are lucky as at least they are lying down, the waiting room is full of unwell people who have also often been there over night.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

A patient arrived on the ward without handover in a bed and was informed this patient was a border and will have to be nursed in the corridor. Later that day another patient was sent to the ward for the same care meaning having to nurse two patient on the corridors. Its so dehumanizing and I feel its time to leave the profession as you can not deliver the care needed for your patient despite already managing to look after patient with staff shortages.

In what ways were patient care or safety compromised, in your opinion?

Lack of appropriate equipment and dignity.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Have become accepting that this is the situation and have begun to forget to strive for better as it has been happening for so long. Adds to anxiety that and poor MH that I may have missed something due to assessment in inappropriate area. Because the area is not equipped, every takes longer to complete- providing personal care/ fluids/ medications.

In what ways were patient care or safety compromised, in your opinion?

As previously stated, unable to appropriately assess patients- restricted space, poor lighting, lack of equipment. Delays in obtaining basic investigations such as ecgs due to space restrictions but also because of simpler problems such as low battery's on equipment and no plugs. Patients wandering off corridors because they are not able to be viewed by nursing staff. Pointless having any IPC recommendations as patients cannot be isolated. Most importantly, that A&E runs out of physical space, simply not a corridor/ chair/ cubicle/ ambulance parking space left and there is no where to receive critically unwell patients. Missed diagnosis, delayed treatment, failure to intervene or identify deformation and failure to provide basic care. Daily.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Had to do bloods, Blood pressure secondary assessments in front of other patients . No facilitates to do personal cares so having to push beds alone through crowded area in Accident and emergency department. No staff on hand to assist with toileting and patients having to wait or can't get help as no buzzers in a corridor. No emergency call button should anyone arrest. Abuse off patients family having to wait in corridors. Patients not receiving patient centred care. No appreciation from upper management or matrons to staff just expect more til your exhausted. Patients not receiving food and drink regularly due to staffing pressures.

In what ways were patient care or safety compromised, in your opinion?

Dignity no oxygen available. safety was compromised as care could not be delivered in an appropriate way. No plug sockets available for equipment. No privacy to perform pt care. No room to perform simple nursing tasks.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

A&E sent a patient to us in the ward, no telephone handover. This happened around 1900H, nearing handover time of day staff to night staff. Nobody was free to answer the phone around this time. We always work on short staffing as well. This particular incident struck me as the patient they've sent is on EOL, eventually ending her life in an appropriate area. A lot of staff has been upset about this.

In what ways were patient care or safety compromised, in your opinion?

Very undignified death. We, as healthcare professionals only have ONE shot to make it right during end-of-life.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

It's hard as no doors or washing facilities for the patients we nurse at the end of our corridors

In what ways were patient care or safety compromised, in your opinion?

Lack of privacy and dignity

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Patient arrives from A&E to AMU bed not ready as we could not move our patient to the next ward to accommodate A&E patient .

In what ways were patient care or safety compromised, in your opinion?

Lack of privacy , delay in treatment .

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

I am a palliative care nurse and often have to have private conversations on an A&E corridor. It hampers sensitive conversations as concerned about privacy. Also unable to do clinical examination properly.

In what ways were patient care or safety compromised, in your opinion?

Unable to complete full assessment.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Persistently over escalated within an emergency Department setting. Corridor care has become normalised, delivery of personal care is hindered as setting is inappropriate and patients have to be transported through the department whilst trying to maintain their dignity to a designated area for personal care

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Myself as a band 5 Staff Nurse and 1 phlebotomist to 5 clinical specialities (75) patients in total for both morning and afternoon clinics all needing physiological measurements and only myself to do this. This is a regular occurrence.

In what ways were patient care or safety compromised, in your opinion?

Not enough staff for the volume of patients passing through the department, all needing specific care interventions, and most elderly.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

I have taken care of 7 to 8 patients in a corridor space with one partner (HCA) most times HCAs in my trust can't help with Observations, glucose monitoring etc., which means I have to do everything for the patient. We have one care cubicle that is shared by approximately 16 patients. If we need to do personal care, the HCA and I will have to go to the care cubicle in which no one is attending to the rest of the patients in the corridor. There is a corridor assessment form that needs to be completed before putting patients in corridor but is never completed which means some of the patients are not eligible for corridor care like confused patients (who needs 1:1), climbers, flu positive and the like are being placed there. It is too much.

In what ways were patient care or safety compromised, in your opinion?

Lack of qualified staff to help with simple things like observations and the like High risk for falls especially for confused patients Not safe for the staff also and our pin

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

I was assigned in corridor. We were assigned with 6 patients. One patient was moved from RIIT (rapid assessment and treatment area) the patient was placed in the area for one hour only before she was moved to Acute Medical Unit. The patient came in with head injury. The movement of the area was so quick that there is no time to thoroughly check the patient. When the patient reached AMU, her bladder was seen full through the bladder scan. Things like checking the bladder isn't appropriate to be done in the corridor which is unsafe for the patient. I also had a time wherein I had 2 patients who are confused, though escalated to coordinator the patients were not moved and stayed in the area.

In what ways were patient care or safety compromised, in your opinion?

There were no privacy and dignity for the patients in the corridor as they were exposed to other people who are passing. It is difficult to relieve the pressure points of patient every 2 hrs as the patients spent hours in the corridor. Proper care such as changing patients are delayed as there is only one area for patient care

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

The trust I work for has two to three patients being cared for on corridors in almost every ward

In what ways were patient care or safety compromised, in your opinion?

No dignity. Unable to rest.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Unable to perform a full assessment due to being unable to maintain privacy & dignity. Pts not in a suitable area in terms of emergency equipment (eg piped o2 if needed) if they deteriorate.

In what ways were patient care or safety compromised, in your opinion?

Privacy & dignity Nurse/patient ratio. Visibility poor of those high risk of deterioration. Emergency equipment not readily available

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

It is against my whole ethos as a registered nurse. Disheartened, disgusted but tried my best to keep patients comfortable. Caused sleepless nights. I am seriously considering leaving the NHS

In what ways were patient care or safety compromised, in your opinion?

Lack of dignity, weren't always receiving a high standard of care, not knowing who patients were or much about their needs and conditions. Potential drug errors

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Not enough beds for patients to be admitted not enough staff patients receiving care in the waiting room having obs done medication IV fluids. Mentally and physically exhausting for staff feeling very upset for the patients felt useless didn't feel proper care was being given

In what ways were patient care or safety compromised, in your opinion?

Care was not dignified confidentiality I felt was compromised the safety of patients was compromised – elderly vulnerable patients in a setting where patients under the influence of drugs and alcohol were also being treated

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

No privacy for the patient, not being able to deliver care on time because they were additional patient to my workload.

In what ways were patient care or safety compromised, in your opinion?

Personal care was delayed due to lack of privacy. Medication was delayed due to workload. The corridors are always busy and cold. Patients constantly have to be moved to let other people pass.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

I'm writing to raise a concern about my shift yesterday in the corridor. I fully understand that we work in a busy department, and I am always committed to providing the best care for our patients. However, I feel that patient and staff safety should remain a priority, and I'd like to share some challenges I encountered during my shift. At the beginning of my shift, I was assigned to manage 6 patients in the corridor, which was manageable. However, after my well-being break, I was informed by the AA coordinator that I would now be responsible for 7 patients, as per the NIC. I assumed this was a temporary adjustment, but it turned out to be for the entire shift, which I felt was unfair given the circumstances. While I appreciate the support of my HCA, there were limitations as she is not trained to conduct observations, BM, or SAS. Additionally, she was frequently reassigned to assist with transfers, leaving me without adequate support in the corridor. At one point, I was responsible for 4 confused patients—two of whom were climbers—and two others who were loudly agitated. Four of the patients were bedbound and required two staff members for personal care. Despite the high acuity of the situation, there was no check-in from the NIC to assess if I was managing. As the shift progressed, my patient load increased to 8 patients, which I was able to handle, but it was difficult given the circumstances. Please understand that I am not raising this concern to create an issue, but rather to emphasize the importance of ensuring proper staffing levels and support, particularly in such high-demand situations. I firmly believe that additional support, especially with tasks like observations and SAS, would have made a significant difference. Ultimately, we all work as a team to ensure the well-being of both our patients and each other, and I think that more proactive concern for staff welfare would help maintain a safe and effective work environment.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

It's traumatizing, I work in A and E. Having to care for example a number of elderlies sat on a chair in the main waiting room waiting for a bed in the ward for over 30 hours. Giving magnesium infusion to a patient over 30 minutes sat on a chair because there's no monitored bed available. Patient in the main waiting room with a HR of 140s because there's no bed.

In what ways were patient care or safety compromised, in your opinion?

Unsafe area for patient's to be cared for. Patient's privacy sometimes is breached because there are other 50 patients in the main waiting room

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Very unsafe! Patients are not happy, no sockets, no oxygen installed. Many people, trolleys (bed) is passing back & forth. No privacy. Need to move pt to a cubicle for changing and any procedure.

In what ways were patient care or safety compromised, in your opinion?

In case of emergency there is no call bell, no privacy

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

I found myself in a particularly challenging situation while working in the waiting room of a busy healthcare facility. There were over 50 patients present, and I was assigned to sit among them, which felt incredibly overwhelming. With everyone's eyes on me, I faced a barrage of demands for treatment, inquiries about bed availability, and various other requests. The pressure was immense, and I felt the weight of their expectations bearing down on me. As I sat there, I quickly realized that I didn't have answers to all their questions. This lack of information heightened my anxiety and made me feel quite unsafe in that environment. Despite my discomfort, it was mandated that I remain in the waiting area while also juggling other nursing duties. This situation left me feeling exposed, both health-wise and emotionally. The sheer volume of patients and their urgent needs drained me physically and mentally.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Understaffed and overwhelming patient load so they spill out of the designated areas. The constant stress of work impacts me daily!

In what ways were patient care or safety compromised, in your opinion?

This shouldn't be happening and something within the NHS needs to change as it's beyond broken!

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Absolutely no privacy or dignity in ED corridor nursing. I had to undertake a procedure as there was no where else to move the patient to, I know of situations where breaking bad news such as terminal palliative diagnosis has been given on a corridor. It's like we have no choice but to undertake clinical care in a corridor.

In what ways were patient care or safety compromised, in your opinion?

Risk of infection, no equipment or trolleys etc to put sterile field on. In my organisation they installed plug sockets for air mattresses to be used about 1 year ago and recently they put numbers in frames for each 'space' & a call bell has been installed.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

These temporary spaces have been in place for more than two years now and it is extremely rare for them to not be full (ie, not much more than 5 days a year).

In what ways were patient care or safety compromised, in your opinion?

-minimal peace (corridor is a thoroughfare, so people walking past all the time, even overnight)

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Working in these areas is shameful. You are constantly apologising to patients and relatives for the lack of space, privacy, dignity and comfort. In my hospital we can't fit full-sized hospital beds on the corridor, so patients are on trolleys. Some of these have pressure-relieving mattresses, but some don't. They are only designed to have patients on for 6 hrs max. We are causing harm. Sick patients are waiting ages to get pressure area checks, to be changed when incontinent, etc, as there is limited space to carry this out in a dignified way and it requires moving the whole trolley with other staff. I regularly cry at work (away from patients) due to the pressure and moral injury. I dread coming in. It is disgusting that we, a first world country, are constantly providing care like this. I am in fear, daily, minute to minute, of losing my PIN because I can't provide the care my patients deserve. And this is not just every now and then, it's every single shift. Also, patients are having delayed treatment every shift as there aren't enough spaces away from the main waiting room. I'm surprised more people haven't been harmed.

In what ways were patient care or safety compromised, in your opinion?

-no dignity or privacy (patients waiting for personal care too long as only one space to take them to on trolley to receive this, doctors clerking people right next to others) -waiting room patients unable to receive treatment and waiting on chairs for 12-24 hours before getting a chair in department or a trolley. -pressure area damage (patients on unfit mattresses or chairs, no time or space to check and reposition regularly) -patients falling (difficult to keep an eye on patients due to long corridor) -fire hazard of corridor being full – accident waiting to happen -no where safe or dignified for mental health patients, not enough staff to 1:1, so increased risk -staff stressed and pressured, so not able to care as well as nicer environment

South East Region

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

It is inappropriate to do personal care with patients.extra beds in a 4 bedded bay.Its so cramped that giving personal care means no privacy with every patients in the bay.

In what ways were patient care or safety compromised, in your opinion?

No space to manoeuvres. Privacy and dignity was not practice

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

In the corridor, felt deflated as patients that are not mobile are having to wait to get a space to have there hygiene needs met.

In what ways were patient care or safety compromised, in your opinion?

Can't be in the corridor at all times, have to get meds etc, can't see all the patients. Patients are exposed to the noise and no dignity corridor

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

A02-3 patients going into corridor, High NEWS2 patients, infectious patients going to corridor with no proper handover. Had to quickly identify patient to swap it on the spot and patients are not happy and I have been verbally abused because of it

In what ways were patient care or safety compromised, in your opinion?

No privacy, no o2 support, no proper handover or clear plans to de escalate them

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

I work in the emergency department and we were at full capacity, as we have been for a very long time. The corridor is usually only used for stable patients or those waiting for warding as there is a criteria checklist to be able to use that space. However, I have had patients there who were in excruciating pain, having alcohol withdrawal seizures, and epileptic seizures. I hate delivering care there because I cannot take care of them the way I desperately want to. It's also not fair for the patients to have no privacy, to be sleeping with people walking past, and having people either stare at them or completely ignore them as they walk past.

In what ways were patient care or safety compromised, in your opinion?

Privacy and dignity. There is also no oxygen or suction available in the corridor, so it takes longer to start the treatment as the patient would need to be moved into resus or using the crash trolley

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Patient was doubly incontinent and required toileting. it was difficult to locate a private area to clean patient, and in addition I had to clean the patient alone, although the patient should have ideally been cleaned by two members of staff.

In what ways were patient care or safety compromised, in your opinion?

There were too many patients for each member of staff, and inadequate space for personal care.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Even today we had a patient in corridor who has been in different wards in corridor Patients and relatives both feel bad,embarrassed and loss of privacy...

In what ways were patient care or safety compromised, in your opinion?

Fire exit blocked,other patients who are mobile can trip over and fall

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

It made me very angry, it is not safe for the patient nor for the staff

In what ways were patient care or safety compromised, in your opinion?

Patient was left in a stretcher in front of nurses station on oxygen while waiting for bed

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

We permanently have corridor care now. It blocks patient spaces and fire exits with beds. Patients don't have the dignity and care they should have. And to be quite honest it breaks my heart and my staff that work with me too. Relatives are angry and get angry with us as nurses. Patients are a angry scared and uninformed. The patients don't get signal in the corridor to contact relatives. I'm very lucky that I've taken on a new role that allows me to give extra support to these patients.

In what ways were patient care or safety compromised, in your opinion?

Fire exits blocked. Patient bedspaces blocked restricting access. Dignity not maintained. Patients not monitored appropriately. Unable to give proper care Care missed and delayed

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Earlier this year I was on placement in A&E, care in corridors was a normal thing, as well next to nurses stations, outside cubicles etc it's true what they say about a patient being put in every free space in there

In what ways were patient care or safety compromised, in your opinion?

The lack of dignity and privacy. The screens provided were too few and inadequate at covering patients, we were trying to give patients bedpans in full view of everybody it's really not ok

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Too many patients for the space we had. Patients moved into the middle of the room to create extra capacity. Also using a medication prep area as an extra bay for patients. The bays we have already got are not wide enough for beds (only trolleys).

In what ways were patient care or safety compromised, in your opinion?

No call bells, oxygen supply, suction readily available for patients in the extra spaces. No privacy for patients as no curtains. Not nice for patients to be laying in a bed next to the nurses station. Not confidential. Poor patient experience. I feel ashamed that we have to treat people in these circumstances.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

I had to give IV antibiotics to a patient waiting outside the ENT treatment room as the ENT team wants to give 1 dose of IVABS then sent patient home with oral antibiotics to prevent admission in the ward. I work in the ward and this is an additional work that is not a responsibility or a nurse working in the ward.

In what ways were patient care or safety compromised, in your opinion?

The patient is not in the ward area and is not monitored, no call bell close to patient encase he needs to summon help. The patient is not in a comfortable position and it is by the hallway.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Having to find appropriate patient for the area, time away from other patients trying to organise the treatment room. Extra patient given to the acute end of the ward. Numerous phone calls & moving of equipment to set up the new area.

In what ways were patient care or safety compromised, in your opinion?

Patient had no window in the room & basic equipment was available.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

A group of patients (6 patients) were cared for in an escalation bay. This space is not suitable for hospital beds, only for trolleys. Patients were elderly 80+ years old and frail with multiple co-morbidities, had no chairs, bedside table or lockers, no call bells in place. The room escalation bay was used to be for patients who goes for surgical procedures therefore this room had air conditioning and unable to turn up the heat. The room is freezing cold and blowing cold air to the patients. No nurse in charge present, run by bank or agency nursing staff. In this escalation area, multiple priority calls happened, falls and other incidents. Absolutely unsafe and poor quality of care to patients.

In what ways were patient care or safety compromised, in your opinion?

No bedside tables, patient unable to reach water and food. No bedside chairs, patients kept in bed at all times. No callbells, patient unable to call for help.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

I makes you feel like you're failing the patient. This shouldn't be happening, there is no dignity for them

In what ways were patient care or safety compromised, in your opinion?

Because of the location

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

In a waiting room doing a bladder scan .. i pulled curtains aroud the patients but it was obviously did not give as much as dignity as it should have been given

In what ways were patient care or safety compromised, in your opinion?

Caring foe patient on the corridor without oxygen supply /call bell is compromised especially in an emergency department

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Additional stress on staff trying to ensure patient safety. Constant near misses- if something did happen then I would be to blame which is grossly unfair on me and my PIN number when the patient should not be nursed in the corridor

In what ways were patient care or safety compromised, in your opinion?

Not a suitable space for a patient to be cared for. Patient on oxygen via a cylinder attached to the wheelchair. No privacy and dignity

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

We had over 18 patients in the ambulance queue who were somewhat poorly with no other area to transfer them to due to the high patient acuity in the hospital. We escalated appropriately but had to wait a while before they could either be transferred to a cubicle/monitored area.

In what ways were patient care or safety compromised, in your opinion?

Lack of appropriate monitoring as needed such as 1:1 nursing care, patients were confused and at risk of falling, and lack of cardiac monitoring

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

It adds additional stress and workload having an extra patient to look after as well as the amount that should be in the bay. It makes me feel I havnt had as much contact with my patients and provided the best care for my patients because I don't get any time to do it

In what ways were patient care or safety compromised, in your opinion?

Not having time to really care for them

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

I am corridor nurse on 80% of my shifts with up to 10 patients at a time. This is the new normal in our ED and is so unsafe patients lack the basic care because we are so busy and even if increased staff numbers there is still not the facilities/room to give good care, leading to stress and anxiety not only that I haven't given a good level of patient care but also on the risk to myself and patient. I am a nursing associate and get given the most patient area while other registered nurses have 3/4 patients

In what ways were patient care or safety compromised, in your opinion?

Lack of observations and equipment and lack of time for personal care to be given. Lack of privacy for patients

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

It was very demoralising. Changing patients without adequate privacy protection and no sinks for handwashing. As someone who has been a patient in the system, I really felt bad for the patients most of whom were elderly and unable to express their feelings about being cared for in very inhumane and third world conditions. Despite my feelings, I made my patients my priority and gave the best care within the limits of the clinical environment.

In what ways were patient care or safety compromised, in your opinion?

Unable to operate beds due to lack of electricity sockets. No call bells. No immediate access to emergency equipment. No oxygen in corridors. Unable to properly mobilise patients in the confined spaces. No immediate access to toilets. Privacy and dignity of patients grossly compromised.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Our ward staff room has permanently had a patient in it for over a year apart from a few days sporadically where it is empty

In what ways were patient care or safety compromised, in your opinion?

No call bell, no piped oxygen or suction

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Unsafe areas, no medicine or equipment, short staff, running to other wards and areas to find items to do care. Moved around, no dignity for elderly patients

In what ways were patient care or safety compromised, in your opinion?

No equipment no medicine, running around to find things all over the hospital, poor conditions no dignity, told not to wash patients as no time, elderly care is so poor really shocking

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Unable to deliver the quality of care patients are entitled to

In what ways were patient care or safety compromised, in your opinion?

Lack of privacy and dignity

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

I was taken off my usual ward to staff an and e X-ray corridor to look after 5 patients. It was my self and an HCA. I felt extremely uncomfortable and worried about doing this and told my senior I wasn't happy. It makes me not want to go to work incase I get put there again.

In what ways were patient care or safety compromised, in your opinion?

There is no call bell/emergency bell/ phone . There is poor lighting , no electric plugs for pumps or electric beds. No proper paper work available in the area or desk to do documentation. Privacy and space is compromised. If there were to be an emergency there is no space.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

I was a nurse in Frailty unit in Emergency Assessment Unit from the previous hospital I worked for, then I was pulled out to work in corridor, as my manager was being pressured to receive patients from A and E who breached hours of stay in A and E already, so I had about 5 patients in corridor. It's hard as it's not really ideal in terms of toilet, patient needs to do long walk to another bay to use the toilet; basic bedside equipment such as oxygen, although I only received patients who don't need oxygen but still we don't know when emergency comes; also there is limited bed, so patient who came in with dizziness needs to sit on the chair which is not really comfortable for them; and mostly, the patient privacy; although there are stand covers, it's hard to give a wash, or clean a patient with limited covers, and patients are also walked past by people in the hospital while they lie on the beds in the corridor. It's not very comfortable for the patient and for nurses too. I have to create my own mini equipment, or store for gloves, aprons, pads, wipes, ect. And need to borrow the telephone in the reception as it's the closest telephone situated to where I was. It wasn't a very good experience at all.

In what ways were patient care or safety compromised, in your opinion?

In terms of safety bedside equipment such as suction and oxygen; and their comfort as well. There is no crash call in the corridor as well in case of emergency.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Wait 45 implemented by ambulance crews, increased stress, unable to get breaks and care for patients effectively and appropriately, trust didn't supply nurse to look after the patients

In what ways were patient care or safety compromised, in your opinion?

Lack of dignity, increased nursing to patient ratio which is unsafe, unsafe areas with no emergency buzzers

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

ED were unable to put patients into their assessment bays on arrival from their ambulance, I have had to assess patients in the back of an ambulance which is in a car park and in a corridor with no monitoring, call bell or emergency equipment and not visible to any nursing staff. I was unable to fully assess as there was no privacy, I had to take a brief history and move the patient to the CT scanner. Once there I was able to utilise the bay there to continue my assessment. Not an ideal experience for the patient but sadly it's becoming the norm.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Patients receiving Drs/Consultant assessments and reviews.

In what ways were patient care or safety compromised, in your opinion?

Pts on oxygen in corridors relying on a nurse to remember to change the cylinder. Pts families being updated on their relatives condition. Pts using bottles to urinate in. Pts receiving care, medication, food in a corridor. Shielding pts views when deceased pts are being transferred to the morgue. The daily feeling of not giving appropriate care and the fear of doing harm

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Dehumanising and inappropriate,frustrating for staff and patients

In what ways were patient care or safety compromised, in your opinion?

Inability to be able to monitor patients effectively

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

The unit was packed with patients some are standing in the corridor waiting to be called others are sick but we don't have enough space to look after this sick patient's. It affected my morale as a healthcare worker because we took an oath to serve and prioritise always the patient safety but thats not really what is happening in the NHS now. NHS need a long term plan to alleviate winter pressure, the pressure it self within the NHS.

In what ways were patient care or safety compromised, in your opinion?

There was no privacy in the corridor, waiting area. There was limited information we could give to the patient regarding care because of the location we have to maintain privacy and dignity towards the patient

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

I worked in the corridor with one other nurse + 1 health care assistant and we had 39 patients to look after. Patients had a variety of medical conditions including a STEMI, upper GI bleed, sepsis and multiple elderly patients who had been in the corridor for over 24 and 48 hours deconditioning on the bed. Medically emergencies were taking place in the cubicles but we couldn't attend to administer life saving treatments rapidly as we were having the move all the trolleys with patients on who were blocking the cubicles as they were in the corridor. Having to move them out of the way so the crash team, crash trolley and more help to attend the patient who was only being assisted by one nurse doing chest compressions. This was my last shift in the corridor and in A&E as I handed in my notice to join another ward. It wasn't the chaos, the ill patients begging for treatment and to get out the corridor or the abuse from relatives due to their loved ones being in the corridor so long being unintentionally ignored by the sheer amount of patients who also needed care. It was a 90 year lady with dementia scared crying and expressing shallow defeated scream as she was urinating in the bed after asking several times for help to the toilet and having to wet herself their on the trolley and dripping onto the floor. Seeing that lady, that mother, grandmother, sister, someone's loved one loose all dignity feeling helpless as everyone walls passed her as there is no where to move this patient to change her and assist her. That's what broke me. This is what I hate about the media. We show dead body's and destruction of conflicts abroad but we are to scared to show our own nhs. All we show is queues of ambulances for the media about how bad the corridor care is. Seeing that poor helpless lady, someone your

grandmothers age, frightened and be subjected to animal like conditions. It's disgusting. I made it my mission to move this lady to a neighbouring ward to find space to change her and comfort her. At the end of that shift I handed in my notice with no job to go to. I will not work for a place where that is the normal day to day occurrence.

In what ways were patient care or safety compromised, in your opinion?

It's unsafe. Life saving treatment cannot be given. Patients dignity is depleted as they are stacked side by side like sardines in trolleys and wheelchairs. Should a pregnant woman having a miss carriage and bleeding in the trolley be left stacked side by side in a corridor for everyone to see as she waits for a gynae bed ?

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

As a student on placement in ED, I provided care to patients in the corridors, all policies that we learn about went out the window, there was no privacy, no dignity, no sink in the corridor to wash hands, one toilet and serving meals and refreshments on patient's laps. Although we tried to block off the corridor and always find a bed space with curtains to offer toileting, such as a bed pan or pad change and for other investigations such as an ecg or bladder scanner. These would be delayed if there is no available private space.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Persistent problem in ED

In what ways were patient care or safety compromised, in your opinion?

No privacy or dignity. Insufficient staff to assess, treat and monitor patients safely. Risk of adverse events that will go unnoticed.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

I work on an elderly ward and we are having to change incontinent patients in the corridor with a screen that only covers the end of the bed and the allocated space is right next to the linen cupboard, so the patients have no dignity because staff are coming in and out the screen to grab linen.

In what ways were patient care or safety compromised, in your opinion?

We are having to use extension leads to reach the plugs to be use the electric beds

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

It's not nice not being able to give the patient the dignity they deserve. The allocated space is noisy, it's next to the kitchen and linen cupboard. So when we start our morning checks we are in out and out of the cupboard. They are not getting good quality rest.

In what ways were patient care or safety compromised, in your opinion?

The patient has no dignity if they are using bottles or incontinent. They don't get good quality sleep because of the location of the allocated area. They have no call bell There's no oxygen or suction if there was an emergency.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Lack of privacy for patients care ..loss of dignity... visitors and staff is further at risk of spread of infections on corridor care

In what ways were patient care or safety compromised, in your opinion?

Screen used are unstable others can see patient

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Maximum of 5 patient in the corridor those with stable vital signs , those awaiting ward bed or sometimes transport to go home . Mostly independent but sometimes needed assistance of 1 to transfer . It is quite small space , no room to manuevre bed or trolley , almost unsafe let alone privacy of a patient . Hospital capacity is overwhelming and physically draining . The only good thing is we support each other but eventhough team work is great staff do leave due to continously overwhelming work .

In what ways were patient care or safety compromised, in your opinion?

Not enough space in between trolleys. Everyone hears the conversation of patient and family or patient and doctor.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

I was working on a busy heavy ward, I already had 8 patients, of which 4 were confused and needed extra support. A patient was brought up from a&e and left in the corridor. I ended up with 9 patients to look after (I am also within my first year of nursing still) and a young gentleman in the corridor self discharged because he was frustrated by the situation himself.

In what ways were patient care or safety compromised, in your opinion?

9 patients, 4 of which were confused and at risk to their safety were assigned to me as the RN and 1 in the corridor, privacy and dignity was not maintained in that instance. And they justified it by saying that 1 was going to go home so the space would soon be made for the gentleman in the corridor. But as I previously mentioned by this stage he had missed his cut off for the car hone acceptance time due to transport not showing up in a timely manner.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

We moved hoists out of a storage area that was risk assessed as a new Trolley space, this is on top of an extra 7th bed in a 6 bedded room only 2 foot from sink and an extra chair in the corridor. The 7th bed has been open 24/7 for over 18 months and the chair daily more recently, The trolley daily for weeks.

In what ways were patient care or safety compromised, in your opinion?

No more staff to support the extra patients, lack of dignity and patients often falling asleep in the chair, the trolley space is in a storage area, the type of patients is not appropriate sometimes confused and needing toileting. The ask is to move the patient to a bed and swap with another patient after a certain amount of time- in effect moving someone out of a bed to an additional bed/chair to potentially sit there for hours to allow the original patient a bed, the patients become stranded and need moving again later in the day. They go into these spaces daily now against potential discharges which is fine but also against no discharges. There is no oxygen/suction you cannot for a resus trolley to the trolley space and unable to assist the patient in case of a fall.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

One time I have to be allocated to look after 4 patients at the A&E corridor just like been barricaded with screens both side because it was normally a pathway . No bed too many patients . Incidence of patients with Covid and flu infections . Some other patients were just been accepted to the ward by day staff – I remember the relative has to self discharge their sick patient as they can't bear having their family member been treated and managed at the corridor for 4 days outside my ward . I feel like I am back at my own country at the community hospital with poor facilities and system is in place – I felt I am back as a nurse in a third world country. That was appalling – I also have witnessed patients with mixed gender in a bay . I felt the low morale and losing trust and confidence towards my own hospital leadership as why this is happening seems to be corrupted by the poorly managed system . I can imagine patients losing their dignity and privacy and lost control . Like another attack of human rights to receive the right treatment in a good hospital setting. Appalling really .

In what ways were patient care or safety compromised, in your opinion?

It can easily get mistakes due to disturbed thoughts and emotions – quite overwhelming situation while working . Things can be mixed up , patients loss the power to settle appropriately. Doctors can easily mix up with patients.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Patients miscarrying and returning for treatment are being bedded in the busy waiting room which is used for emergency attenders and an outpatient department

In what ways were patient care or safety compromised, in your opinion?

These are called temporary escalation beds but this is happening on a daily basis. They are away from the rest of the patients and extra staffing is not allocated for them. There is no privacy or dignity as it is behind a curtain in a busy and frequently used waiting room.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

It was too exhausting that even if patients wants to use it toilet it has to be extra job to get that done because there's no space or private place.

In what ways were patient care or safety compromised, in your opinion?

Both patients and passer by can be affected in the even of respiratory conditions

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

No privacy as no screening available between the ED trollies, this is sadly a daily occurrence having 20 plus patients in the corridor often 2 or 3 deep in a cubicle space designed only for 1. Conversations are not private, patients openly having procedures- often painful or traumatic. Wards have to take additional patients too

In what ways were patient care or safety compromised, in your opinion?

Lack of privacy and dignity, poor staffing ratio. Lack of privacy. Lack of washing facilities. Lack of equipment. 2 toilets for 14 patients

In what ways were patient care or safety compromised, in your opinion?

Lack of privacy ED was short staff and over flowing with patients so as you walked in you saw patients with their relatives in the corridor having ivf or seeing patients with soaked urine clothes amd having to roll their trolley in the toilet because they aren't mobile to do it themselves

In what ways were patient care or safety compromised, in your opinion?

No privacy or dignity

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

its been a norm in A&E, its very innapriopriate but people/staffs has been dealing for years before I joined so who am I to complain.

In what ways were patient care or safety compromised, in your opinion?

lack of privacy, some delayed treatment,

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Delivering care on a corridor in the emergency department is not safe . There is not enough equipment and patients treatment can be delayed or missed which will directly impact the outcome . It is frustrating because there are patients everywhere sometimes and I am thinking how much more they can fit . Sometimes there is no space to walk around in the ED department.

In what ways were patient care or safety compromised, in your opinion?

Patient safety is compromised because in an emergency due to the overcrowded spaces it is impossible to move fast and reach or find the required equipment or medication.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

The corridor space is being used as Your Next Patient (YNP) space but Patient stays there more than 4hours allocated time and the space have been turn to normal bedspaces as we now have Patients there overnight. Also, we have patients that does not meet the space criteria like incontinent patients, confused and patients that are not mobile which often impaired the care given and always result in our inability to provide privacy for our patients

In what ways were patient care or safety compromised, in your opinion?

It is an open space and ut makes it difficult to access patient, change those that are incontinent and is also difficult to provide privacy tgat they deserve

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Told by site to accept a patient from A&E. Told was a social admission. Patient was a confused elderly man, who was obviously in distress. Difficult to manage as the area is not in line of sight.

In what ways were patient care or safety compromised, in your opinion?

I couldn't see him. I didn't have the staff to dedicate to his safety and confused state. I also worried about the fire safety of everyone with him blocking the corridor.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

I feel like my patient had no privacy and dignity, and cannot rest due to noise. Also, no matter how i try to reassure him/her that we were seeing him, those eyes were scared at times. So inaappropriate

In what ways were patient care or safety compromised, in your opinion?

Sometimes, if they need oxygen or they need to have personal care, we cannot deliver proper care

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

The extra spaces have been there for over 12 months now, it is an extra bed in a bay with no curtains or oxygen and suction, it blocks the fire exit and there are cables in the floor, patients frequently complain and I am having to apologise it is embarrassing and not acceptable

In what ways were patient care or safety compromised, in your opinion?

No dignity, call bell not as effective, no extra staff for the extra workload, no place to store medications

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Every day we have patients in the reverse queue which is the corridor of a&e. These patients have often been in the department for a long time so are placed on hospital beds for their comfort. We have patients on cardiac monitors in the corridor and patients on oxygen which is very scary as a nurse as you have to always be checking the o2 cylinders and I'm worried that one day one will run out without me noticing. I'm struggling with my back at the moment as I feel like half the shift I am moving the beds around – there's not enough space for the beds to pass each other in the corridor so if a patient needs changing or any personal care we often have to move several beds or push them a long way around the department to an area of privacy. This is physically exhausting on top of the mental toll of not being able to provide my patients with good and dignified care on a daily basis.

In what ways were patient care or safety compromised, in your opinion?

Lack of visibility of cardiac monitors, risk of o2 running out, if a patient were to have an emergency it would not be quick and easy to get them to a place of safety, sometimes the patients are confused and there is poor visibility

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Every day on elderly ward at least 3 elderly moved out of beds in to chairs no dignity dementia etc

In what ways were patient care or safety compromised, in your opinion?

All

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

No beds in the hospital available. We are not staffed for the extra bed and this is our storage area. Equipment now has nowhere to be stored, cluttering our environment making it harder to access our clinical area for drawing up and preparing IV medications..

In what ways were patient care or safety compromised, in your opinion?

Staff stretched. Health and safety risk to staff.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

The patient was boarding in the corridor awaiting a bed for a patient pending discharge. It was stressful as I was unsure how I would manage the patient in the case of an emergency. Patient was in the corridor for more than 4hours

In what ways were patient care or safety compromised, in your opinion?

No call bell nearby. No table or privacy. No emergency buzzer or oxygen nearby

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

It was in an x-ray corridor normally used for patients waiting g for xray appointments. It gets closed off and made into 5 bedded escalation area for A&E. Patients with a decision to admit awaiting a ward. No privacy or dignity. People walking through ignoring corridor closure signs. Inappropriate for giving personal care or if a person needs to use a commode. 5 beds squeezed in, mixed sex. Heart breaking

In what ways were patient care or safety compromised, in your opinion?

No oxygen or suction if needed. No emergency call bells. Patient care cannot be delivered sensitively. No curtains, privacy screens used which don't always fit or cover bed space.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Poor experience for patients. No privacy. No available o2 suction

In what ways were patient care or safety compromised, in your opinion?

Lack of privacy. No suction o2 at hand if required

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Trying to provide privacy and dignity to a female patient in the corridor when performing a bladder scan and then needing to find an area to catheterise her

In what ways were patient care or safety compromised, in your opinion?

Lack of dignity, lack of privacy. Delay in delivering care

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

When patients come in for injections or blood tests we have to use the spare waiting chair to do these are there is no allocated space available because we are over booked with patients

In what ways were patient care or safety compromised, in your opinion?

Because we are doing these extra procedures on extra patients over our ratio leaving our other patients with chemotherapy running and not supervising them

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

I work as an ambulance nurse (very similar role to a paramedic), and we often have to provide treatment in the back of the ambulance while we are queuing waiting to get into ED. I recently pre-alerted and blue lighted a patient with an exacerbation of COPD, NEWS2 score of 12. After initial 'pit stop' checks by the hospital team, we then spent 6 hours queuing in the back of the ambulance before joining a corridor queue in the ED. I felt this was firstly very inappropriate for the patient as he was unwell and should have been monitored in hospital, and secondly it was a very inappropriate use of an ambulance crew when we should have been out on the road assessing and treating other patients.

In what ways were patient care or safety compromised, in your opinion?

Increased risk of pressure area damage due to length of time on the stretcher. Undignified for the patient having to toilet in back of ambulance. We were able to monitor and treat the patient and provide 1:1 care, so in these respects the patient's care and safety weren't compromised. However, the care and safety of the patients out in the community waiting for an ambulance were compromised.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

There is a lack of privacy for the patient. No curtains, need to find screens. The patient was rightly unhappy, it's hard to justify. In general I agree with them and advise them to speak to PALS

In what ways were patient care or safety compromised, in your opinion?

Largely around dignity. Patient required physical care and this is not the right place. Screens around the bed impact space which could increase risks when using M&H techniques

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

It affected the whole nursing triage of the patient. We cannot perform our tasks in a timely manner or not do them at all. I can't do an ECG in the middle of a corridor and get a patient partially undress in front of everyone. As well as cannulation. Essentially a proper assessment that will determine the severity of his/her condition which is the reason that patient attended the Emergency services. It has been very challenging as we are short staff like never before to the point of 5 nurses short for a shift. It has been horrendous, we are really suffering in there. I do not understand why this is happening but lots of us are tired and burned out.

In what ways were patient care or safety compromised, in your opinion?

Not attending them in a timely manner or safety approach.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

The patient bed and chair were placed on the corridor between two bays. There were no privacy screens. Of course there wasn't an oxygen plug or suctioning near the bed. It stressed me providing care there as I was thinking about that patient dignity and privacy, not to mention the patient comfort and safety.

In what ways were patient care or safety compromised, in your opinion?

Privacy and dignity were totally missing. Because of the bed placed on the corridor, the space around this area was narrowed, so it put the other patients who were using frames at risk of falling.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

I was always very proud to work for the NHS and my place of work, as a long time ago, it was forward thinking and pushed the boundaries, being one of the first departments on the south coast to implement extended roles including defib training. Two Consultants recognised the skills of their nursing workforce and captured and utilised that ability to always go above and beyond. I'm afraid to say as I approach retirement, I am ashamed and embarrassed to admit where I work. My colleagues do one of the most difficult jobs in nursing, providing emergency care but also sub standard care that should be provided on wards, and that is NO fault of theirs, they try in the most horrendous conditions. As a department, the ED team are constantly apologising for the conditions that we are attempting to care for people. It's not right, it's substandard and it should not be in our names.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

It was a Cancer patient whose immunity was very low because of her treatment. She should have been in a side room. She was very upset and crying. We tried to explain that it wasn't our decision to put her there but the site team. We put screens round her but she was in the path of the staff room and toilet so it was constantly busy. She had to use a toilet in another bay and eat breakfast in the corridor with no privacy. It was 14 hours before she got a bed in a bay instead of a side room. That poor lady eventually passed away. Also we have to do Reverse Boarding where we take one of our patients that may be going home and put them into the corridor to make a bed space for a patient. We find it inhumane and disgusting

In what ways were patient care or safety compromised, in your opinion?

Cluttered corridors present a big health and safety risk because the patient boarding is often confused and disoriented. No dignity or privacy as you are changing an incontinent patient behind screens

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Patient was sick enough to die & was wedged between 2 other patients and at high risk of catastrophic haemorrhage. I raised my concerns with the clinical site practitioner & the patient was moved.

In what ways were patient care or safety compromised, in your opinion?

It was impossible to give the care that was needed to all 3 patients & there was not access to suction to all of the 3 patients.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

It's very risky especially when you are bay watching having a risk of falls patient in the bay making it hard to fully focus on the patient who is on the corridor.

In what ways were patient care or safety compromised, in your opinion?

You will be doing things in a hurry so as to go back to the bay and doing things in a hurry is very risky because you might forget to do something important

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Not enough space for the patient & staff, or privacy for the patient. Noisy. Undignified resulting the anger from the patient.

In what ways were patient care or safety compromised, in your opinion?

Not enough space, privacy, leading to patient frustration & verbal abuse.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

extra bed placed in a bay. no curtain for privacy. no chair, bedside table,

In what ways were patient care or safety compromised, in your opinion?

no dignity as curtain not available.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

I had just discharged a patient who was in an airwave mattress and we had to clean the bed area and order a normal mattress for the new patient. Bed manager was aware but sent a patient up from A&E in a wheelchair. This patient had to sit on the corridor and have his lunch until we got the bed ready for him. I feel this treatment was unjust and the dignity and privacy of the patient was not met.

In what ways were patient care or safety compromised, in your opinion?

This patient is a Cardio patient and should have had an arrest in the corridor it would have been difficult to resuscitate

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

We had to remove a medically fit patient from the bay and sleep them in the ward corridor/nurses station area to accept another patient into their space

In what ways were patient care or safety compromised, in your opinion?

No privacy, dignity, access to oxygen

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

They have created a bed space at the end of the corridor it has curtains but otherwise it is essentially nursing in corridor. This bed space is occupied 90-95% of the time & they also want to do reverse boarding on the ward where patients that identified as for potential discharge are nursed in a chair by the nursing station. The last time I nursed in corridor bed space the patient arriving on the ward was vocally displeased with being nursed in corridor made me embarrassed & apologetic but was beyond my control

In what ways were patient care or safety compromised, in your opinion?

There no working call bell. Dignity of patient is compromised

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

It is very hard to maintain privacy and dignity during care. I had to wheel the trolley to any other part of the department each and every time during personal care or if the patient wanted to use the commode. Sometimes the care will be delayed and patients will stay wet until find out a space or the staff becomes free. It delays care for other patients as well, and that increases the length of discharge from A&E because of delayed continued treatment if the patient is expected to discharge. That will increase the total number of patients in the department. Inadequate staffing levels of HCA cause nurses to do all of the jobs, including personal care and that delays in administering medications.

In what ways were patient care or safety compromised, in your opinion?

Inadequate or improper facilities in that area delays care and treatment.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

No dignity or privacy for the unwell, vulnerable patients in the corridor. There are multiple patients in our ward corridor receiving care, often for days at a time. They have been scared by dementia patients in the corridor shouting or taking their belongings. Very very inappropriate and a definite breach of their Human Rights.

In what ways were patient care or safety compromised, in your opinion?

No privacy for personal care. Increased vulnerability from other confused patients. Lack of dignity. Less care from an overworked and understaffed team.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Impacted on conversations for pt with supportive and palliative care needs, no privacy for patient or their family

In what ways were patient care or safety compromised, in your opinion?

Access to using toileting facilities (bedpans) also very busy department therefore pts not receiving timely medications

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

I worked on a ward and we have a temporary space on the corridor in the ward. We fix many patients there one after the other, it depends on how fast a bed space is available but they usually spend days on the corridor

In what ways were patient care or safety compromised, in your opinion?

There's no oxygen system pace on the corridor, they would tell us that the patients are medically fit for discharge but if there conditions changes we have no life saving measure in place for them. No privacy except we have to get a mobile curtain if we have to do care for them you can imagine how stressful that is with 9 patients to care for.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

No spaces inside the department,

In what ways were patient care or safety compromised, in your opinion?

Unable to change pads, or patients can't use bottles or bedpans. Takes about an extra 5-10 mins to move them to an open bay to complete. No oxygen out there so if there's an emergency you have to run and grab some. No plug sockets for air mattresses

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

15 people were on trolleys in the corridor. We can't do skin checks, bloods, pad changes, using bed pans and bottles. It's very frustrating

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

It was very inappropriate. The patient was unable to walk and wasn't self caring or independent. Therefore the patient would be left soiled or would have to be changed with the shutters which was not enough to provide privacy or dignity for this patient. The patient was also becoming unstable with a low blood pressure and was then requiring IV fluids which once again inappropriate for a corridor. As a team, we all felt sad and frustrated by this.

In what ways were patient care or safety compromised, in your opinion?

Not able to provide privacy and dignity. Had low BP. People were forgetting to do the pts observations due to being in the corridor.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

It is terrible for the pt on the extra space. There is no curtains round the bed for privacy. They are nursed right next to a toilet. No access to a cupboard for their belongings. It also impacts the other pts as because the pt is in front of the toilet it puts that toilet out of action for the other pts. Privacy and dignity is compromised. This obviously impacts staff too with an extra pt and at present we never have the right number of staff for acuity of pts too.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

I deliver inappropriate setting care every shift; with always having super surge patients in my area.

In what ways were patient care or safety compromised, in your opinion?

No emergency equipment to assist if something happened. But a corridor this week opened for the influx of patients, there is no call bell, no oxygen no suction no emergency alarm, it's very worrying.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

There's no privacy and dignity.

In what ways were patient care or safety compromised, in your opinion?

Not enough space or equipment to use. Patients do not like it too. They feel like a burden.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

I work in ED and the corridor is in use around 80% of shifts for a minimum of 4 hours if not the entire shift. A store room has also been converted into an ambulance cohort area for 3 patients, the waiting room is used as an extension of the department!

In what ways were patient care or safety compromised, in your opinion?

Patients in areas with little to no nursing cover

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Too many patients in ED, no available beds. 94 yr old lady left sitting in waiting room for 36 hours as no where else to put her. Immuno- suppressed lady having to sit on floor in a breast feeding room as no where else to isolate her. Caring for patients in corridor, having to move trolley into toilet to provide personal care. Having to ask relatives to stand as not enough room for them to sit with patients. Giving CPR to patient in middle corridor of resus as no bay space. I managed for four and a half years and then just left as department completely overwhelmed. On last shift I triaged over 150 patients in a 12 hour shift, (there was another Sister triaging with me who saw about the same amount of patients) I personally triaged 70 to GP, most saying they couldn't get appointment, one patient stating she came to ED to see her own GP as knew they were doing shifts in department. There was a queue of patients standing waiting at start of shift and also at end of day.

In what ways were patient care or safety compromised, in your opinion?

Lack of privacy, delay in care.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

In what ways were patient care or safety compromised, in your opinion?

Unable to access emergency equipment due patients in areas not designed for patients. Having to wait to deliver personal care to incontinent patients as only one area large enough to accommodate trolleys. Using O2 cylinders in corridors, as although our SOP for corridor care stated that if patient required O2 should not be in corridor, due to large number of unwell patients not always possible. Patients on trolleys for longer than ideal as no room for beds in corridor, or having run out of beds due to outpatient areas having bedded patients using them. Patient had seizure, and not appropriate for boarding, it's not safe

In what ways were patient care or safety compromised, in your opinion?

Not getting enough attention, privacy and care

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Corridor care is a daily occurrence. Walking onto shift we already had 18 patients on the corridor. One had a confirmed NOF been there most of the night and 2 patients on heart monitors. Shocked, sad i am leaving ED and hospital care now. Everyone talks the talk but it is just politics now

In what ways were patient care or safety compromised, in your opinion?

In everyway

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Discharged ITU patient. I work in CCOT went to do a routine follow up. Could not find patient in 'super surge'

In what ways were patient care or safety compromised, in your opinion?

Not observed. Behind screens. No call bell.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

On a daily basis we have patients in corridors. We have 'super surge' on every ward. All of our ward staff are burnt out. It makes me really sad to see elderly patients laying in beds in a corridor. In ED there is now a corridor that is a cut through to Radiology that is now used for 3-4 patients on trollies. I started my training in 1991 and have worked for the NHS in critical care and resuscitation my whole career. I have never seen anything like this and everyday ED gets busier. Everyday the nurses get more stressed. And we are literally running out of any space.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

The situation often becomes normalised. It is not appropriate to have a 20 year old psychotic male next to an 80 year old wo.an who has fallen down the stairs. Physical and mental health gets separated for everyone's safety and an important space for care/privacy gets used to hold a mentally ill individual for up to 5 days due to lack of psychiatric hospital beds. The bed is often not a priority as the patient is considered to be in a safe place. This puts strain on the hospital and staff and leads to care being given in inappropriate places and congestion in corridors.

In what ways were patient care or safety compromised, in your opinion?

Causing anxiety in physical health patients. Causing arguments between physical health and MH staff in front of patients. Lack of RON's to monitor and provide 1-1 risk assessment. Congestion in corridors leads to health and safety risk for all patients. Them and us atmosphere in A+E resulting in MH patients being dehumanised putting them at risk as many will not attend again due to feeling stigmatised.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

I could not examine my patient properly both verbally and physically fully without not violating their privacy

In what ways were patient care or safety compromised, in your opinion?

No full assessment, nonprivacy

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

There was no policy in place for this escalation. Use of ward corridors, to move patient from emergency department to their next ward to free up space in the emergency department, however corridor space is not safe and is undignified. I have seen patient using the bedpan whilst in a corridor bed where patients, visitors and staff can see. The patient in the corridor is not included in safer staffing numbers as it's a temporary measure which has been in use daily for the past year.

In what ways were patient care or safety compromised, in your opinion?

Patient not included in safer staffing numbers, patient does not have call bell, no privacy, there is meant to be criteria for the type of patient able to stay in the corridor but this is ignored by the site team. A patient died in the corridor but wasn't discovered for hours.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

We have had multiple patients unexpectedly deteriorate and arrest in the corridor, patients in agony unable to provide appropriate care, patients unable to be toileted promptly

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

It is frustrating as patient's privacy and dignity are sacrificed, additional workload added to the already burnt out staff, no call bells for patients to use, patient's seemed like boxes chucked in the corner or in the corridor. It's unacceptable! It's even harder as we've been put on this situations that we never choose to do but we have to as Top-level management who do not work in the floor and do not know the reality have made these decisions.

In what ways were patient care or safety compromised, in your opinion?

Dignity of care is sacrificed, patients in the corridor are more vulnerable to risk which could include risk to violence and aggression by mental health or confused patients. Corridor spaces limits movement in the ward especially for an acute medicine setting where inward and outward moves happen and could affect patient safety

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

We had to look after and extra patient in the dayroom, required supervision as patient was on Oxygen

In what ways were patient care or safety compromised, in your opinion?

There wasn't enough staff to be in the dayroom with the patient

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Patients put in corridor of hospital outpatients appointments area. Visitors were trying to walk through at the same time . Hospital beds could not be plugged in to adjust their height . Patient tables were not available. Paperwork was just stacked on a trolley. It feel chaotic. Also it was unnerving for the patients. It was not an area I had booked to work my bank shift in either. So I felt unprepared.

In what ways were patient care or safety compromised, in your opinion?

Lack of appropriate facilities. We had to go out of the corridor to obtain things from A and E to use for our patients which made care much slower.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

On a surgical ward we regularly have to 'flip' bays to change the bay gender. This means moving 4-6 patients all at once at short notice to other bays or wards, often when the new bed spaces aren't ready. Handover is often rushed as it's so rushed and so overwhelmingly all at once. Patients sometimes wait in the corridor blocking side room access.

In what ways were patient care or safety compromised, in your opinion?

No suction unit or oxygen near bed. Cardiac trolley on ward has this but it would be delayed. Also no privacy. Access to other patients restricted due to space limits.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

It was the only space available, I felt sorry for the patient as they did not have privacy and apologised. They seemed surprised how busy it was.

In what ways were patient care or safety compromised, in your opinion?

They did not have the same level of privacy as other patients in allocated bed spaces. If their condition deteriorated they would not be the same equipment such as oxygen or suction as readily available.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

A patient attended outpatients on a stretcher to the fracture clinic. Due to lack of clinic rooms and appropriate space in the department we had to wash, change her and re-dress her wounds in the corridor behind a screen. Along that same corridor porters came to empty the disposal rooms. Patients were booking in for their appointments right next to us the other-side of the screen and nurses bringing patients into the weighing room near to us. My patient had dementia and was shouting as we changed her. Impossible to maintain her privacy and dignity. It just felt so wrong however my colleagues told me this is just normal! This situation should not become normalised!

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

I attend cardiac arrest / peri arrest calls in spaces that are inappropriate for safe care. No O2, suction, space, privacy.

In what ways were patient care or safety compromised, in your opinion?

People have died in the corridors

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

It is frustrating at the time and sometimes scary that the emergency equipment isn't readily accessible at the bedside (as it's not a bed space). I also now spend an increasing amount of time trying to support the nursing staff who are faced with managing the increased workload of extra patients in inappropriate spaces.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

It's frightening for the future, what will hospitals be like in a year or two with the rate that this is increasing. People are already dying in corridors waiting for assessment and being cared for by unregistered staff who may not have the skills and knowledge, or who are unable to get the patients assessed due to the medical staff workload

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

there were no beds as patients that were expected to be discharged were not well enough. The pt spent the night in a reclining chair for treatment rather than a bed. They did have access to a bell and they understood the problem but very uncomfortable and not happy. We just had to deal with an extra patient no alternative.

In what ways were patient care or safety compromised, in your opinion?

dignity privacy, comfort, safety, extra stress

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Creates less space to work in and a hazard with extra equipment as obstacles. Lack of dignity and privacy when doing patient care for that person . Lack of screens.

In what ways were patient care or safety compromised, in your opinion?

Lack of dignity . Equipment causing obstacles

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

I think patient safety and dignity and privacy were compromised. I also believed that my pin is at risk

In what ways were patient care or safety compromised, in your opinion?

There were no oxygen, call bell on the corridor

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Assessing a stroke patient for early scanning and treatment initiation. Patient was moved to a non staffed / non equipped room temporarily to complete assessments.

In what ways were patient care or safety compromised, in your opinion?

Waiting to offload patient into a space available and then moving back into the ambulance. No privacy/dignity. Under staffed ED area

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

I received multiple patients into the corridor and at one point was Brought an infectious patient in the corridor. As NIC I have to deal with multiple complaints from people being moved around multiple escalation are in Bays during the night and then moved to the corridor to make room for SDEC Clinic to run. There is no standard that seems to be met with these patients they could be ao2 Requiring all care and still be in the corridor space. The extra capacity is not staffed and we already run well below numbers.

In what ways were patient care or safety compromised, in your opinion?

There is no extra staffing capacity to attend these patients we already run below numbers on a daily basis and then we are expected to stretch even further to care for patients in corridors. Working on an AMU we have multiple MH patients and high level of violence and aggression incidences mostly in corridors this furthers the risk of other patients being harmed. They are also monitored less due to RNs being stretched.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Before just in the morning, corridors in the ward were empty now it's 24/7 really disheartening

In what ways were patient care or safety compromised, in your opinion?

No privacy, cannot sleep appropriately. If you need fluids to be rate control no plugs, no plugs for bed

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Patient with suspected stroke was placed on a corridor right beside treatment room with all medications. The traffic was constant and patient and his family was distressed. I really don't know what to even say to this people. Why do we need to do this in first world country?

In what ways were patient care or safety compromised, in your opinion?

There is no dignity, call bell or any oxygen or suction supplies. Potentially it could lead to major incident if the patient would have deteriorated. Providing assessments and care on a corridor is appalling.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

We have persistently patient in a corridor, especially in A&E

In what ways were patient care or safety compromised, in your opinion?

They don't have any dignity, no call bells, or even oxygen on the wall, it's delivered from the oxygen cylinder.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

I was the ambulance streaming nurse, SCAS have just implemented their wait 45, therefore they have to come in regardless of space. This means the patients come in undifferentiated into the corridor as there is no space. Within the space of 30min, I had 14 patients offload into the corridor. 2 of which were escalated to resus, one with head trauma and the other with a diastolic of 70.

In what ways were patient care or safety compromised, in your opinion?

As the patients were undifferentiated, the care is compromised as soon as they are offloaded, some patients were not mobile therefore they couldn't make it to the toilet, other patients were on oxygen with no oxygen supply in the corridor, they required cylinder oxygen. Due to th quick succession of patients, it was difficult to keep track of who went where and what their presenting complaint was. This causes great anxiety and massive pressure on the nurse in this position.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

It is horrible experienced not just for patient but for us as well. I felt there is NO DIGNITY AND CONFIDENTIALITY anymore, we treat patients as bed numbers and not a patient or a humsn being.

In what ways were patient care or safety compromised, in your opinion?

We cannot give the full care that a patient needs. I felt that the whole NHS just carex for the numbers, the breaches, the funding but not taking in considerations the staffs and the situations.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Super surge beds on all ward to look after added NHS pressure. Additional pressure on staff and in appropriate areas for patients.

In what ways were patient care or safety compromised, in your opinion?

Additional acuity for staff and stress and pressure. Unsafe high risk of falls and in temporary areas.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

The family of the patient was unhappy about the setting and complained to the care staff. Nothing was done to remedy the situation.

In what ways were patient care or safety compromised, in your opinion?

The patient was not being cared for in the right setting which was unsafe as the facilities were not appropriate in case there was an emergency.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

We constantly have 20 plus patients not in bays dotted around our majors, in corridors, trolleys on top of each other. 2 in 1 bay. 3-4 extra put by the sink in our resus. This is daily day and night. It is awful it is not dignified for the patient. You can't move in the areas. You can't do your job as can't care for however many more patients with no facilities and not being able to move.

In what ways were patient care or safety compromised, in your opinion?

It is a huge fire risk. Nurses are looking after many more patients. No facilities to care for patients. Sinks ect blocked by pts. Fire exits blocked by patients.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

That was a very horrible experience. The bed manager placed a patient on the corridor against potential discharge. Initially we thought that the patient is stable enough to go on the corridor but little did I know, upon doing obs, the patient developed SOB and was having compromised airway. I needed to quickly move the patient in between bays just to access suction. This corridor care has been going on for sometime now and I am deeply disappointed. This is inhumane to be honest

In what ways were patient care or safety compromised, in your opinion?

Airway, dignity and total quality care

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Nurses from other teams were pulled from their own work (some of them on busy wards and leaving their own areas understaffed to spread the risk to patients, others in specialist teams such as dementia unable to attend their also significant workload in support of staff

In what ways were patient care or safety compromised, in your opinion?

Unable to give attention to detail – constant interruptions and reassurances needed whilst also trying to provide care interventions

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Most time the patients allocated to these areas are not suitable for the the space due to medical requirements and personal care needed.

In what ways were patient care or safety compromised, in your opinion?

The safety of the patient was not a deem as a priority

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Patient had a cardiac arrest in corridor

In what ways were patient care or safety compromised, in your opinion?

Lack of staff for extra Patients

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Patients are incontinent and no privacy to change them

In what ways were patient care or safety compromised, in your opinion?

Infective Patients put in corridor.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Patients who are immunocommised have been put in a corridor

In what ways were patient care or safety compromised, in your opinion?

Immunocompromised patient put in corridor

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Patients has been a TB contact and put in corridor

In what ways were patient care or safety compromised, in your opinion?

Lack of dignity and respect for incontinent all care patients

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

A lady who was 91 years with pneumonia who was confused was nursed in an open corridor with people passing. The lady became more confused because of disruption. The family were really upset. It put added stress to the shift as I agreed with the family and didn't feel that this was the best place for her recovery. It was a difficult situation as A and E was full and it was important ambulances were free to attend emergency. On the positive at least the lady was with us on the ward and we went out of our way to make this a positive situation. The lady was due to take a cubicle but a person with flu was also sent to the ward so they took the bed. The nurse in charge had to think if anyone could move who was more suitable an exchange. To be fair our people were really unwell it was difficult to see who could be moved. Honestly sending a New Year wish for another ward to be created. Hospital has space and beds due to the recent move of A and E. It's just a money issue.

In what ways were patient care or safety compromised, in your opinion?

The person became more confused looking for her bedroom. The person had dementia. Everybody was passing by and she was expected to sleep on a bed in the corridor overnight.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

No beds in hospital and needed to swap cardiac patient with a recovered cardiac patient waiting for ASC help. Whilst waiting was sat in a day room then had a near syncopal episode whilst staff popped to get him a drink.

In what ways were patient care or safety compromised, in your opinion?

No staff observing, no beds only a chair limited monitoring and ward also short staffed

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Bed at the end of the unit is now a permanent bed. But it's where we store our equipment. Means we don't have the correct nursing ratio. There bed space is small, cranky. It's hard to care for someone with out room.

In what ways were patient care or safety compromised, in your opinion?

Nursing ratios meaning not providing best care. Rushed, not doing the best job I can. Leaving feeling guilty haven't been the best nurse possible

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Boarded patients – between beds in bays leave little room for privacy and dignity- Often they do not have a chair to sit out at or an appropriate bed table or locker. At times due to lack of space these people cannot be hoisted out so remain bed ridden which impacts on their ongoing ability to mobilise and we have seen patients who have had this experience become bed bound- this is criminal.

In what ways were patient care or safety compromised, in your opinion?

As mentioned – no room for proper therapy input- hoisting at times cannot be done due to lack of space and families feel that we are simply sticking their relatives between beds and not caring. I have even found a person living with dementia and dying boarded. I did manage to get this one moved though.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

We had 30 ambulance patients being nursed in the corridor

In what ways were patient care or safety compromised, in your opinion?

Delays in treatments and medication due to high volume of pts

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

We had patients in the corridor for the whole 12 hour shift with some patient having spent over 16 hours receiving care in the main hospital corridor (outside of ED footprint) without access to emergency equipment and with limited space to perform and meet patients personal care needs. It is impossible to maintain a patients privacy and dignity in these areas and means more manual handling for staff having to move patients in and out of the corridor for assessments etc, unwell patients requiring additional monitoring are kept in inappropriate areas and we are unable to provide safe care.

In what ways were patient care or safety compromised, in your opinion?

No suitable monitoring e.g. cardiac monitors

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

It leaves me feeling like I have failed my patients and is making me consider leaving nursing as the emotional toll is getting too much.

In what ways were patient care or safety compromised, in your opinion?

Not enough obs machines No suitable areas to provide personal care. No dignity for patients

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

In the emergency department I work, corridor care has been normalised since 2016. We have been making incident reports for this issue every day due many concerns. Some of them listed below:

- Patient safety (No oxygen available on the corridor walls, having to use O2 cylinders and many times staff have not recognised that the cylinders have finished due to extremely busy shift, with patients desaturating. Majors ratio is 1:5 but in the corridor it can be 1:20. Significant delays in ambulance hand overs, investigations and treatments due to lack of space)
- Unable to maintain patient dignity and confidentiality (unable to separate patients in the corridor and due to lack of space many times patients end up being soiled as they have to wait for the toileting cubicle to free up and someone to move them there in order to be toileted (eg commode/bedpan/urinal)
- Fire safety (Corridor trolleys stacked blocking doors and emergency exits)
- Staff stressed and overwhelmed due to working conditions having quite their job, or going off sick.
- Nursing staff have to push patient trolleys constantly in order to move patients from assessment cubicles to corridor and from corridor to 1 single cubicle used for 30 patients when they need toileting. The nature of the profession has changed due to the overcrowding, with nurses in EDs also working as porters and push heavy trolleys up and down the corridors on every shift.- Pressure ulcers : due to lack of corridor space patients can only be treated on trolleys therefore they are unable to be placed on air relieving mattress and they are more likely to get pressure ulcers on admission or worsened their pre existing ones.
- Trolleys blocking majors cubicles and staff are unable to make urgent interventions (eg start CPR or prevent a fall) on patients as they have to first move a trolley out of the way before getting to the cubicle.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Regularly cared for patients in ED corridor. sometimes up to 40 patients between 3 nurses. Patients have nowhere to use the toilet, trolleys are side by side so they are stuck in, sometimes staying up to two days. Medications get missed, people are posed to serious harm as soon as they walk into our ED department.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Unable to provide privacy/help to patients while they are lined up in a corridor, not meeting good quality delivery of care

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Patient was not happy,care was inappropriate

In what ways were patient care or safety compromised, in your opinion?

No privacy,no emergency equipment on the corridor

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Regularly have 25+ patients in a corridor with no privacy or dignity to be examined or have personal care. This inflicts horrendous moral injury in all staff who work in this environment.

In what ways were patient care or safety compromised, in your opinion?

No privacy or dignity, inadequate nurses and HCAs to care for and monitor the patients, patients not able to have regular personal care, pressure area care, nutrition/hydration or mobilisation.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

This has now become Business as usual. We deliver corridor care 24/7. We have had to create a process in order to maintain safety and we have put extra shifts out every day and night above our budget.

In what ways were patient care or safety compromised, in your opinion?

Patient safety is hard to maintain as we are receiving very unwell patients in a corridor. Its very hard to assess a patient correctly in a corridor and it is very undignified and lacks confidentiality. We have had up to 35 patients at one time in a corridor with only 4 nurses to look after them. Many patients are on O2 or could be c spine immobilised or with high news scores. It is impossible to provide good care in a corridor. patients can be incontinent and vomiting in front of lots of people.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

The nursing staff are very unhappy with this we strive to maintain safety but it is impossible to maintain dignity and respect. We are delivering poor quality care and it is demoralising and exhausting.

In what ways were patient care or safety compromised, in your opinion?

it can be really bad and its embarrassing and demoralising

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

In the corridor we can have up to 56 patients, beds touching beds. With only one cubicle available to move corridor patients into to toilet patients, provide care privately, conduct examinations and procedures. Due to the age and mobility status of a lot of the patients we have in our care, a lot of the time we are unable to assist patients with toileting within an appropriate due to the toileting/ assessment cubicle being used by another patient. Therefore, the patient unfortunately soils themselves.

In what ways were patient care or safety compromised, in your opinion?

Patients are incontinent due to lack of space to assist with personal care

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

The corridor beds also impact other areas of the department as the beds block access to high acuity patients in cubicles.

In what ways were patient care or safety compromised, in your opinion?

Patients beds are blocking high acuity cubicles, therefore if the patients in a cubicle have a cardiac arrest it takes longer to be able to get to the patients due to needing to move corridor beds.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Corridor nursing is tiring, exhausting and soul destroying. It is not nursing. The corridor nurses have a minimum of 10 patients each allocated. The co-ordinator is expected to know all of the patients in the corridor, plus have a patient load if the numbers exceed 30 patients in the corridor (which it often does).

In what ways were patient care or safety compromised, in your opinion?

Lack of medical supplying in the corridor- no wall suction, no wall oxygen therefore patients oxygen cylinders can run out but due to the number of people in the corridor and lack of nurses, it can be some time before this is noticed

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Very often have to care for patients in the corridor, give patients treatments in the corridor

In what ways were patient care or safety compromised, in your opinion?

Patient has no dignity and risk of falls

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

The department had exceeded its capacity but patients kept coming in, most of whom were unwell. I had a patient with a fast AF sit on the corridor in a chair with her husband standing beside her. She was in obvious pain. She needed medications but could not be administered without a cardiac monitor. I had to take another elderly lady out of her cubicle to a corridor, in order to administer treatment on this lady with a fast AF in chest pain. I went home feeling frustrated if the job I do. I wasn't happy with the quality of care, neither were the patients

In what ways were patient care or safety compromised, in your opinion?

First of all, receiving care on the corridor is not dignifying for the patient. Their privacy and confidentiality will definitely be compromised. Secondly, it's impossible to provide total nursing care on the corridor, patients will definitely be deprived of some basic care needs. Lastly, delay in treatment which could negatively affect outcome of care. For instance, the lady with chest pain who had to sit on the chair for almost an hour before a space could be provided for her at the expense of another patient.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Caring for 39 patients in a Corridor. Also, performing an ECG in a cupboard and taking bloods from a Neuropaenic patient in a relatives, non-clinical room. Physically difficult caring for patients in a corridor as every examination, toileting, scanning, undressing, changing, the patient needs to be moved on a trolley, so it hurts your knees, back and shoulder by the end of the shift. There is no or very little privacy when Clinician is taking a history, patients are having IV's, oral medication and in one instance blood transfusion...in a corridor. It's cold, especially when the ambulance doors open and a gush of wind shoots up the corridor, the lights are on full, it's noisy and there is no space to accommodate family/visitors. Also, patients cannot be placed onto cardiac monitors

In what ways were patient care or safety compromised, in your opinion?

no piped oxygen, no wall mounted suction, no space for a bed, only a trolley, so pressure area risk, loud, bright without visitors, no tables, no lockers

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

We had nearly 32 patients in the corridors. It's frustrating giving poor care to patients. Also lot of them they cut be sorted true the GP.

In what ways were patient care or safety compromised, in your opinion?

To many patients for the staff members, unable to see all patients. Junior staff It feels unsafe. One day we will have a major incident. Patient safety not adequate , fire policy breach..Drugs administration and security

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Patients are been cared for in tight spaces. Dignity compromised and safety.

In what ways were patient care or safety compromised, in your opinion?

Patient had minimum space to move around.. Environment was tightly packed. Temporary screns not appropriate as they were very shory . Bedside safety such as O2 not enough for bed space.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Giving care in a space like the corridor in an A&E is very detrimental to the patient and we the care providers as we are not able to give a wholistic care . In certain situations it worsens the patients comdition as well .

In what ways were patient care or safety compromised, in your opinion?

Less privacy , very noisy environment and increased level of anxiety I wish I could provide quality care in an appropriate settings and save lives .

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Lack of privacy and dignity, increased pressure on staff. Spaces appear to no longer be temporary and are constantly in use

In what ways were patient care or safety compromised, in your opinion?

Additional responsibilities for already over stretched staff, risk of notes etc getting lost

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Patients in corridor is a daily issue in our A&E department, with an average of 30 patients at all times. This has been normalised by our employer with managers coming down and saying things like it doesn't look too bad here today while there are still patients in the corridor.

In what ways were patient care or safety compromised, in your opinion?

Delayed observations, medication, loss of notes, no space for personal care or repositioning, lack of privacy...

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

It makes me upset and angry to have to deliver care in the corridor, it's undignified and extremely dangerous for patients, puts an extreme amount of pressure on our staff and the impact is massive. We have had cardiac arrests in the corridor or in cubicles blocked by patients on trolleys in front of them, delaying life saving CPR. Despite these NEVER EVENTS, we still are obliged to deliver care in the corridor.

In what ways were patient care or safety compromised, in your opinion?

And we have had cardiac arrests and deaths in the corridor.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

When doing exit interviews, everyone puts the corridor and its impact as the main reason for leaving.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

You don't have access to sink, gloves, need to talk to patient on corridor, asses them, there is no privacy, they can hear my conversation BZ they are just behind nursing station

In what ways were patient care or safety compromised, in your opinion?

They could be hit by another trolley, no privacy and dignity

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Delivering medical care to a patient in a corridor poses significant risks, both to the patient and the healthcare providers. Corridors are not designed to serve as clinical spaces, and the lack of proper facilities and privacy can lead to compromised care and adverse outcomes. One of the most critical dangers is the increased risk of infection. Corridors are high-traffic areas where numerous people pass through, including staff, visitors, and other patients. This environment increases the likelihood of contamination, putting already vulnerable patients at a higher risk of developing hospital-acquired infections. Privacy and confidentiality are also compromised in corridors. Sensitive conversations about diagnoses, treatments, or personal medical histories cannot occur securely in such open spaces. Moreover, corridors lack the essential equipment and monitoring tools required for adequate medical care. In emergencies or for patients requiring constant observation, the absence of these resources can delay critical interventions, leading to potentially life-threatening situations. Lastly, healthcare providers face additional challenges when treating patients in corridors. These include difficulties in maintaining focus, navigating crowded spaces, and managing multiple tasks effectively. Such conditions can contribute to errors, burnout, and a decline in the quality of care provided. In conclusion, providing medical care in a corridor is far from ideal and should be avoided whenever possible. Hospitals and healthcare systems must prioritize creating adequate space and resources to ensure that all patients receive the dignified and safe care they deserve.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

It caused moral injury to myself and provided no privacy or dignity to the patients

In what ways were patient care or safety compromised, in your opinion?

Lack of equipment, lack of staff. Flu and norovirus patients sometimes being in the same A&E corridor space/areas as vulnerable areas. Delayed monitoring of other patients post procedure ie. Nerve blocks. Poor patient care Poor dignity, long times spent in Ed . Too many medically optimised patients staying too long

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Poor patient care, stretched staff. Lack of resources. Management who care more about numbers than patients

In what ways were patient care or safety compromised, in your opinion?

Simple things like toileting or changing a pt were unable to happen in the corridor. Acutely unwell patients can easily deteriorate in corridor were no equipment I.e. oxygen, monitoring, emergency call bells

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Patients cannot always have their privacy protected and having personal care in the corridor is not appropriate

In what ways were patient care or safety compromised, in your opinion?

Privacy and dignity

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Delivering Care in corridor, settling patients down for the night. Noisy as corridor is by 2 very busy and Acute areas. Felt that care was comprised no dignity or confidentiality when chatting to patients about diagnosis or care needs. Slamming doors and people shouting loudly. Due to acuity and level of attendances increases pressure on space in corridor even when at capacity

In what ways were patient care or safety compromised, in your opinion?

Level of care needs and acuity, volume of patients, lack of staffing

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

We are constantly delivering care in A&E corridors . I feel sorry for the patients and their families as I struggle to give safe patient care in these areas . Due to lack of privacy etc . I have had very unwell patients I've had to treat in a corridor as there is no other space eg sepsis, high news, poor MH etc

In what ways were patient care or safety compromised, in your opinion?

Lack of privacy and dignity Lack of equipment Lack of space to do jobs / start treatment etc

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Superseded bed in the atrium/communal area. Open space. No rest for the patient. Cold, noisy and inappropriate lighting. Patient getting isolated, anxious and upset. Not enough staff to care for the patient. No dignity as we couldn't board off the area properly for personal care etc. Embarrassing. For the Christmas week we have been told to prepare 3 beds in this space. Earlier this year we had 4 beds there.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Had to make extra capacity in resus for a ruptured ectopic. No cubicles available for us to decent a patient into so we had a patient with a large open head wound with pressure dressing and TXA infusion running sitting in the middle of resus, blocking some resus bays and with restricted monitoring

In what ways were patient care or safety compromised, in your opinion?

No oxygen available on the wall. No dignity for the patient in the extra space. Had to climb over a trolley to teach a reason level patient

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Looking after multiple A&E patients in the corridor as no cubicle space. No privacy or dignity to provide personal care. No adequate monitoring of the sick. Patients were cold and exposed

In what ways were patient care or safety compromised, in your opinion?

No appropriate monitoring for conditions. No privacy or dignity for personal care or toileting. Patients were left cold and exposed

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

In corridor we are struggling to give personal care and last time I was forced to use a screen in the corridor for personal care

In what ways were patient care or safety compromised, in your opinion?

Lack of space for personal care and long waiting time can lead to developing pressure sore and skin damage

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

It was a manic shift and the transfer team kept bringing patients up from ED and just leaving them in the corridor. This happened all shift.

In what ways were patient care or safety compromised, in your opinion?

One patient had a seizure. Another needed the toilet but was bed bound. No dignity. One was sick.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Multiple patients lined up in corridors is unsafe and undignified in itself, however it also provides additional hurdles such as unsafe or additional manual handling as you need to move patients out of the way to get to the next, or to a cupboard behind them. Notes are very difficult to find, and so are the patients themselves as despite a numbered trolley, there is often no order to their location in the corridors. This causes delays to care and medication.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Overall it is a recipe for disaster and takes a toll on staff morale as you almost have to put up a wall against what you're seeing as none of us went into the profession to provide inadequate care. I usually work in a ward. I was pulled out to work in the A and E because patients were piling up in the corridor. I had to observations, bloods and medications on the corridor which was quite difficult and unsafe. Patients did not have proper space. They were moved from the place whenever someone goes forward. Identifying the right patient was an absolute pain. I had to start looking for each patient's wrist band. I recall coming into work to find 30 people in the corridor (a usual number for us) I had 4 people crying that they needed to use a bed pan and numerous older patients sitting in soiled blankets. This was because for 30+ patients we only had 1 cubicle where people could be examined or toileted. This was the first time I've cried on a shift because of being unable to deliver the care people deserve.

In what ways were patient care or safety compromised, in your opinion?

Unable to safely assess people. Limited amount of monitors for patients. Burn out of staff leading to lack of staff. Increased pressure damage for bed bound patients. The list is endless

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Corridor nursing is a daily occurrence in my department. So much so that we have put in safety measures with call bells and a crash trolley in the corridor. We have to use the relatives room and the bereavement room to do personal care and ECGs in which is not what these rooms are designed for. Patient confidentiality is lost and it is noisy and busy. We do our best to maintain safety and have systems in place but it is a daily occurrence and not ideal for the patients or the nurses who feel they are giving poor care due to the area that we have to nurse patients in.

In what ways were patient care or safety compromised, in your opinion?

Safety measures have been put in place however we have had to put call bells and a crash trolley now in the corridor as it is a daily occurrence of multiple patients in the corridor. Patients can deteriorate when you cannot see them when lined up in the corridor and the nurses are busy looking after new patients coming in.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Too many patients attending, ambulance having to take priority to pin off (to look good for numbers) patient piled in the corridor in any available space left, including standing space. Mentally exhausted, anxiety over being able to care for the number of patients to 1 staff member, no support from HCA as staff shortage. Ended up leaving department due to overwhelming anxiety and fear of patients dying as physically unable to safely care for them.

In what ways were patient care or safety compromised, in your opinion?

To many patient with no enough staff to be able to manage patient acuity safely. Lack of equipment to monitor patient safely

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

It's horrendous. Totally undignified for the patient and is so hard to explain to them the reasons why we have to do it. I genuinely cannot think of anything worse than having a patient cared for in a corridor of 50 other patients

In what ways were patient care or safety compromised, in your opinion?

Patients don't have access to equipment such as suitable oxygen supply, cardiac monitors, and safe nurse:patient ratio

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Helping patients with toileting, where there are no toilets nearby. This entails finding a side room like the viewing room or using a space outside the ultrasound room to allow the patient to use a commode or bottle. This can impact when the patient cannot walk and I have to push them on the trolley which is hard on my already painful back. It makes it unpleasant for me and the patient. Having to source appropriate PPE and personal care items such as a bedpan, wipes, pads.

In what ways were patient care or safety compromised, in your opinion?

Taking them into side rooms where there are no call bells or crash bells, also risk of being too far away from other staff to chaperone, witness or assist. Less dignity and privacy for the patient.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Was in an ED. Bays were full and no spaces available. Patients were kept on the corridor. I wouldn't say it was safe. Because we had to move around everytime some one was being moved. It was rather stressful and extra care had to be taken as the numbering on the spaces were easy to mix and miss. I am not sure whose fault it is. But I think it can be helped.

In what ways were patient care or safety compromised, in your opinion?

Moving patients about and not being able to see all the patients at once was a big risk considering the high potentiality to fall. Also. Patients had to be wheeled to other place to change their dressings and clothes as that could not be done on the corridor.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

I feel like I'm not able to meet needs of patients moving patients in and out of cubicles to give personal care and no privacy to sleep it's horrible

In what ways were patient care or safety compromised, in your opinion?

Not enough staff, on canister o2 instead of mains risk of running out

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

It is very draining and unprofessional. There is no privacy or dignity being maintained for the patients and we as nurses are overwhelmed mentally and physically

In what ways were patient care or safety compromised, in your opinion?

No privacy, trolly being moved every minute

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

It is not easy and safe because in the corridor there is no privacy for the patient when we do personal care such as changing of pads or doing ECG and doctor examining the patient.

In what ways were patient care or safety compromised, in your opinion?

when we received very sick patient or patient who have seizure there is no oxygen or suction unlike in the bedside we can use easily.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Random people was listening in to my patients and my conversation about their personal needs and issues then proceed to interrupt the conversation asking questions I tried to divert the questions and as if they wanted the conversation elsewhere but unsure I'd be able to get the answers intime for their care on the ward

In what ways were patient care or safety compromised, in your opinion?

The patients details data protection Their personal private needs Their care which is personal and the patient was very embarrassed

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

I am a CNS who visited a patient in a corridor. Their care plan was not followed and needs were not being met. Nurses were stretched where patients are not always in view depending on how far they are up the corridor.

In what ways were patient care or safety compromised, in your opinion?

Patient at risk of deteriorating as unable to communicate or draw nurse attention. Patient requiring oxygen on small cannister of O2 as bot in bed space with plumbed oxygen. Nurses too stretched to give adequate care to number of patients in care. It's now normalised to work in unsafe conditions. Patients are at risk, patients at risk of unsafe practice due to environment and not able to provide care in a way in which we trained. Another patient was in a bay designed for 4 patients. There were a +1 becoming the 5th patient with no access to a call bell, table or curtain for privacy.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Daily – no curtains – so no privacy and dignity, these patients are not independent. They have pads that need changing, bed baths etc. They do not have call bells, no oxygen, no suction. One room has no windows. We are forever apologising, risk assessing trying to find the safest patient – of which there are none – if they were they wouldn't be in hospital!

In what ways were patient care or safety compromised, in your opinion?

Nil oxygen Nil suction Nil curtains Nil windows No emergency bell No patient call bells We do not have adequate staffing for what has been agreed as our establishment, let alone 3 additional patients on our ward everyday.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Patient was brought up in the middle of a bay, patient was incontinent, bed bound and on oxygen using a tank. The patient had an episode of loose stools and needed to be changed, we had no spare dividers as we had two extra upbeds using them. We had to temporarily move one patient from their bed space and put the extra patient there to change them. This is not the care I would like to provide I was upset, the extra patient was distressed and the patient being moved out of there space was very upset

In what ways were patient care or safety compromised, in your opinion?

In every way possible

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Have to have extra patient in the middle of bay requiring O2 and pad changing

In what ways were patient care or safety compromised, in your opinion?

Dignity and safety. Have to swap with other patients. However, other patient not happy

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

We deliver corridor care daily. It means patients have to have conversations with clinicians in the corridor. We have to move patients into our bereavement room to toilet them, sometimes we are too late! Delay happens in ECGs, bloods. We have moved our emergency trollies and suction out into the corridor but it feels unsafe

In what ways were patient care or safety compromised, in your opinion?

It's difficult to get things done in a timely manner, ECGs, bloods full examination. Using oxygen cylinders instead of piped oxygen which can run out, we need to keep a close eye on this.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Can't fully assess patients for physical examinations or history taking as it's not confidential. Long waits for medications and treatments too

In what ways were patient care or safety compromised, in your opinion?

Unable to monitor patients properly. No toileting facilities. Delays in administering IVs and treatments as no pumps/drip stands. No plugs for nebulisers etc

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

I feel like the patient being cared for in an extra space in the ward does not get the full care that is required. The patient does not have curtains, we only use covers to provide privacy and this is not ideal

In what ways were patient care or safety compromised, in your opinion?

Not adequate privacy and dignity

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Multiple patients lined up in a corridor awaiting cubicles. Their trolley's are touching, during a flu/norovirus outbreak (it is wrong anyway but especially during these outbreaks). One patient vomited in the corridor but also vomited on another patient because they were so close together. I was absolutely heartbroken for both of these patients, it upset me and a few members of staff, initially you feel responsible but actually it highlighted the failures in our system. For the patients in our a&e on a daily basis this kind of situation happens, we are often over crowded to the point trolleys are touching. They experience lack of dignity, confidentiality and delays in care.

In what ways were patient care or safety compromised, in your opinion?

Delays in toileting because some elderly patients who may not be able to transfer to wheelchair and sit on a toilet/commode. We need somewhere private for them to have a bed pan or do regular pad checks. We have 1 cubicle space that it for corridor assessment and toileting – but is often busy so delays in toileting resulting in people laying in their own urine/faeces. With numbers rising in our corridors sometimes 40 patients to 2-3 nurses, these pts are experiencing delays in medications, delays in investigations and personal care – resulting in harm to patients. PTS are often lost in the corridor mayhem, it is hard to keep up with workload due to the amount of patients so patients are often left in pain, awaiting treatment and deteriorating due to delays in treatment and observations.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

It is not dignified, private, caring or appropriate for patients. I worry endlessly about safely. We have congestion as we are in the corridor and so patients are travelling through our makeshift ward. We can not easily lay eyes on all patients. I am sure that vulnerable patients feel scared and cold. Assessments are hurried and sometime occur by the bedside. As a nurse my role is do provide care and it literally feels like we treat patients as a series of tasks due to the inappropriate setting. It breaks my heart. And it has been fairly continuous throughout the year. Imagine it was your family member.

In what ways were patient care or safety compromised, in your opinion?

Difficult to see all patients, long distances, no or limited monitoring, undignified, toilets in main department. Moved into viewing room for ECGs and pad changes. A fine balance of who is most deserving of the cubicle spaces that become available.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

We deliver care on every shift in the corridor as the volume of patients our hospital receives is extreme . It made me feel unable to provide quality care to my patients , got stressed and worried of making mistakes , questioned whether it is safe or not , felt unsupported and left alone to cope . It makes me wanna change my job which I love .

In what ways were patient care or safety compromised, in your opinion?

Having patients in corridors with no heating on raises complaints and risks of hypothermia .Having patients in corridors requiring oxygen without monitoring raises the risk of hypoxia without noticing immediately . Having bed bound patients in the corridor requiring personal care minimises dignity and privacy . Having patients in the corridor stresses staffing as in a case of emergency all resuscitation efforts will have to be maximised to the fullest .

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

We had a full capacity patient who was placed in the corridor

In what ways were patient care or safety compromised, in your opinion?

High risk of fall

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

It was quite exhausting providing care to patient in that state and patient lacked privacy

In what ways were patient care or safety compromised, in your opinion?

No privacy and dignity

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Emergency Department was escalated as no beds in the hospital and a high volume of patients. Had to open corridor almost everyday to accommodate more patients. This always impact us, the staffs, negatively as no staffs /poor skill mix. Also not at all a good experience for a patient to be cared in a corridor area

In what ways were patient care or safety compromised, in your opinion?

No dignity No privacy No staff Patient had loose stools and had to go to the toilet often

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

We are constantly boarding two patients in the corridor on the ward. Sometimes this can be for over a day. The patients can't sleep as the corridor lights are on. It limits accessibility for staff and visitors moving around the ward. Bed have to be moved into the doctors office for personal care to be carried out and then moved back into the corridor. There is no dignity for the patients.

In what ways were patient care or safety compromised, in your opinion?

No dignity Unsafe – no access to suction or oxygen. No curtains for privacy. Care given in public

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Daily impact on elective list cancellation for cardiac catheterization procedures, Electrophysiology studies/ablation procedures and for device implementation/revision procedures.

In what ways were patient care or safety compromised, in your opinion?

Recurrent cancellation has lead to unexpected death of a patient requiring Internal cardiac defibrillator device. Recurrent cancellations to coronary intervention patients, reduced quality of care. Concerns regarding manual handling due to space layout. Concerns regarding crash calls of cardiac arrest takes place in such setting. Isolated area. In appropriate setting to carry out patient care – corridor.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Shift in A&E, cared for over 20 patients in the corridor. No privacy, difficult to toilet patients, unsafe as unable to get to patients quickly in an emergency.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

It's a daily occurrence.

In what ways were patient care or safety compromised, in your opinion?

No call bells, no beds, just trolleys!

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

It's soul destroying for staff, and degrading for patients.

In what ways were patient care or safety compromised, in your opinion?

Pressure area care is compromised.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

The lack of privacy and dignity for patients is disgusting. And it is embarrassing and shameful. Often they aren't even on beds as there are none available so they are on trollies or on chairs for hours, even days. I am on the verge of quitting the nhs

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Delivering care in a corridor is hard as privacy is really at stake. I work in A&E and doing corridor care is not an easy job, especially when ambulances keep on coming and only few nurses are allocated in the corridor. Patients are often disappointed staying in the corridor for a whole day which is understandable as who wants to be treated in a corridor and not in a private cubicle? Doing it daily sometimes causes burn out as frustrations come out and feeling unaccomplished sets in. Luckily, We do have a system in placed as this keeps happening in our trust. Still, being a nurse that delivers care in the corridor, I still feel frustrated at times, not just for me but also for all patient I took care of.

In what ways were patient care or safety compromised, in your opinion?

In my opinion, sometimes, when patient arrives with new oxygen requirement and we only have the corridor, it sometimes brings risk as the patient may deteriorate anytime given the situation. Sometimes, pre-alert patient also waits in the corridor but triaging has been done and they are fit to stay where they are.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Queue of inappropriate patients arrived by ambulance. Strokes, New brain abscess, NOF's, Delirium, Flu, RSV, MI's amongst them. Unable to deliver basic nursing care adequately with privacy and dignity No emergency calls bells Oxygen Notes getting lost – numerous times

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Increased ED winter pressures

In what ways were patient care or safety compromised, in your opinion?

Too many patients. Not enough staff. Staff to patient ratio inappropriate

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Ambulance crews have been told to leave patients in corridors/anywhere within a&e if they've waited more than 45 minutes. This allows them to go and attend Cat 2 calls but also means added pressure on staff to care for patients in unsafe environments – not taking into account patient's privacy and dignity if they need personal care or even nursing interventions such as if a patient needs oxygen and they aren't allocated a space where oxygen is readily available

In what ways were patient care or safety compromised, in your opinion?

Increased workload, patients not being given the time/care they need, time critical medications being missed, depletion in staff's mental and physical health which in turn leads to poor patient care

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

I was asked to care for 8 patients in a corridor and when I questioned the safety measures put in place I was reported for insubordination

In what ways were patient care or safety compromised, in your opinion?

Patients were at risk for falls, some already had a fall and corridors do not have oxygen, privacy

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

I nurse in A&E, we have up to 14 patients being nursed in a corridor. Some of these patients are elderly and frail, having toileting needs and confusion. The trolleys block emergency access to RESUS and fire escapes. It is undignified and dangerous.

In what ways were patient care or safety compromised, in your opinion?

No privacy. No dignity. No emergency access to RESUS and no emergency escape for patients or staff in the event of a fire.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

We are caring for nearly 50 patients in a corridor at the minute with only 2/3 nurses and 1 hca. This is dangerous. Some of these patients are on oxygen. Having nebs, on cardiac monitors in the corridor! We have spaces we put more unwell patients in the corridor! We have had patients 2 days in the corridor and some of these frail patients! There is only 2 toilets and 1 bay to change/examine patients. They are in front of our bags where our resus step down patients are however we can't get to them due to the corridor patients in the way. This is extremely dangerous. It is only due to the nurses experience, teamwork and sometimes luck that nothing bad happens!

In what ways were patient care or safety compromised, in your opinion?

Unable to give any appropriate care, unable to examine them effectively. Observations aren't done as often as they should. Treatment not given as promptly

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

I was shocked at the beginning. As my patient wanted a commode, I didn't know how to do that safely while maintaining patients privacy and dignity.

In what ways were patient care or safety compromised, in your opinion?

Patients privacy was not protected as it should be There was no space for a bed table for the patient to keep her cup of water, so she held it in her hand. So undignified for the patient. She was there for more than couple of hours.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Thank you for your thoughtful question. when I had to deliver care in a non-traditional setting Although I was able to provide assistance, it was challenging because the environment lacked essential resources and facilities. The experience had a significant impact on me, highlighting the importance of adaptability and resourcefulness in healthcare. It also emphasized the need for support.

In what ways were patient care or safety compromised, in your opinion?

couldn't ignore the emotional toll on both myself and my patients. The atmosphere was tense, filled with fear and uncertainty. I felt that my ability to provide compassionate care was hindered by the stress of the environment. Conversely, I noticed how anxious patients were, which sometimes made it difficult for them to communicate their needs clearly I believe this experience taught me valuable lessons about compassion and the human spirit's resilience.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

I reviewed a patient in the corridor of ED ambulance line. I could not perform a physical examination due to respecting patients dignity.

In what ways were patient care or safety compromised, in your opinion?

Unable to perform adequate assessments on patients when they're waiting in corridors to be seen.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

A patient requiring equipment not available in a corridor, meaning that I had to keep an observation machine in the corridor attached to the patient. From a health and safety perspective this was inappropriate as I was obstructing a corridor, but from my moral and ethical perspective I felt terrible for the patient. I kept reassuring them that they'd not been forgotten about and did what I could, but it felt very unsafe and I'd be upset if this person was my family member.

In what ways were patient care or safety compromised, in your opinion?

Unable to immediately obtain equipment such as cardiac monitoring or oxygen if it was required. O2 tanks are available but don't last long if high flow O2 is needed.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Morally distressing for me, impact on patient safety and outcomes, poor patient experience

In what ways were patient care or safety compromised, in your opinion?

Not enough staff, incorrect setting

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Patients being moved to corridor in ward so no longer in corridor in ED

In what ways were patient care or safety compromised, in your opinion?

No monitoring / oxygen

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Utilising usually non clinical nursing staff to provide care without appropriate back to the floor training

In what ways were patient care or safety compromised, in your opinion?

This care is not safe but sadly is being recognised as normal

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

I would not want my relative cared for in emergency care at my trust

In what ways were patient care or safety compromised, in your opinion?

Pressure on ED staff unacceptable Drive to meet targets crazy and impacting on care The room has no windows no call bell No hygiene facilities, for us / patient

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

There was no privacy and dignity for the patient which was so sad. The corridor was noisy and patient could not sleep and was very confused. Poor screens for patient's privacy during pad change and washes. I had to take on the extra patient with not even an ounce of empathy from the manager despite the ward being severely short staffed. Instead, the manager carried on with her staff meeting further taking away the little staff that were present. Racism raised its ugly head as the black nurses took on the extra patient load and when family came to visit, they were not shy in venting their frustration about the inadequacies to the Black staff. We did not cause the patient to be in the corridor! I had no break during the shift.

In what ways were patient care or safety compromised, in your opinion?

No privacy and dignity for patient in corridor. Worsening confusion for patient in the corridor especially for elderly patients

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

No oxygen or suction in the room, no call bells for patients, no curtains for privacy between bedspaces, one toilet for 9 patients mixed sex patients. No medicine cabinet.

In what ways were patient care or safety compromised, in your opinion?

Unsafe escalation area, without proper equipment and poor staffing

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Patient's privacy is compromised, especially on elderly patients who need regular changing of pads. Patients are more stressed knowing that they are in a corridor rather than a cubicle or a room.

In what ways were patient care or safety compromised, in your opinion?

Corridor where the patients stay is right beside an interview room where violent mental health patients are usually held

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

A&E reached max time of patient in A&E so bought up to the ward with no bed available

In what ways were patient care or safety compromised, in your opinion?

Incontinent patient, assistance to mobilise required. Confused and trying to climb out of bed. No 1:1 care. Left in corridor when staffing was at bare minimum. Patient at high risk of fall, unable to give privacy and had to create a makeshift barrier around to change and clean patient.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

I work in PEM but my colleagues and wife works in the adult department – they work with up to 27 patients in the corridor all the time – the trust hasn't put any extra provision in for this = they have left elderly patients waiting on chairs for 1 day and 19 hrs waiting for a bed – no provision was made over the holiday season for feeding these patients !! care has been hugely compromised.

In what ways were patient care or safety compromised, in your opinion?

Lack of human right / basic need – no water , no food , cold windy corridor , no dignity , patients having examinations carried out behind screens – bloods etc taken in the corridor. patients with flu / covid / not isolated in any way – infections control measures , back to wearing face masks to make the trust fee like they are doing somthing Patients have died on trollies and chairs in the corridor and waiting room. all the fundamentals of care have broken down – we are no better than a developing world casualty

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

We have patients in the middle of two beds. There have been instances where the patient had an adult emergency and it was so tight, there is no proper oxygen port, patient had to share with the port in the proper bed space.

In what ways were patient care or safety compromised, in your opinion?

As it is so tight, if patient has infection control issues the curtain for the proper bed space has to be used along with a divider screen. There is not enough privacy when giving patient care. Also patient has to use the telemetry of the other bed space which is confusing. Doctors have exclaimed their safety concerns but due to not enough beds for a lot of patients, this is still going on for almost a year now. We also have a bay where the third bed does not have oxygen port, and is far from the oxygen port, it was made into a flu bay. The patient had an adult emergency.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

There was lack of privacy. Patients with high falls risk, those on oxygen, with dementia and more are at one point nursed in the corridor.

In what ways were patient care or safety compromised, in your opinion?

Those with high falls risk, on oxygen should not be nursed in the corridor

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

We regularly have 8+ patients in our corridor.

In what ways were patient care or safety compromised, in your opinion?

Dignity

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

It is causing so much moral injury to nursing staff and distress to patients. It has become normal and we hate it. Patients aren't able to be cared for with dignity and have to be moved around just to get them to be able to use a bedpan/commode.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

The amount of patients requiring to stay in hospital exceed the capacity of the hospital on daily basis. Therefore to ensure ED is safe and can accept ambulances pt have to be moved on. As ASC services are not sufficient enough, almost up to 100 patients in hospital are MFFD however waiting for ASC services. This means that acutely ill pt that require beds simply dont have a space. This means that patients are placed in corridors, treatment rooms and other areas that are not designed for the purpose. There is no dignity, safety for pt. Also this means that nurses are asked to increase their workload where they are overworked already. The amount of work nurses are required to complete on top of being verbally and physically abused by patients is unimaginable. Patients feel privileged, to everything and anything comes to their mind, regardless of the fact that each nurse has up to or more than 10 pt to look after and if nurses are not able to provide straight away, the abuse starts.

In what ways were patient care or safety compromised, in your opinion?

No dignity. Patients placed in corridor where staff, general public constantly walks past

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

This is why every nurse is burnt out, goes off sick, develops mental health issues and leaves the profession. This is why it is difficult to retain staff, very good staff. There is no appreciation from management as all their job is to fulfill national statistics and expectations. Patient care is long lost unfortunately.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

That was very shocking because even our post op patients they assigned in a corridor! It's not safe place to put a post op patients.

In what ways were patient care or safety compromised, in your opinion?

There is no proper equipment available like oxygen suction and even a call bell in the corridor

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

We have to collect patients for procedure who are in corridors and bring them back to corridor post procedure.

In what ways were patient care or safety compromised, in your opinion?

Patients are not in the appropriate settings for them to receive a caring and safe environment.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Already with two doubled up side rooms and additional beds in bays (one bay usually used for an outpatient clinic) , two patients arrived – the first in a wheelchair and the second in a bed (who then initially needed oxygen).

In what ways were patient care or safety compromised, in your opinion?

Not enough nursing time to adequate meet needs or document the care that was given. Not being able to support/encourage patients to eat.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Staffing was as it should be before we had 8 additional patients and we temporarily had 10. Only one patient was due for discharge by the morning and was quite distressed as had been in hospital for nearly six months. The first patient needed to be in a visible space and his dignity was compromised by his tendency to urinate as soon as he felt the urge, including on to the nearest surface, including when visitors were walking by. It was 9 hours before he had a room confirmed that didn't involve trying to wheel him to a toilet in time. It contributed additional emotional pressure on the staff and meant additional moves for the patient which will not aid delirium or cognitive impairment.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

I work in Gastroenterology ward. patients are brought into corridor to YNP (your next patient) spaces. trust initiative is for decongesting the ED. but most of the time patients are brought to corridor without risk assessment, proper communication and preparedness of patient in inappropriate times. patients have to stay in corridor overnight, sometimes for days which is against trust policy of 6 hrs of ynp stay. Staff are under extreme pressure to provide patient centred care. I think this approach is kind of inhumane. while the system is trying hard to provide care to all patients, quality and safety of care provided to the patients and stress on staff are grossly overlooked. Earlier 1 YNP bedspaces and 2 YNP chairs were in the corridor which was increased to 2 YNP beds and 2 YNP chairs which clearly indicate that trust is no more giving more importance to the quality of care provided rather just concentrating on a single objective of decongesting the ED.

In what ways were patient care or safety compromised, in your opinion?

Due to an increased number of patients requiring care, additional patients have been accommodated in the corridor, in spaces which are not risk assessed. This has significantly increased the workload on ward staff, leading to challenges in maintaining the required standard of care for all patients. Staff availability has been stretched, resulting in decreased frequency and quality of intentional rounding for all patients, both on the ward and in the corridor. Medications are being administered later than prescribed, increasing the risk of adverse effects or therapeutic lapses. Medical teams are facing difficulty in conducting timely reviews due to the increased patient load. Staff are unable to maintain the usual level of observation, increasing the likelihood of undetected patient deterioration. The staff are operating under heightened pressure, raising concerns about decision-making, fatigue, and overall wellbeing. There is a risk that patients' own medication may not be safely stored with them, potentially leading to medication errors. The limited availability of filing equipment for patient notes raises the risk of lost or incorrectly accessed notes, which could result in an information governance breach. Moreover, the reduced size of hot meals, due to an inability to predict the number of patients on the ward at mealtime, leads to insufficient calorie intake and inadequate nutrition for some patients. It also exacerbates the likelihood of errors, compromises infection control in crowded areas, and diminishes privacy and dignity for patients in the corridor. Patients not happy about it. Only place is by the nurses station which means there is bright lights at night when trying to sleep. No oxygen or suction in event of emergency by the bedspace. No call bell for the patient. No privacy. No extra staff to care for additional patient numbers. Expected to make extra beds in corridor despite being short staffed already. Generally unsafe and undignified. When you express this you're told by managers it's like it everywhere like that makes it acceptable.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Within the Emergency Department, we deliver corridor care on a daily basis. We have an in/out cubicle to provide basic nursing care but the numbers in the corridor usually sit over 10, which means there is always a queue for this space. We have to use screens with bed pans in the corridor for patients needing toileting when the cubicle is in use and it is not fair on these patients to be treated in this way. The staff are doing what they can in difficult circumstances. It is becoming a new business as usual with teams with nurses 'fire fighting' and learning a 'new' way of managing urgent and emergency care.

In what ways were patient care or safety compromised, in your opinion?

MH patients displaying aggressive and challenging behaviour close to vulnerable elderly patients. Nurse:patient ratios increased. Not enough resus capacity to provide emergency care.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Being in a room with a window in the door impacts on the client's privacy and confidentiality.

In what ways were patient care or safety compromised, in your opinion?

Unable to provide privacy and confidentiality.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

High patient influx and not enough discharge. The standard of care being delivered was not up to expected standard and I had to keep apologising to patients.

In what ways were patient care or safety compromised, in your opinion?

There was no telephone or crash trolley close by. There were no patient toilets nearby as well. We couldn't give private and dignified care as we were on the corridors

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

No space to do procedure, difficult to maintain sterile field conditions, patients feet sticking out the room into the corridor. Back and neck pain from twisting try to do procedure. Hospital wants a vascular access service with no dedicated space or equipment. Escalated but no action as 'no space' expected to just put up with it.

In what ways were patient care or safety compromised, in your opinion?

In application for surgical sterile procedures. Risk to staff doing procedure as far as space/trip hazards/ infection control goes. Risk of physical injury to staff from ramped location. Lack of appropriate equipment

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Not safe and patient not suitable for +1 in a bay with confused patients

In what ways were patient care or safety compromised, in your opinion?

Risk of falls.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

The escalation plan for critical care is to take patients either into recovery or an unused theatre. Neither of these areas are appropriate for the care of critically ill patients and their relatives. Also there are no extra staff when we do this and it puts patient safety at risk. Sadly this has become the norm and is expected of us. The managers also make us move in and out of these areas on a whim. Taking no consideration to the well-being of the patients or the staff for that matter.

In what ways were patient care or safety compromised, in your opinion?

Whenever our escalation plan is activated it compromises care. Even if we take level 2 or patients waiting for a ward bed there it means there are less staff to care for the level 3 patients. It's always a risk.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

I was sent to help in A&E, to support for a couple of hours, taking me away from my own workload. I was checking B/P and a Pt was hypotensive, he was in a chair, in a corridor of 17 trolleys. I was asked to go around the whole department looking for a trolley. There was no trolleys to be found and as a patient was being discharged, they were going to swapped over to a chair so the hypotensive patient could lay down, when I asked about cleaning between patients I was told you can if you want to but wasn't told where cleaning wipes were and in the meantime the sheets were changed and the patient was transferred. No cleaners seen in the department it felt like a war zone and the permanent staff nurse on her own in the corridor appeared overwhelmed with everything.

In what ways were patient care or safety compromised, in your opinion?

Not enough equipment such as trolleys, chairs, dinamap machines , cleaning wipes to cater for the amount of patients. Cross Infection risks as not cleaning between patients and staff burn out.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Caring for A&E patients in an X-ray corridor – no privacy – no toilet facilities – patients were on trolleys not beds – patients slept in coats as it was so cold. No tables for water, no chairs for relatives. One patient moved to an office for an enema so she could go home

In what ways were patient care or safety compromised, in your opinion?

Many ways – no call bells – no nearby crash equipment – no food or water – no privacy – no sockets to plug equipment in. Too long on trolleys compromising skin integrity.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

In the wards the patients are allocated to bed, trolley or chair in the corridor. Given names as YNP chair, YNP Bed or trolley.

In what ways were patient care or safety compromised, in your opinion?

No privacy for the patient. Lack of wall oxygen or suction facility in the corridor. Stress for the staff to care the patient because of the inadequate facility in the corridor.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Ambulances stacked. Staff are now assigned (daily) to caring for patients in corridors waiting for A+E.

In what ways were patient care or safety compromised, in your opinion?

Waiting time, lack of appropriate equipment, waiting on ambulance beds, patients can't be seen because of U shape of corridor.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Patients triaged in A&E or seen in UTC streamed to the Ambulatory Care/Same day emergency care unit where there is limited space to conduct a proper history taking and physical assessment

In what ways were patient care or safety compromised, in your opinion?

I ensure not to cut corners on my patient assessment and treatment but the long waits and lack of spaces to provide care, definitely affects patient care and satisfaction.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Working as a trainee ACP, It provided a challenge in appropriately examining, discussing treatment plans in a dignified, private and professional way. Patients in the corridor often have sleep deprivation and therapists/nursing staff struggle to use equipment to aid mobility leading to de-conditioning and functional decline whilst admitted. This adds to subsequent pressure on social care when planning discharge, often adding days to their stay.

In what ways were patient care or safety compromised, in your opinion?

Personal care struggles to be dignified and private. A lack of space for mobilising patients who require specialist equipment. Staff to patient care ratios being stretched further and extra patients in corridors becoming normalised

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

No bed space in ED

In what ways were patient care or safety compromised, in your opinion?

Patient was not given appropriate care required and also patient care was delayed.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

They are usually additional patients called the Boarding patients and they are sometimes kept at the centre of the bay or along the corridors pending when they can be moved to a ward

In what ways were patient care or safety compromised, in your opinion?

I feel the patients were not quite comfortable and privacy and dignity not fully maintained

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

4 patients being cared for in corridors – feeling exposed, lack of privacy, lack of sleep, constantly disturbed, frustrated, impact on mental health

In what ways were patient care or safety compromised, in your opinion?

Patients in corridors vomiting, risking infection spreading and compromising their dignity

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

The hospital has a section in the ED where by patients who can walk sit and wait to be seen. In the same place I have to do vitals no privacy, I have to give medication and ask personal questions and information which other people can hear and see. I have to start fluids in the same waiting area sharing drip stands and waiting for some fluids to finish so I can give fluids to other patients.

In what ways were patient care or safety compromised, in your opinion?

Patient information being exposed to other patients. Having to do procedure like canulation or take bloods in front of everyone else.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

In the trust I practice I am expected to look after mental health patients as a general nurse in the same environment as other patients which some patients find challenging while some are okay until the patient has to be stopped by security from harming other patients or staff.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

I go home always thinking of the kind of service am giving. I feel not fulfilled and I ended up changing jobs just to look for and find the satisfaction. Sometimes patients ask questions like why do we have to divide bays with a barrier that the other patient can see through or hear conversations while being clerked. I am left unable to answer. I inphase and I have never got any response on the inphase todate. Its challenging but I know something can be done and good service will be given to patients.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Our extra bed space is in a corridor next to a window and door without privacy film or blinds. The door is a thoroughfare to offices and staff toilets meaning someone is passing through at all times day and night. Complete lack of privacy and dignity. Patients can stay there for multiple days. Makes me feel like I cannot provide the care required and makes me embarrassed in front of visitors and patients.

In what ways were patient care or safety compromised, in your opinion?

Extra patients are being added with less and less staff. The Corridor does not have a call bell or emergency alarm. No oxygen or suction should it be required.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Extra patient in the middle of the bay. No access to own privacy screen, no wall O2 and no call bell. Patient also needed 1:1 as being moved disoriented this dementia patient

In what ways were patient care or safety compromised, in your opinion?

Acuity very high. Only one level 0 patient out of 23. Short of one RN on the E. Staffed usually for 22 patients

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

I occasionally work bank shifts in A&E, approximately once a month. In the last 2 years I have experienced corridor nursing. This is horrific for patients (and relatives) especially with toileting needs. If possible I tend to manoeuvre the patient on the trolley to an area with a curtain(ie assessment area) however this is often full so I am not able to so. This includes numerous obstructions on the way, other trolleys, sharp bends, making the patient feeling embarrassed and myself for having to do this. Using screens to toilet patients in a corridor is unacceptable. In addition to not being able to monitor and assess pts adequately, also due to poor staffing. The outcome generally being that patients deteriorate as they are not being monitored, receiving basic care and treatment increasing mortality.

In what ways were patient care or safety compromised, in your opinion?

Pts deteriorate due to staff being unable to meet patients needs due to high ratios of patients. Safety is compromised on every level

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

I am a critical care nurse I am generally placed in Resus, patients are often moved back to cubicles/corridor to give way for higher acuity pts when in normal conditions they would need to stay. I voice my concerns but equally I understand the impossible situation/decisions senior staff are put in. Ambulances are parked waiting, the hospital bed capacity is full. Especially at present where flu epidemic is rising. In ITU, we are struggling with staffing as our RED zones are reopened needing further intensive specialist staffing, similar conditions to the covid pandemic. In addition resulting in further complex decision making regarding admissions of A&E pts.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Full Capacity patients, which what the NHS Trust I work call them. Where is the privacy, dignity and compassion when trying to care for a pt in a corridor. As I work on an Elderly Ward, majority of patients need all care, as some are doubly incontinent, have Dementia, or are bed bound patients. The patients are nursed in corridor until bed space becomes available, but sometimes expected discharges don't happen, as pts become medical again, or perhaps we are awaiting package of care to be put in place. One male corridor patient spent two days in corridor before a bed space became available.

In what ways were patient care or safety compromised, in your opinion?

Fire safety, corridors are supposed to be kept clear at all times in case we have to evacuate the ward.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Absolutely exhausting trying to cover two busy areas , hospital has all escalation beds open huge back log 17hrs in ED Trust won't call an Internal Major Incident because they would have to close elective surgery which would mean financial penalties in the mean time Nurses are on there knees facing increased violence and aggression standard of care poor despite best intentions patients sit unmonitored in waiting room and ambulance staff leave vortifor at 45 mins

In what ways were patient care or safety compromised, in your opinion?

Sat In unmonitored overcrowded waiting room. Left in the corridor inexperienced staff being left in vulnerable and critical areas ..No food/ Drink Lack of or late Meds nursing rounds not completed skin checks and pain scores not done Srpsis treatment delayed

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Caring for patients in corridor became an inevitable circumstance for a long time now that it is worrying to say that it is becoming a normality. I feel stressed every time I see myself being allocated to work in a corridor. Only one of many situations I faced on my last shift in corridor when I couldn't find a space anywhere within the ED for the patient to use a urinary bottle. We are not allowed to use privacy screens due to cameras in the corridor. The patient who was continent of urine, however, unable to mobilise wetted himself and felt embarrassed and ashamed and angry at me for not letting him use the bottle. I was stressed because despite the fact that I had to leave other poorly patients unattended, I had to run around to look for a space for my patient who is on a hospital bed. Finally, when I found the space, the patient had already wetted himself and I had to push that bed into a very narrow area to change the sheets, apologise to the patient who was shouting at me refusing to listen to the apology. I felt bad for the patient, I could feel his anger and shame. Only when the tears started pooling in my eyes he grabbed my hand and apologised saying he understands it's not my fault. I've tried my best. We both wiped tears of our eyes and wished each other for a better day. And this is only one case scenario in one 12.5hr shift. It is absolutely degrading for the patients and nursing staff. It is unsafe in many ways for both, patients and staff.

In what ways were patient care or safety compromised, in your opinion?

When you are on one side of the corridor helping one patient, and the second nurse is away in a treatment room you see another patient who has reduced mobility is getting off the trolley and trying to go to the toilet without pressing a call bell because patient feels she can do it, however, you see that the patient nearly fell but you can not do anything about it because you are with another patient and you can not be six beds in front of you for that nearly falling patient. Patient's safety is compromised.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

A patient became seriously unwell in a corridor and had to be stabilised behind a temporary screen before being moved to resus

In what ways were patient care or safety compromised, in your opinion?

Patients needing emergency care in an area with no piped o2, cardiac monitoring or ED trained staff. Bank band 5's are being used to staff the areas and through no fault of their own they are not used to the acuity of ED patients

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

We are caring for almost 40 patients in corridor/ overflow spaces every day. On top of that patients are spending longer in chairs despite needing admission to hospital. The risks are getting much higher, and the impact it has on staff morale is huge. We are all exhausted. No one started their career in nursing imagining a time like this. The damage to morale and the atmosphere in the department is awful and I can't see a way out of this.

In what ways were patient care or safety compromised, in your opinion?

Patients are receiving oxygen, having blood transfusions, having inappropriate monitoring in these overflow spaces. They are often tight in space therefore prolonged stays on trolleys instead of beds putting patients skin at risk. Also difficult to visualise each patient when there are 20 stretching up a corridor. Privacy and dignity also compromised despite doing our best to maintain it.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

To meet a 1 hour from referral to assessment target (national target through Royal College). I had to conduct a mental state examination and risk assessment in a corridor and several times in a relatives room or chairs area

In what ways were patient care or safety compromised, in your opinion?

Confidentiality and due to the environment, the intervention felt rushed and the patient was not given enough time.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

We are boarding in chairs on the Wards to try to offload the pressure on ED – this is where the corridor care is taking place in extremely inappropriate settings.

In what ways were patient care or safety compromised, in your opinion?

Patient very clearly on last days of life cared for in a corridor – Dignity compromised deeply . Family were distressed and this took a lot of time. No extra staff were supplied

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

In my Trust we have an abominable numbers of patients in the corridor and in waiting room plus the relatives . That's have impact on patients safety, fire safety, security. I m not feeling safe and happy , is not professional and most of patient have mental health issue that can be dangerous if they abscond.

In what ways were patient care or safety compromised, in your opinion?

Patient safety, fire policy and. Security.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

It was extra workload, confusion regarding which nurse was responsible. Patient felt forgotten. Awkward as various members of staff would enter to find stock item then find a patient in the room & awkward apology.

In what ways were patient care or safety compromised, in your opinion?

Forgotten patient, sometimes missed lunch or bin not emptied as cleaning staff not aware.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Privacy and dignity is compromised in some occasion.

In what ways were patient care or safety compromised, in your opinion?

Not all care can be delivered safely in a dignified manner

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Corridor care. Cold for patients, no spare blankets available at the time. Not all trolleys with O2 available. Confused patients, elderly patients, patients on chemo, patients with Flu or COVID 19- all patients in one ambulance corridor space. Too many patients in the corridor and not enough staff available. 45min time for ambulance crew to handover to hospital staff even if unsafe to care for more patients, not able to visualise the patients at the end of corridor. Pushing trolleys in and out for another space (not cubicle, with screen on only) for toileting patients or other for personal care. Not enough space in Resus to receive pre-alerted patients or in RAT to take patients for assessment. Pressure on times (15min) to take handover from ambulance crew while care to be delivered on current patients. Treatment often delayed. Mobile patients to be sent to the waiting room as no more space in ambulance corridor, no trolleys available for patients received from crew. Stress among staff; stress, anger and aggression among patients and their relatives.

In what ways were patient care or safety compromised, in your opinion?

Assessment, investigations and treatment delayed for patients. Privacy and dignity compromised. Not choice given. Patients with infections (covid or flu) in one corridor with chemotherapy patients. Stress among staff affecting the patients care.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Trust states that each ward are to have a 'plus 1' patient. This is an extra bed inbetween 2 other beds in the bay; impacting of fire safety; patients safety and staff safety as unable to get emergency equipment in or evacuate safely

In what ways were patient care or safety compromised, in your opinion?

Unable to provide emergency care if the situation arosed; unable to provide adequate suction or o2 therapy. No privacy or dignity

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

We have elderly patients in the corridor from early morning to overnight and still sometimes do not get an appropriate bed space till late the following day. I had an. 80 year old lady once in the corridor for 3 days& nights. Then they witness other patients coming on the ward and going to bed spaces while they're still waiting

In what ways were patient care or safety compromised, in your opinion?

No privacy. Other patients & visitors and staff constantly passing by.their beds and the extra germs that could entail. Flimsy and in my opinion dangerous screens put round patients. It's cold in the corridor overnight. No curtains on any windows. Having to trek a long way for toilet and washing facilities.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

We know is not the best but we try our best going home thinking have I done enough

In what ways were patient care or safety compromised, in your opinion?

Moving patients trolley to try and deliver privacy and comfort not really the best thing

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Absolute lack of privacy to use the toilet, change wet clothing, have sensitive conversations with medical staff and exposure to excess noise and disruption.

In what ways were patient care or safety compromised, in your opinion?

No access to emergency equipment such as suction and oxygen by the bedside. No signage to confirm the patient's name in addition to name band.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

The patient was living with dementia and already distressed from a hospital admission.

In what ways were patient care or safety compromised, in your opinion?

Nowhere to store belongings, piled onto the bed compromising comfort.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Corridor patients, no fire escapes, resuscitation area blocked by beds outside it, fire route blocked, overwhelmed staff, a space that is only supposed to have 10 patients had 37 patients with only 2 nurses and 2 HCAs, patients left on ambulance trolleys as no A&E trolleys left

In what ways were patient care or safety compromised, in your opinion?

Undignified care patient seen in front of each other so no privacy, patients next to patients with no space next to each other, so crowded patient deterioration not noticed

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Patient brought onto ward before other PTS bed space was cleared. Other patient still on ward. Pressure from bed manager, site manager to take PT. It did impact me as patient was in the corridor on a bariatric bed quiet distressed and anxious. I am expected to look after 12 patients

In what ways were patient care or safety compromised, in your opinion?

A corridor is not an ideal place to observe a patient. Not dignified or ideal to monitor, access a patient or provide care.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Patient arrested in corridor unable to move patient to resus due to other corridor patients blocking walk way

In what ways were patient care or safety compromised, in your opinion?

No oxygen suction not enough space to move beds quickly

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

It's hard to maintain privacy and I feel there is no dignity for the patients

In what ways were patient care or safety compromised, in your opinion?

Not enough space to offer private and poor lighting in the corridors.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Overloaded with pts, waiting room had 82 pts, the corridor had 25 and we were holding ambulances too and the rest of the department was full.

In what ways were patient care or safety compromised, in your opinion?

Unable to watch them especially dementia pts, not being able to give proper personal care as not enough screens, no access to oxygen from the wall only tanks under the trolley. A pt who was on a trauma board in the corridor who was confused tried to sit up as no one able to help.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Corridor care, it compromises dignity and safety for patients by reducing space and privacy for basic care needs. Additionally it places patients in risky areas with reduced observation and often insufficient equipment close to hand! Can be emotionally taxing when you can't meet care needs of the patient

In what ways were patient care or safety compromised, in your opinion?

Dignity, inproportionate ratios due to it being an overflow area. But better than more risky alternatives! And cohosting isn't sustainable for the local population not to have ambulances

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

I have not forgotten that and I feel like we just can't give basic care anymore let alone good nursing care, due to pressures in the emergency dept, too many patients vs not enough hospitals and staff. This is not sustainable.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

ED corridor care is a frequent experience now due to the over use of ED by patients who should be visiting their GP

In what ways were patient care or safety compromised, in your opinion?

It is not a safe place to manage sick patients. No clear visibility and lack of medical equipment and these areas are not staffed

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

A patient had a cardiac arrest in the corridor by the male toilet and died .

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

The rooms were not set up for patient care. There were no medications close by and I had to ensure that I made safety a priority by setting up a temporary trolley with airway and breathing adjuncts in case of emergency

In what ways were patient care or safety compromised, in your opinion?

The rooms are for drs to assess independent patients in the urgent treatment centre. The beds did not have safety rails.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

They called it Reverse Board within the trust a new system in place whereas there is not bed in the hospital for the patient. Who ever has introduced this kind of hospital care is very undignified, this is worse than the third world country, having elderly patients in the corridor pulling a screen and having to change them no privacy and respect, this is a horrible experience ever.

In what ways were patient care or safety compromised, in your opinion?

I think the patient best to answer this question or their family

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Felt sorry for the patient as no privacy or dignity maintained. Other patients could hear and watch, not very confidential

In what ways were patient care or safety compromised, in your opinion?

Too many patients in a small area to provide adequate care

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

My previous trust used old office spaces cupboard or inappropriate settings for care on a regular basis. These temporary spaces were never temporary.

In what ways were patient care or safety compromised, in your opinion?

Area not fit for purpose, no oxygen or privacy.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

16 patients in the corridor, 3 on oxygen, 2 confused, all elderly with no emergency buzzers, no suction, nowhere to toilet non mobile patients but behind a screen. No where to clean wet patients. It's awful. On some days we can have up to 30 patients in the corridor.

In what ways were patient care or safety compromised, in your opinion?

Confused patients stripping off, no suction if someone has a seizure, no emergency buzzers or phones. Patients changed in the corridor behind a screen.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Only today we had 40+ patients awaiting admission beds in our ED corridor, x-ray corridor, UTC bay and now in the 'main street' ie the main central corridor to the hospital meaning other patients were being diverted to gain access to ground floor locations.

In what ways were patient care or safety compromised, in your opinion?

Privacy, dignity, noise and inappropriate environment. Safety-no oxygen, suction, anywhere to plug in electric beds or air mattresses. No additional staff to care for additional patients...

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

This morning staff left in tears as we had a cardiac arrest in a corridor where we couldn't move the bed to the resus area as there were other patients on beds blocking access. Sadly this lady died. Staff are trying so hard to deliver the best care possible in the most challenging of circumstances but they are all broken and I can't tell my team that it is going to get better...

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

The area was away but a part of a &e. No privacy. As I'm not an a&e staff who don't have access to a&e services, faced difficulty to get medications from cupboard. Was difficult to find out the responsible doctors. It was challenging for me to handle the confused patient in corridor at the same time to full fill all other routine duties of another patients. I'm ending up with migraine when ever I'm moved to a&e from my ward.

In what ways were patient care or safety compromised, in your opinion?

Delayed medicine administration. Near miss incidents as I taken extra precautions like falls etc

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Patient died due to lack of safety equipments by bedside (oxygen, suction, etc) The patient choked, desaturated while reconfiguring bays.

In what ways were patient care or safety compromised, in your opinion?

No dignity and privacy, unsafe due to lack of emergency equipments.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Corridor nursing is my worst experience ever. I dread going to work. It breaks my heart to deliver care in such conditions where patients and relatives displace their anger and frustrations on you

In what ways were patient care or safety compromised, in your opinion?

No privacy, no screens, all bedridden patients, one nurse with 8 patients, all want to use the toilet, How?

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Too many patients in the corridor not having privacy while receiving care and putting them at more risk of falls for those at risk of fall. Too much pressure and not even administering medications at the time due.

In what ways were patient care or safety compromised, in your opinion?

Patients on oxygen were at risk having their oxygen cylinder empty without the nurse knowing due to the pressure of attending to other patients. Patients are at high risk of falls because they have to be wheeled to use the toilet instead of simply using the commode at their bedside

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Very often the Trust uses X-ray corridor for Patient care. Some curtains around a Patient or nothing. no access to basic emergency equipment like Oxygen and most of the no bed, a stretcher or chair.

In what ways were patient care or safety compromised, in your opinion?

No privacy, no access to basic emergency equipment like Oxygen.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Well it's not safe in a cupboard .Bit the was no were else to look after a neutropenic patient . Clearly no call bell or emergency equipment

In what ways were patient care or safety compromised, in your opinion?

In every way apart from cross infection

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

The trust wants to stop ambulance queues and maximum 45 min they wait and if the patient didn't handed over then they will put the patient in the ED corridor. To avoid this situation the patients in ED moves to the patient in all the wards Your Next Patient(YNP) space in the corridor without any privacy or dignity and any oxygen or anything. The patient in the YNP space get poly and done couple of movements to sort it out. It was so much stressful situation. If the YNP patient get a bed then another one will come.

In what ways were patient care or safety compromised, in your opinion?

There was no screen or anything for the patient. Even if they wanted to change dress or to use toilet. No oxygen, no plug and nothing available. Even a comfortable bed. Everyone coming and going can see the patient.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Patients required oxygen but oxygen cylinders are low or empty. There is no call bell for the patients to call for help. No crash trolley if we have a cardiac arrest or very sick individual. Patients can't be observed as corridors are too long and don't have the staffing. On shift we have 28 in corridor with 2 nurses and 2 hcsw. Ambulanve offloading even sick individuals who have news score of 8 and above. No privacy for those that are bed bound having to pass urine and open bowels in the corridor behind a screen that doesn't give them privacy. It feels embarrassing and deflating. Most shifts I cry and get upset as I'm frustrated. Corridor care is not proper nursing and it's not what I signed up for when doing this job. I signed up to care and give compassion this is not that. Most days I envy coming into work when I used to love and enjoy my job.

In what ways were patient care or safety compromised, in your opinion?

Patient care as there is so many patient needs that can't be met. I.e. toileting so some lay in wet beds as if they require 2 staff members there isn't enough. Those that are on oxygen are at risk as we run out of oxygen in the cylinders and sometimes struggle to find more to have to swap cylinders from trolleys in the wards. Patient safety for those that are confused or high falls risk as again not enough staff to watch them. Those with pressure sore can be laid on a hospital trolley for 24 hours plus and waiting for a bed on the ward or to see a doctor.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Normalised practice to take +1 sometimes +2 patients into a ward that has full capacity. Decision taken above matron on wards, there is no choice, safe staffing ignored. Ward corridor care is better, than ED corridor trolley care. Datix completed but no impact

In what ways were patient care or safety compromised, in your opinion?

The dignity & safety of the patient compromised by unsafe staffing and inappropriate public area used for care. No access to immediate safety equipment ie suction & oxygen. Area congested and ease of access to pt to manage airway compromised.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Appalling care no blankets patient waiting for hours patients freezing no one cares

In what ways were patient care or safety compromised, in your opinion?

Chest pain sob waiting hours then ecg and bloods abnormal covered up

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Patient placed in front of fire exit and next to storage and bathroom door making it very difficult to access these areas also impacted on care to other patients

In what ways were patient care or safety compromised, in your opinion?

We already had poor staffing levels patient had poor mobility very difficult to give the standard of care no privacy for patient and impacted on care given to other patients

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Corridor care is undignified, patients can't rest the lights don't get turned off, toileting takes time. It's stressful for staff both because patients and family are unhappy but also on your ethical and moral values, no one wants to work on this way.

In what ways were patient care or safety compromised, in your opinion?

Treatments and care are delayed and the more it happens the more accepting of these issues the staff seem to be

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Wait 45 meaning all patients off the back of ambulance into corridors. Regardless of infection, NEWS score and risk of deterioration. Major beds all blocked with those awaiting to go to the ward. Patients off the back of ambulances with O2 requirements using tanks. 1 patient oxygen ran out and they deteriorated after desaturating. Due the high amount respiratory illness it was hard to keep up with tank checks. 28 in corridor in ED with only 3 RNs and 1 supper worker to carry out all tasks including toileting. A stroke patient left in corridor because the sheer amount off loaded by crew was so much that she was missed and stroke not alerted. A 95 year old who was made IPOC....in a corridor for 2 hours after descion made because no space to get her into a bay. At risk dementia patients. Multiple NOFs a STEMI that's was ECGd and taken from corridor to the cath lab as no resus space.....dire situation

In what ways were patient care or safety compromised, in your opinion?

No wall O2 No call bell No crash bell Unable to see all the patients Inadequate facilities .

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Caring for patients in the corridor is a regular occurrence in the A&E department which is both traumatic for the patients and is in breach of privacy and confidentiality. There was only one portable curtain with 3 panels which is still not enough to cover patients as they are getting intimate assessments. This was stressful to witness as I could not give the privacy my patients wanted. This happens daily and patients are exposed and then left without a named nurse at long periods of time, there are no call bells in the corridor so to ask for help is difficult for the patient. This is usually including patients in another part of the department so there are times we cannot stay in the corridor at all times. This affects patient safety and shows no empathy or compassion and rather that patients are numbers and need to be processed. Unsafe staffing levels and lack of leadership and decision making is causing more trauma to our patients and is completely unacceptable. Patients are not cared for 1:1 as a corridor allocation often includes allocation of patients elsewhere in the department. Patients are exposed during examinations/assessments. Patients are left alone All aspects of care is exposed to people walking by and this is not patient centred.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

The emergency department was over filled up and Ambulances were still bringing in lots of patient.

In what ways were patient care or safety compromised, in your opinion?

Some patient require was to be connected to the cardiac monitor which isn't possible on the corridor.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Overcrowding in the Emergency Department, high numbers of attendances, long waits for ward beds. 80 patients being cared for in an area built for 24 patients, therefore on trolleys around nursing stations, in corridors, and a bin store converted into a dignity bay. Not acceptable for our patients, proper care cannot be provided, stressful for staff and patients being in noisy overcrowded spaces. More time consuming, in order to undertake personal care, or examine a patient, need to move other patients out of the bay temporarily which takes away time that could be better spent on direct patient care. Difficult to navigate patients trolleys around corridors with other patients already queuing in the corridor barely wide enough to fit two trolleys side by side, often single person operating the trolley when there should be two people increasing risks of MSK injuries to staff. Trolleys often make contact with other trolleys when manoeuvring which is uncomfortable for both patients being bashed into. Unable to maintain privacy, dignity, proper infection control. It is demoralising for staff. Sick patients who should be looked after in resus room, being looked after in other areas of the Emergency Department, which doesn't have the staffing/resources to provide the monitoring/close observation that is required. Therefore delays in treatment being provided, patients deteriorate, and then need more intervention than perhaps they would have required, had they been able to access care/received treatment sooner.

In what ways were patient care or safety compromised, in your opinion?

Delays in assessment, delays in treatment, patients deteriorate due to these delays, there is a total lack of privacy and dignity. Safe care cannot be provided when there is over 3 times the amount of people in an area than there should be. Lack of side rooms, lack of ability to properly isolate potentially infectious patients with D&V, and respiratory illnesses such as Flu/RSV/COVID.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Increased patient numbers have led to overcrowding, with some patients accommodated in unassessed corridor spaces. This has overburdened staff, resulting in delayed intentional rounding, late medication administration, and reduced patient observation, increasing risks of deterioration and adverse outcomes. Medical teams face delays in reviews, and staff wellbeing is compromised by heightened pressure and fatigue. Poor storage of patients' own medication raises risks of errors, while insufficient filing equipment may lead to lost or improperly accessed notes. Crowding also compromises infection control, privacy, and dignity. Additionally, unpredictable patient numbers have caused reduced meal sizes, impacting patient nutrition.

In what ways were patient care or safety compromised, in your opinion?

There is a risk that patients' own medication may not be safely stored with them, potentially leading to medication errors

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Patient was transferred from ED and we had no beds. Patient was 89 years old on oxygen and was made end of life whilst in the corridor. We transferred her in to the relatives waiting room to have some sort of dignity as she died. Every member of staff was upset and distraught that this poor lady was treated this way. No one is listening to our concerns and we just get told 'it is the same everywhere'. Dying in a corridor is not normal and should never be considered normal practise.

In what ways were patient care or safety compromised, in your opinion?

If an emergency happened we would not have been able to access the resus trolley. Patient was on oxygen but only had oxygen cylinders available, sometimes she was without oxygen as staff were stretched and not able to change regularly

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

It feels inappropriate delivering care to patients in corridors

In what ways were patient care or safety compromised, in your opinion?

Staff are taken from other areas to care in the corridor which leaves other areas understaffed

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

I felt embarrassed & frustrated that my patient was in a cupboard barely wide enough for a bed & a chair. Patient needed a commode, I had to lean over the commode to assist my patient to stand and turn and sit on the commode as no room to manoeuvre alongside. I was concerned that if my patient had a fall or needed emergency care, there would be no room for staff to deliver any type of assistance

In what ways were patient care or safety compromised, in your opinion?

No room on either side of the bed to assist patient should the patient deteriorate

South West Region

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

It's just unethical, care is compromised.

In what ways were patient care or safety compromised, in your opinion?

No curtains for privacy, in case of emergencies; no oxygen, no suction gauges,

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

It is an extra bed in the middle of the bay. Regularly happens. Pt have no privacy, are given a bell as a call bell and we use old fashion screens on wheels if they need privacy.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

They're is minimal room to move round then especially if they have visitors

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Difficult as no privacy for patients

In what ways were patient care or safety compromised, in your opinion?

Confidentiality, no oxygen, no suction, no obs machines, humiliating experience for patients

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Taking an accurate history and doing an examination in a corridor removes the ability to maintain privacy and dignity to patients. In addition, any physical examination that is carried out in a corridor space cannot be deemed accurate due to consistent noise, interruptions of beds/trolleys needing to get by and 'over clothes' examination- increasing the likelihood of misdiagnosis.

In what ways were patient care or safety compromised, in your opinion?

Inaccurate history and examination due to crowding/noise/interruptions/poor communication.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

The last patient sat in a chair in the corridor waiting for seven hours for a bed , on O2 but not near an oxygen or suction point , no nurse call system to hand and no curtains !!

In what ways were patient care or safety compromised, in your opinion?

No O2 facility No suction No call bell No curtains for privacy . Comfort compromised and as we are all too well aware the potential for skin damage is great No table to eat off (we had to use a small trolley) Sat in front of our level one , with lots of coming and goings. Potential hazard had there been a fire and evacuation was required. Not to mention the complete lack of privacy .

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Everyday patients are assigned to the corridor on chairs or bed. Management says its a measure to ensure ambulance waiting time in ED is 45minutes. This measure makes me have more patients under my care not meeting my required Nurse patient ratio. As a result I experience burn outs and fatigue it also affects my mental health as some patients are abusive and arrogant when assigned to the corridor.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

There is no privacy and worse if it's an old patient that needs commode.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

It felt inappropriate and became impossible to deliver care privately (ECG) due to other patients being around and able to see patients during this care / personal care (no privacy

In what ways were patient care or safety compromised, in your opinion?

No privacy

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

No privacy for the patient. They are asked to move if need to use the room for bad news. Unsafe.

In what ways were patient care or safety compromised, in your opinion?

A tv room, no equipment if an emergency happened!

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

The ward has consistently had 4 extra patients in escalation spaces 2 extra beds in a bay and 2 in a corridor space. No privacy or dignity, no screens provided and no extra staff rostered on to manage the extra demand.

In what ways were patient care or safety compromised, in your opinion?

Lack of privacy and dignity. Inadequate nursing staff to manage needs such as timely medications, pressure care, rounding and food and fluid intake.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

It's a daily occurrence

In what ways were patient care or safety compromised, in your opinion?

Lack of equipment

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Patient sent from recover ward as instructed by the bed managers but no bed space for the patient. Patient was on oxygen and post operative care, had to be dumped in the bed by the nurses desk and nursed there for a few hours!

In what ways were patient care or safety compromised, in your opinion?

Both! If an emergency had happened, you could not safely coordinate a cardiac arrest or fit a crash trolley in the corridor. Patient dignity was compromised as patient had no privacy for going to the toilet, repositioning ect

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Utilising corridors on daily basis now with patients staying up to 24 hours in these locations. Also seeing patient in the back of ambulances due to lack of flow through the system. Patients constantly receive poor dignity, are frustrated, in some cases refuse treatment and self discharge against advice due to situation placing them at risk of significant adverse event that would likely not have happened had the system been functioning as intended. This is demoralising for staff who wish to provide exceptional care, in some cases has led to long term sickness through depression and burn out, and has significantly increased staff turnover as it is no longer viewed as a sustainable career option for nurses and has diluted the overall knowledge and subsequent safety of the department. I have worked in Emergency care for nearly 20 years and have never seen it as bad as it is today, frankly it is embarrassing. It is multi factorial between changes in medical working conditions resulting in less clinician hours (but safer care), increasing and aging population with more complex needs, a lack if appropriate social care exacerbated by a shift in societal norms, and the positive impact of health promotion has had meaning more 'working age' are worried and seek medical reviews at a much lower threshold than they historically have. It is a perfect storm that requires either significant investment or a radical rethink about how healthcare is delivered.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Patients being boarded on wards in corridors. No curtains to give them privacy. Doctors unable to assess properly.

In what ways were patient care or safety compromised, in your opinion?

No dignity for patients. Treatment delayed as unable to give in a corridor

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Due to capacity and ED pressures boarding patients in corridor for 4 hours.

In what ways were patient care or safety compromised, in your opinion?

Privacy dignity – staffing pressures so increased pressure on minimal workforce with increased distress amongst patient. Not being able to meet all needs and increasing distress due to unmet needs

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Frail elderly patient with dementia – causing more distress and ultimately impacting recovery and extending length of stay on top of emotional distress. Organisational abuse for this vulnerable patient group

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Ladie brought up from ED placed in a bay, meant to be for 6 patients, she was the 7th. No oxygen available in case of an emergency, no table for the patient or call bell. The patient was only there for 2/3hours but it's not acceptable for the patient, other patients in the bay or the staff.

In what ways were patient care or safety compromised, in your opinion?

No oxygen. No call bell No table No curtains to seclude the patient

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

There was a lack of privacy which was difficult for the patient and others around them.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

It's chaotic and the patients have no privacy or dignity

In what ways were patient care or safety compromised, in your opinion?

It is difficult for nurses to safely nurse when their patients aren't in a designated space. The nursing ratio is so high very few middle acuity patients will be getting adequate care

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Patient came from another department, there were no beds available. I got this patient in addition to my regular number of patients. he was unable to get out of bed due to leg dressing and arthritis. it was very challenging to give personal care in the narrowed corridor. even there's no privacy for the patient as well. its very challenging for nurses to give care for more than 6 patient maximum. most of the day we're short of staffs and struggling with 9 to 11 patients

In what ways were patient care or safety compromised, in your opinion?

Mobility of patient affect risk for falls

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Wards are boarding patients in the bays, when there's patients for discharge however this sometimes means long hours with extra patients. This is happening to alleviate the A&E corridors that have been day in day out full of patients. In addition nurses being moved from their working area to look after those patients in corridors

In what ways were patient care or safety compromised, in your opinion?

An extra bed means less space around patients specially when in bays that are already lacking sufficient space, also in case of emergency there is no immediately O2 or suction, no electricity plugs etc, also higher patient:nurse ratios that impact patient care

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

The bay is designed for 4 patients. We have had 5 patients in there for years 1 up there is a lack of dignity, impossible to practice safe manual handling, infection control concerns. We also have a patient in our corridor preemptive transfer they could be there 12-14 hours, sometimes overnight. Again no privacy and dignity. Poor manual handling. Unsafe environment. This happens daily. The ward is funded for 32 patients, we 24/7 have 37 patients. Sometimes 38 if we are double occupancy but of staffing levels don't reflect this. It is swept under the carpet

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Told a bed would be coming up soon and that they needed space in A&E. There was no bed. Patient also confused and not appropriate

In what ways were patient care or safety compromised, in your opinion?

Patient confused and at risk of falls placed next to the nurses station -Any space that's not a bed space is a compromise on care

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

In and ED setting. No space in the department or hospital so offloading ambulances and delivery care within corridors.

In what ways were patient care or safety compromised, in your opinion?

Care is not dignified. There is no oxygen and suction in these areas should you need them in an emergency. Creates a risk for staff and patients if there was a fire.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

I know we have no choice but to deliver care in this way at times but it has such a negative impact on us as nurses. We're not able to give the care we'd wish, we're constantly apologising to patients and family members for the situation, plus have to deal with upset patient and families. We try our best but at times it does not feel like we are giving good enough care in these circumstances and so undignified for patients.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

I had to change an incontinent, frail patient with dementia on the corridor, by the vending machine. It was undignifying, felt so bad at the same time it was my duty to deliver care

In what ways were patient care or safety compromised, in your opinion?

I could not deliver person centered care, patient was largely exposed to passers by and very distressed. There was no oxygen, suction or calling bell, it felt very bad and unsafe

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

It was hard to deliver care to pt. There was no privacy .no place for family to sit. Every pt information was heard by those passing through the corridor. It was awful and it has always been

In what ways were patient care or safety compromised, in your opinion?

Pt information was publicly shared to stranger No privacy. No family place to sit to see their loved ones.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

They sent another patient to the ward while the patient waiting to be discharged was still around. It was horrendous as the patient was to be discharged suddenly got confused, agitated and aggressive. It was unsafe for everyone, staff and patients.

In what ways were patient care or safety compromised, in your opinion?

Privacy and wholistic care

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

We always have patients in our corridor of our A and E department. It feels unfair and undignified to the patients as they are exposed with everyone walking past them all the time, while they're led on stretchers or in hospital beds.

In what ways were patient care or safety compromised, in your opinion?

Too many patients in the department and stressed staff. Patient care is not at the standard I would like to give

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

I feel sorry seeing frail patients on a trolleys and chairs in the corridor waiting for long hours

In what ways were patient care or safety compromised, in your opinion?

Some patients have dementia and mental health problems and they are being cared for in the corridor and waiting rooms

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

A patient with a News score of 8 was transferred by paper handover. He required oxygen and IV fluids which the devices to deliver these were not available in the corridor. Had to do a bed swop, the pt who was moved from ward to corridor was not happy about the move. I did a Datix and wrote an email to my manager. Escalated for Dr to come and urgently rev the unstable pt, who later was declared EOL after 2 days and did not make it. The situation created psychological trauma to me especially when I recall the pt during his care, he thanked me saying I am a good nurse.

In what ways were patient care or safety compromised, in your opinion?

Corridor had no equipment to care for the unstable patient

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Trust continually short of beds. All escalation beds full all of the time so Site need to be reminded they are escalation beds not permanent. We have patients being treated in small waiting areas on our Renal ward with fistula problems and prior Renal biopsy as no beds. Inpatients are also being placed in outpatient areas such as cardiac investigations and frailty assessment bays thus preventing full use of these spaces resulting in longer length of stay and cancelled procedures. We also go twice daily to another hospital in a mental health facility to feed an eating disorder pt to prevent them being admitted to the acute site. The stress for the ward teams is enormous. I dread coming into work as I find as a Matron I have turned into a bed manager rather than being able to do my role. .

In what ways were patient care or safety compromised, in your opinion?

Higher risk of infections Lack of observation Hygiene standards lower in waiting rooms Patients waiting longer than necessary Too many patients for ward teams to see No additional nursing staff for additional pt workload Multiple bed moves so continuity of care compromised, longer length of stay and increased complaints from patients, relatives and staff.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Daily within my trust we are 1 up in both bays. This was supposed to be a temporary measure, to ease the pressure within the hospital, but has been going on for over a year now. This leads to whoever is working there having 10 patients to look after with often only 1 HCA to help. 10 patients make giving excellent care to everyone extremely difficult, I feel far too spread out and can not give equal attention to all my patients as much as I would like to. The 1 up space is so tiny and has no oxygen behind the bed, this leads to dangerous situations as if the patient becomes extremely unwell you can not fit a crash trolley in the space. Patients also lack privacy within these spaces as they are so close to each other, this also increases the risk of infection.

In what ways were patient care or safety compromised, in your opinion?

The 1 up space has no O2 behind the bed and the space is far too small to it appropriate equipment in the area. Patients who go into this space struggle to use their WZF. Care is lacking in dignity as there is no proper curtains in this space so screens need to be located when giving care. Safety can easily be compromised as the crash trolley does not fit well between the gaps of the bed

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

A lady needed to pass urine and was being nursed in a hospital corridor. She was bed bound and needed to use a bed pan. We had to place her in the entrance corridor to xray and place a screen over the corridor entry point and ask xray to not use their door while the patient was toileting.

In what ways were patient care or safety compromised, in your opinion?

Not enough nurses to look after patients in the corridors. Delays in imaging and diagnostics

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Patients i care for was in A&E. It was busy winter period and ambulances were queing. It was not a good experience, had a lot of pressure with high expectation. Loss of dignity to patients no privacy.

In what ways were patient care or safety compromised, in your opinion?

No dignity or privacy

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

There were no beds on the wards ,patient are stuck in ED,we had to put some on the corridor or nurse them on a chair for new patient to come in

In what ways were patient care or safety compromised, in your opinion?

Some needs to bed on a bed,on a monitor,delay of care due to overwhelming number of patient in a limited space

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

It's unsafe and undignified. You can't actually provide any care apart from doing observations.

In what ways were patient care or safety compromised, in your opinion?

A full assessment can't be delivered clinicians are unable to assess their patients . Hospital trollies are too big for the corridor so you can't move freely and you can't pass another trolley down the corridor when there are patients there. Which I'm sure becomes a fire hazard. Patients are being forced out by waiting rooms to sit and wait

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

I think taking care of a patient in the corridor is not safe & a good experience for our patients. On top of that I also treated a patient in Minors Injury who is having a stroke, also an MI that eventually collapsed & passed away.

In what ways were patient care or safety compromised, in your opinion?

Not only the noise but also the continuous passing of people the disturbs their rest that they need & also monitoring them.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

More Pts than beds in ED

In what ways were patient care or safety compromised, in your opinion?

Dignity, safety of pts as correct equipment not available and set up

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

The patient was a palliative patient unfortunately she needed a commode and there was no bathrooms free that we could use so I had to get a screen up and popper on a commode in the corridor. He left us both very close to tears.

In what ways were patient care or safety compromised, in your opinion?

You can't deliver confidential care in this sort of setting How undignified to be using a commode in the middle of a corridor

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Regular use of corridor, fit to sit areas, and seats elsewhere in dept.

In what ways were patient care or safety compromised, in your opinion?

Non clinical space care comes with an increased risk, either equipment or staff resources.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Waiting for beds on a trauma ward. Patients arrived from other hospitals as a secondary transfer, waiting in the corridor until we have a bed. No extra staff yet staff need to stay with the patient.

In what ways were patient care or safety compromised, in your opinion?

In every way. No toilet No oxygen No suction No drug chart No safety for the patient at all 12 patients in corridor with 1 HCA and 1 Nurse

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

I work in ED department. Everyday our ED corridor is full of patients, even we can't walk. More than 25 patients everyday and staffing is just 3. Patients receiving no proper care and no dignity. Sometimes patients number will increase up to 40 in corridor.

In what ways were patient care or safety compromised, in your opinion?

Staff patient ratio is really bad. 3 staffs for more than 25 patients everyday and sometimes it's reach until 40. Patient care is always compromised

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Increasing number of patients coming through A&E where I deliver my care. It's overwhelming and put a lot of physical and psychological stress on me. I get exhausted and will need to come to duty the next day or next 2 days.

In what ways were patient care or safety compromised, in your opinion?

Safety of being on trolley for long periods. Risk of spreading especially flu. Burn out of staff from long standing with short break periods which prone us to making mistakes like drug errors. Increase level of unwitness falls, Lack of sockets to operate electric medical devices, etc.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

It's quite uncomfortable every one passing by watching you giving care

In what ways were patient care or safety compromised, in your opinion?

In case of emergency, there are no emergency bells, no oxygen connections or suctioning connections because it's in the corridor

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

I work on a SACT outpatients unit with 14 chairs. We frequently have to add extra chairs to the area. For example, one bay is designed for 4 chairs/beds. We recently had to remove the beds to fit 8 chairs in. It was very cramped and both patients and staff were stressed by this.

In what ways were patient care or safety compromised, in your opinion?

Work load too high and unable to closely observe patients in the bay, as it is away from the main treatment area.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Patients are supposed to be independently mobile to the bathroom but no such patients on AMU so patient had to receive personal care behind a screen in an area where patients walk through visitors walk through and therapy staff sit and chat about other patients and their private life. No dignity for the patient. The call bell is a door bell. No oxygen or suction. No bed side locker patients clothes piled on their chair or on the floor in bags.

In what ways were patient care or safety compromised, in your opinion?

Not in main ward so staff can be busy with their other patients and the ones in the escalation beds are left unattended for long periods of time. Using a commode is so undignified in the area.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Minor Trauma (Day case) patient for theatre admitted in the corridor, checklisted and got ready for theatre, theatre called to collect patient on trolley (as no bed). Post op the patient was helped in recovery until a (delayed discharge went home) bed was available. Site staff moved patient on screen (virtually) from our Pre-emptive bed (corridor) to our waiting room (virtually) so the stats would not show this patient was being cared for in the Corridor.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

I work in A&E as a nurse. As an impact of winter, flu, staff shortage and less number of open wards made difficult to transfer the patients from A&E to wards. As there is increased numbers of sickness among staff and less inpatient beds, we are forced to consider and provide care in the corridor.

In what ways were patient care or safety compromised, in your opinion?

Poor dignity and privacy.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

I find it as embarrassing and also troubling situation for patients and staff. Especially when the patient needs urgent personal care, we have to find a closed space where we can protect their privacy and dignity.

In what ways were patient care or safety compromised, in your opinion?

Many treatments and care are delayed.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Moved to ED due to staffing levels. Cared for 3 patients in ED corridor. Privacy and dignity was attempted but very difficult. Felt negatively about completing this and disappointed for the patients in question

In what ways were patient care or safety compromised, in your opinion?

Small space, curtains inadequate. Giving care felt rushed and uncomfortable

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Extra patients to care for. Lack of patient and family dignity. Unable to isolate.

In what ways were patient care or safety compromised, in your opinion?

staff to patient ratio Patient dignity No call bell

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Limited rooms available and we still need to admit patients. It feels like working in a 3rd world community hospital

In what ways were patient care or safety compromised, in your opinion?

Patient have the right to privacy especially when care is being rendered.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

I assisted with a patient sent to an SDEC overnight while awaiting an inpatient bed space. This SDEC space is normally closed overnight, when I started my clinic in the morning these escalation patients were still here. All on trolley for upwards of 12 hours, cold, bright and noisy, this space isn't designed to accommodate inpatients, none of the patients had slept, were mixed sex next to each other. The male patient was bedbound and having to use a bottle to urinate into in full view of the female patient next to him.

In what ways were patient care or safety compromised, in your opinion?

Patients unable to undertake basic hygiene needs, patients being exposed to opposite gender genitalia, unable to sleep, area cold and bright. Patients in this escalation space unable to ambulate and/or falls risk. Far from any other support. Desperately unsafe

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Undignified, inappropriate, no call bells, patients there for usually entire shift (12hrs)

In what ways were patient care or safety compromised, in your opinion?

Unable to summon help, nurses unable to safely see patients or provide care

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

New rapid release of ambulances means pts are dropped off in Ed resulting in increased patients in waiting rooms and corridors. To spread the load of corridor care wards have increased escalation spaces to create flow from Ed moving problem to back door which is already broken with medically fit patients waiting for ongoing care on discharge.

In what ways were patient care or safety compromised, in your opinion?

Pts not properly handed over, pts with high acuity in wrong place, staff spread even thinner to care for corridor pts. Frail patients needing the toilet unable to get there. Confused patients trying to get off of trolleys

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

I feel embarrassed, pts are treated like cans of beans on a conveyer belt. Nurses are broken

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Ashamed at having to care for patients in an extra capacity bed, lack of space and privacy for patients and staff

In what ways were patient care or safety compromised, in your opinion?

Lack of space. No O2 or suction in bed space, so if there was an emergency patient safety would be compromised

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

I had to do a review of a patient in ED. He was on a trolley in a corridor with his relatives sitting beside him. Confidentiality could not be maintained as he was in a row of 3 trolleys. His relatives had to keep moving their chairs for patients or equipment to be wheeled past

In what ways were patient care or safety compromised, in your opinion?

Lack of confidentiality. Difficult to establish patient care plan. Unable to carry out a full review. No call bell for patient to alert staff

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Caring for a patient in the corridor as no more beds available, massively inappropriate, patient was an older woman, there is no dignity or privacy, needed dressing changes so had to find an appropriate space to change them, she couldn't rest and there was continuous flow of people passing by. Very unfair in the patient and unfortunately they get a bit neglected as they are in a corridor

In what ways were patient care or safety compromised, in your opinion?

If the patient suddenly need o2 or there was an emergency there if no oxygen there and no bell or alarm to call for help

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

This is something that happens on a daily basis.

In what ways were patient care or safety compromised, in your opinion?

It's not the ideal setting to care for patients. We often have to strip patients naked in the corridor to check their skin to avoid hospital acquired pressure ulcer, though we make use of small screens which are not efficient.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Patients are kept in extra bed spaces and the corridor. Nurses sometimes have to look after that extra one or two patients on top of their 9 patients throughout the day because the corridor patient may end up not getting a bed. This increases workload, increases errors, reduces staff morale, reduces patient satisfaction and increases staff absence from work because staff are overstretched.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

The hospital has so much patient and the patient has to be put on corridor where everyone passess and see them in bed laying there (its called pre-empty) until one bed with patient will be available for the corridor patient to move. The patient are usually independently mobile-minimum assistance of 1.

In what ways were patient care or safety compromised, in your opinion?

Some of them are slightly confused and high falls risk and skin will not be checked until few hours later

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Patients have no dignity. We cannot look after patients appropriately in a cold corridor. I have worked in ED for 16 years and as a result of constant poor care (due to overcapacity), I have decided to leave my clinical role in ED

In what ways were patient care or safety compromised, in your opinion?

There is no dignity to being nursed in a public corridor. There is no emergency buzzer or oxygen for deteriorating patients. Our patients are housed outside our resus doors so these patients are having acutely unwell patients wheeled past them, sometimes unwell children or patients in cardiac arrest which is extremely distressing.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

In a corridor, when u provide pt care, I feel very unsafe for pt because they don't have call bell to call for help, any one can pass through corridor so pt don't have there own privacy, when need to go toilet or change their Pad they need to wait for the help or wait for cubicle to available so we can change there Pad which is very uncomfortable for pt and in corridor nurse is not always visible becoz nurses are really bg to provide care and preparing medication, chasing Doctor for plan or escalating ur unwell pt, and specially most of the time short of staff nurses which makes more difficult for nurses to provide proper care to their pt and pt to receive care from nurses. It is not safe for pt and nurse to provide care in corridor.

In what ways were patient care or safety compromised, in your opinion?

In ED department, we always have pt in corridor, so I don't think there is any plan to removed corridor care in place.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

We do it all the time..board patients in bays..have queues in.ed. bed patients overnight in sdec

In what ways were patient care or safety compromised, in your opinion?

Its been like this for years . Until the NHS is funded properly this will continue.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

The ambulance constantly arrive and we do not have enough capacity.

In what ways were patient care or safety compromised, in your opinion?

Patients have little privacy, wait for hours , it was like it before the pandemic and has got worse.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Pt's were off loaded off of ambulances, put on a hospital trolley and left in a corridor space. These ambulances had been waiting more than 45 minutes to hand over. In total there were 11 patients in the corridor and I came to help by performing observations as these patients were yet to be seen by a doctor.

In what ways were patient care or safety compromised, in your opinion?

There was 1 nurse trying to take handover of all ambulances to arrive at hospital. Another 11 patients in the corridor who had not been assessed by a doctor before being left. No accessible toilet and these patients were unable to mobile independently. No crash buzzers, no suction or crash trolley incase of emergency and just O2 under trollies with no equipment.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Our ward is a renal and endocrine and since coming into that ward, there is always 1 patient bed in the corridor. It's not appropriate as the patient doesn't have privacy and when you deliver information to the patient, somebody might just walk through.

In what ways were patient care or safety compromised, in your opinion?

Privacy for patient and family visiting, patient can't rest peacefully as people walk by all the time, and patient is also risk for getting more infection. Also, patient can hear what nurses or doctors are talking as it's close to nurse station related to another patient.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

No beds on wards

In what ways were patient care or safety compromised, in your opinion?

No privacy

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

ALL cubicles in ED taken by patients needing admission

In what ways were patient care or safety compromised, in your opinion?

Not enough resources

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Those waiting to be seen in main waiting room(walking patients) or in corridor (patients coming by ambulance or too unwell to sit out)

In what ways were patient care or safety compromised, in your opinion?

Not enough trolleys delaying care

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

No areas for Dr's to see patients

In what ways were patient care or safety compromised, in your opinion?

Not enough nurses to the amount of patients in department. Unable to give treatment due to space. Constant patients' complaints. No privacy for patients as space they are in not appropriate. Not enough staff to cater for amount of patients. ED nurses having to look after bedded inpatients as well as looking after ED patients.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

I often walk past the outside of our A+E department. I see up to 15 ambulances outside the building daily waiting to unload their patient. This is a daily vision. These ambulances are then unable to answer any emergency call outs.

In what ways were patient care or safety compromised, in your opinion?

Unable to answer any more emergency call outs. Not appropriate for paramedics to have to nurse a patient for hours in the back of an ambulance. They will start to leave in droves, this is not what their role should involve—they are supposed to deal with life threatening emergencies not nurse the elderly in the back of ambulances for hours at a time. Not appropriate care for the patient involved—people are dying in the back of ambulances in the car parks.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

I was working on A&E and patients who needed a bed on wards were placed on corridors sometimes for days as there was no available bedspace. Wards are opening up beds increasing the number of patients in bays, giving extra work for nurses, more stress, less good care possible to deliver

In what ways were patient care or safety compromised, in your opinion?

They were neglected on the corridor, some were too unwell to be there, sometimes no staff allocated to look after them properly, no privacy, no call bell, no O2 ports near by. Changed a dressing in a step down area while patient was sat in a chair as no trolley available

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

To reduce ambulance waiting patients are cohorted onto corridor space in ED

In what ways were patient care or safety compromised, in your opinion?

Reduced staffing availability and emergency equipment such as piped oxygen etc

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Patients in the corridor in ED and ambulances queuing to off load patients. Highly acute patients having to be moved out of resus to accommodate other patients who were also acutely unwell.

In what ways were patient care or safety compromised, in your opinion?

Critically unwell patients in the corridor and in ambulances.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Since summer I have been experiencing to take care of patients in corridor, it happened because of lack of beds to send patients to the wards. It's been very difficult and stressful working like that special when we need beds for patients that need closed monitor and for privacy and dignity for them. General public have lack of knowledge when to use and not use the accident and Emergency. But even the GPs and surgery's.

In what ways were patient care or safety compromised, in your opinion?

Happens that we've been receiving patients on oxygen and they are in corridors because we didn't have space for them. I have experience to send a patient to cath lab direct from corridor, this patient was received from previous shift. Patient with seizures in corridor.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Difficult to deliver dignified care

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

It is so inappropriate to deliver care while other patients are there

In what ways were patient care or safety compromised, in your opinion?

Patient confidence

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

An extra bed was put into bays on most wards – sometimes two bays on a ward had extra beds. This happened during 2022 as a temporary measure and has not changed. These beds have no proper curtains to maintain privacy or call bells for patients to use. They are also in corridors on some wards. The public perception of corridor care is waiting in ED for a bed – not that this is where their entire admission could be spent

In what ways were patient care or safety compromised, in your opinion?

No extra staff have been provided to care for these patients

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Delivering corridor care daily (day and night) often to 20 patients lined up

In what ways were patient care or safety compromised, in your opinion?

In every aspect 1) unsafe 2) not considering infection control 3) No dignity 4) No confidentiality 5) Goes against nursing standards but being forced to care like this as no other options

- trying our best to provide best care in inadequate settings a CORRIDOR

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

I gave bedpan for a lady in the corridor, done several ECGs for a patient in open space, I done personal care for a patient in bereavement room, reason why? There is no isolated space for us to do that

In what ways were patient care or safety compromised, in your opinion?

Inappropriate Exposure to the public, I need to prepare washing bowl far away from patient, come with it to the corridor take patients to bereavement room and give them personal care

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Additional bed in a middle of bay patient became confused and sick. no privacy or dignity for the patient and all other patients onlooking.

In what ways were patient care or safety compromised, in your opinion?

no privacy and dignity for the patient – no oxygen piped to the bed space. Running oxygen on a portable cylinder, safety hazard

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Patient in corridor whilst waiting for a bed space. This was inappropriate. The effect it had on me: I was stressed, it felt unsafe and I felt I could not provide the level of care I wanted to due to having to care for an increased number of patients. I also felt embarrassed to have a patient in the corridor. It makes moral low.

In what ways were patient care or safety compromised, in your opinion?

O2 and suction which is normally in the bed space for emergency set up would not be there if it was need. Space is an issue as well. If a beds in a corridor then another bed can not go past. Also no curtains – a lack of dignity.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Putting myself in the patients position i would be mortified to be unwell and then in a public place when feeling so vulnerable. It s distressing for me to see. However i cannot see an alternative and when i have spoken to relatives and patients the majority describe the journey/pathway they have had to get to that point and are both grateful and happy to be in the hospital . Very patient and understanding and a relief for them. So i i have assumed the expereince starts and is impacted long before the corridor expereince.

In what ways were patient care or safety compromised, in your opinion?

Dignity privacy not through lack of screens or nursing assistance more because feeling your worstiti is a public place. Feelling exposed.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

I worked in where we called ambulance line when we have influx of patients and the ED is full to the maximum and this is a daily experience. This type of care delivery area impact on the care delivered as well as the care givers. For example for the period of working in ambulance line I didn't sit down as there is no place to sit to document care given.patient may need ECG or Commode it is inappropriate to do it in the corridor, I then have to look space to carry out these cares. Thus, delaying care delivery.

In what ways were patient care or safety compromised, in your opinion?

As we manage them in corridor their privacy is compromised

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Bank teams are put at risk as they do not escalate effectively or work in the area regularly. Patients are put at risk, their clinical presentations are not appropriate for the area.

In what ways were patient care or safety compromised, in your opinion?

No basic ADLs met (showers/washing, catering, ward cleaning or nurses treatment room) in the area. Risks error, complaints and poor experience.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Although it is a bed space, it has NOT got the basics to care for patients ADLs. Therefore, should be treated as a corridor.

In what ways were patient care or safety compromised, in your opinion?

Increased pressures in the area risks cancellations of day case procedures and further increased waiting lists.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

No showers, no kitchen/provisions, no confidential areas for patient review or family to visit appropriately. Does not allow for sufficient OT/PT assessments.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

It has been used consistently since September and on and off since February 2024.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

It impacts staff morale. Staff and patients safety. Management time to support and do their work for the department as they are constantly fighting fires. Patients experience (those who visit the day case/Endoscopy department for procedures and inpatients in the escalation area) are both poor. We never feel like we do a good job. Because everyone suffers.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

I gave care in a corridor last week due to shortage of beds

In what ways were patient care or safety compromised, in your opinion?

Privacy was compromised and it is noisy in corridor which will affect the pt

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

An aggressive patient was brought up as an 'upbed' which was highly inappropriate. They were too close to other patients which then compromised the safety of them. This patient was also at high risk of a cardiac arrest, so this patient also had no main supply oxygen, suction or a crash bell near within reach. This impacted me as I felt bad for the other patients who were so scared, and then also felt awful for the confused patient experiencing this as we couldn't deliver safe practise by being over crowded and understaffed.

In what ways were patient care or safety compromised, in your opinion?

We couldn't deliver safe practise and the safety of other patients was compromised

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

We had to care for a patient who required intravenous medication via a pump. Was placed in a bed in the middle of the bay. No where to plug in pumps for continuous intravenous medication. Patient immobile and no curtains for privacy and dignity when requiring toileting. No call bell. No table to place meals or jug of water on. Having to use temporary measures such as sterile dressing trolleys. These types of patients occur on a regular basis and the process is meant to be that the patient ready for discharge gets moved into the middle of the bay, however we are boarding patients into the middle of the bay without discharges.

In what ways were patient care or safety compromised, in your opinion?

No patient dignity, patient acutely ill if they deteriorated no emergency bell, oxygen or suctioning available. No privacy for the patient to wash and dress. If emergency in bedspaces by the boarded patient there is then access issues to other bedspaces with crash trolley

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Had to do personal care as patient had been incontinent. In the middle of a bay so screens and other patients curtains had to be pulled to provide dignity for this patient. I felt embarrassed and was apologised for the inconvenience.

In what ways were patient care or safety compromised, in your opinion?

Dignity and not enough staff for the shift to begin with.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

No staff available. This is one of the problems such as salary and work load in A&E

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Lack of privacy and no lighting or cupboard or trolley

In what ways were patient care or safety compromised, in your opinion?

No nightlight, or personalised privacy

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Totally inappropriate space for privacy of any kind, lights on all the time and busy area with people and beds passing constantly!

In what ways were patient care or safety compromised, in your opinion?

Large area to cover, falls risk, no personal space for patient or their needs. This practice needs to stop now !!

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Wait and return to for a patient attending an outpatient appointment did not happen

In what ways were patient care or safety compromised, in your opinion?

On a stretcher in the reception area of a busy outpatient department

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Patient was feeling very vulnerable and said they felt like they were in a goldfish bowl. Completely inappropriate setting to try and care for someone

In what ways were patient care or safety compromised, in your opinion?

Loss of privacy and dignity. Impact on the patients mental well being

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

impacts on patient care and safety

In what ways were patient care or safety compromised, in your opinion?

lack of secure setting and increased risks associated with this. Increased reliance on staff skill to keep patient safe

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

It makes patients upset, tearful and angry. People complain at us like it's our fault but it's out of our control. There's no care in this. We can't keep up with the demand, it's upsetting and degrading and we can't justify these actions

In what ways were patient care or safety compromised, in your opinion?

Can't feed and drink well, restriction on visiting ability, to many patients so we can't fulfil medication and observations on time

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Patients sat in 'fit to sit' for far too long a period in an area completely covered very very lovely bank or agency staff. Very apologetic and requiring our help and advice.

In what ways were patient care or safety compromised, in your opinion?

Being cared for by people in unfamiliar surroundings without the guidance they need. Sitting in uncomfortable chairs for up to 12 hours.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Providing care to a patient in the middle of the bay is highly inappropriate as it endangers patient safety and privacy as well as staff unable to perform life saving interventions due to lack of space to work with. One instance was a poorly patient was situated right in front of an up bed which caused staff to not be able to position the emergency trolley and other medical staff had to work and walk around the extra patient bed just to get to the poorly patient.

In what ways were patient care or safety compromised, in your opinion?

No space to work with, extra beds in the middle of the bay or along the corridor could eventually become obstacles especially during emergency situations

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

It is very unsafe for both patients and staff

In what ways were patient care or safety compromised, in your opinion?

Inadequate monitoring facility and equipments example; no oxygen on the corridor in cases of emergency

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

A&E ward area too busy with patients, having no bed spaces left for patients, up to 48 hrs

In what ways were patient care or safety compromised, in your opinion?

Patients in pain, unwell waiting for too long sat in a chair

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Lack of capacity available beds in the hospital to get patients out of ED to an inpatient bed. So patients who block up ED have to be cared for in corridors as waits +24 hours at times for a medical bed inpatient. Knock on effect patients left outside ED in ambulances for hours. Horrendous. More people moving into country and hospital capacity not increased so this situation won't change unless they expand hospital bed availability and start to pay nurse to train to be available for exception all standards of care. The nhs is a total shambles these days. I've worked as a nurse since 1987 when I trained. Never did I think care would be less invested in as it worsens year after year.

In what ways were patient care or safety compromised, in your opinion?

Lack is staff to care for these patients. You can't give exceptional care in a corridor.... No privacy

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Patients were in beds in the corridor for over 24 hours. They were seen and treated, but their privacy was limited and they were visibly upset. Some reported their Mental Health being impacted by this. Nurses looking after these patients were occasionally treated disrespectfully and even aggressively, making the shift very distressing and requiring support from other staff to cover for a few minutes to decompress.

In what ways were patient care or safety compromised, in your opinion?

Corridor spaces are not emergency-ready. For instance, when an emergency bell needs to be called, the nurse has to leave the corridor, call the bell, then direct responders to the right place – instead of or while providing first aid.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Delivering care in a corridor while trying to uphold dignity as best as possible. Having to move patients a small inappropriate rooms and areas in carry out investigations such as ECG' for total privacy for the patient due to being exposed. Blood taking, administration of medications. No call bells located by patients or ways for patients to attract help from staff who are caring for them during extreme pressures and busyness

In what ways were patient care or safety compromised, in your opinion?

Patients left in corridors with no way of being able to call for help – no call bells. Unwell patients left in corridors where there is higher risk of catching hospital acquired infections. Frail elderly patients left on hospital trolleys for excessive periods, some over 24 hours increasing the risk to patient skin integrity. Unable to safely provided the very basic of patient care due to such high demand. Staff suffering from burnout and exhaustion thereby increasing risk to patients.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

I was difficult as loads of people were walking throughout the corridor the patient had no privacy and was hard to give personal care

In what ways were patient care or safety compromised, in your opinion?

People passing with other beds and having to move the patient from one place to the other and the doctors took more to find her

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Unexpected arrival not communicated , no handover , sore to site transfer , high acuity of patient and increased workload of already allocated patients

In what ways were patient care or safety compromised, in your opinion?

Pt deteriorating Pt needed 121 Moved from perceived acute site to perceived less acuity site and medical patient in a surgical setting putting and compromising care of the specialties . This followed the closure of a ward as perceived beds not needed .

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Since we'll before Christmas the hospital was in critical incident due to winter pressures. I find this year worse than the last and that worse than previous. We all know there WILL BE a winter pressure but we do not work to prevent this, we just react to it and try to manage as best we can which causes situations where patients do need to be seen in an inappropriate setting because there are NO appropriate ones available and we cannot not treat poorly patients. We are healthcare professionals and we have to make do with what we have in order to treat that poorly patients.

In what ways were patient care or safety compromised, in your opinion?

The care was delayed and rushed due to high demand on the service It will always be like this if we continue to be unprepared for winter pressures and just manage issues as they appear It was a difficult experience as not all equipment etc to hand

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Our ED has an area called the Hub which is the corridor between two areas of the ED where the board clerks and NIC are stationed. When the department is particularly under pressure, such as now, we can fit 3 ED trolleys in this corridor space, with screens between but offering very little privacy for ECGs, using the commode etc. Additionally, in one of the other ED Majors areas, what were temporary chairs designated to patient's to fit 2 more patients into Majors, have now become permanent ED trolley spaces, again offering very limited privacy. These temporary measures have become normal in order for our ED to facilitate as much care as possible and bringing more acute patients out of the ED waiting room into more direct nursing care. We also regularly have to triage, perform cannulation/venepuncture on patient's waiting to transfer from the in-bound ambulance queue to speed up transfer when a bed space becomes available. None of this is ideal and it impacts on patient dignity, safety and delivery of quality care but it is unfortunately necessary in the current NHS climate, especially in this under-pressured, winter/flu time. It does make an already challenging job harder.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

No room or bed space available due to massive numbers of patients coming in. Doctors discharging medically fit patients to have spaces but still no space because the number of incoming patients are doubled number of discharges. Nurses and doctors trying their best to give treatments as quickly as possible but a lot of patients taken this effort for granted. They only see the long waiting hours but not these healthcare professionals who are running around the hospitals to attend their needs knowing we are always short of staff.

In what ways were patient care or safety compromised, in your opinion?

Privacy wise and increasing numbers of patients under your care may lead to inadequate access to care or worse to an error

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Due to increased influx of patients coming to hospital it is often necessary to give care to patients in corridor and waiting rooms

In what ways were patient care or safety compromised, in your opinion?

THE safety and care is compromised where patients needs to be in cardiac monitor are treated in corridors

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

On my ward we have 4 boarding beds these beds were temporary escalation beds to help with the back flow post covid but have stayed. They have no oxygen and suction facilities, the privacy curtain does not extend around the bed space so we use a portable screen. There is no individual light and the main bay light is directly above the beds giving the patient no control. There is also no fixed electricity to the beds, power is delivered by extension lead taped to the floor. I find this undignified and reduces the ability to fully care for the patient. If the patient in these beds becomes acutely unwell we have to change them to a space where there is the correct equipment causing unnecessary time and stress for both patients and staff.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

There are strict criteria for the use of these beds but things change quickly and winter pressures mean that there are frequently unsuitable patients in these beds

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Due to service demand lack of clinic rooms

In what ways were patient care or safety compromised, in your opinion?

Lack of privacy

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

work in community team as a nurse prescriber and practice lead. Asked to see patients in waiting rooms due to shortage of inpatient psych beds, to manage patients with med recs for detention but who's papers have not been served for detention due to waiting beds. Artificially keeping people who are detainable, suffering with psychosis, bipolar etc out of hospital due to shortage of beds and OPEL 4 across the trust

In what ways were patient care or safety compromised, in your opinion?

Patients recommended for detention under MHA 1983 not detained due to lack of beds and forced to remain in community. avoidable harm happened

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

I was sent to ED to help as they were manic. I looked after three elderly gentlemen. Two on trolleys and one on a bed. They had been there since the afternoon of the previous day. They were given breakfast but no further hot drinks or lunch. I sorted out sandwiches and drinks for them. Every time the ambulance door opened they were blasted with cold air. Later an elderly lady who was a trauma call was moved into the corridor with the other elderly patients. She had a broken hip and severe facial injuries. I was shocked that the Band 6 thought this was a suitable place. The specialists came to assess her and speak to relative in the corridor. Patient dignity, respect and confidentiality was gone. I felt embarrassed to be a nurse.

In what ways were patient care or safety compromised, in your opinion?

No access to bathroom. No screens, patients were cold, no tables to put water on. No privacy. Nurses so busy patients can not always be watched.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

The patient was there for over 2 days. 4 patients in corridor at all times, a lot more abuse due to patients and relatives being unhappy about being in corridor

In what ways were patient care or safety compromised, in your opinion?

No call bell, no oxygen, in the middle of corridor so no confidentiality and being examined in corridor

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

On multiple occasions, I've had to change compression dressings while nursing on the corridor. While I tried to protect said patient's dignity by pulling across all screens available, and the patient seemed comfortable, I imagine they may have been trying to hide their true thoughts and disappointment about the situation. Also, the remarks of discontentment with being nursed on the corridor and seeing patients being wheeled into the unit only made me feel somewhat uncomfortable and incompetent.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

It's absolutely disgusting. Patients and relatives are horrified and we are abused for it. If that was my relative I would feel the same

In what ways were patient care or safety compromised, in your opinion?

Patients are sat in front of fire escapes, nursed in cupboards and in beds in corridors. The staff patients ratios is dangerous. It's a very sad time to be in the nhs

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Long waits in our ambulatory area of the ED means people are in the waiting area. Unable to keep an eye on all patients in the waiting area. More patients combined with low staffing levels means patients are not getting the care or observation they need. Majors constantly has corridor patients. Long ambulance waits due to the hospital being full means we are always holding ambulances. The worst for me is elderly people in our waiting room. With 40+ hours waits for beds sometimes means people older than 80 are sat in the waiting room on hard plastic chairs, no access to washing facilities, minimal food access (a sandwich or a piece of toast and a cup of tea) having to administer their meds in a waiting room full of people. Due to the winter bugs we also frequently run by out of side rooms which means people with flu are put in a waiting room (masks encouraged) next to people who are neutropenic. We have been advised by our oncology service that neutropenic patients do not need to be isolated anymore due to getting sepsis meds in within the hour. It's heart breaking that all people but especially frail older people are having to wait so long. It's not the nursing I signed up for. I don't feel safe doing it. And I definitely don't feel comfortable doing it.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

I had a fall during the shift due to rushing and stuff and urine on the floor.

In what ways were patient care or safety compromised, in your opinion?

High risk of falls patients unsupervised and so on

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Unable to give proper care to patients. No privacy or dignity for patients. Increased aggression

In what ways were patient care or safety compromised, in your opinion?

No privacy. Improper equipment

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

I work in an emergency department, over the past few weeks due to increased numbers and an influx of respiratory patients we have had to use the corridor to care for long stay patients. We try to put the most stable, ones who are going to the ward next in-line and people waiting for discharge plans. This is not how any patient should be looked after priority is patient safety which at times is difficult.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

The area is improper for inpatients, it was very cold, the lights stay on all night because they activate on movement. There should be 2 nurses caring for these patients but in my case it was 1 nurse and 1 health carer on the night shift.

In what ways were patient care or safety compromised, in your opinion?

Patients complaining it was cold, when the nurse went on break there was only one health carer left with them. you had to send the health carer to get stuff from other wards because you don't have all you need on same day emergency care unit.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Our hospital currently has 42 escalation beds in use, this includes 1 extra bed in each bay on our medically fit for discharge ward, 5 beds in corridors (one pe4 suitable ward), day theatre cubicles used for inpatients and Same Day Emergency Care (ambulatory emergency care) cubicles also converted into bed spaces for acute patients. All this extra patients require additional staff that we don't have, usually nurses get moved from wards, leaving them under their core numbers (remember most wards have an extra patient already sat in the corridor).

In what ways were patient care or safety compromised, in your opinion?

We choose who goes in the corridor based on the expected length of stay, care needs and EWS (low score, not needing O2), but all that could change any time.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

On top of that, few storage rooms have been converted into patient's rooms along the last 2 years. They get used all year, but they still lack oxygen and suction installation.

In what ways were patient care or safety compromised, in your opinion?

They are also placed on the way for all ins and outs of the unit (other patients, staff, visitors). Despite provided screens, the privacy is almost non-existent.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

All incentives for staff to work extra hours have been gone now for a year, so most shifts to cover the increased demand and sickness are left vacant, expecting the staff to run short as the norm.

In what ways were patient care or safety compromised, in your opinion?

For the escalation areas we don't always have the needed staff. Some of these places run with 1 RN and 1 HCA for 7 to 10 patients. There isn't anybody else around these areas, some it feel very isolated and dangerous in the event of an emergency and also during staff breaks, when only one or the other is left on their own.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Patients looked after in all these escalation areas usually complain, sometimes leading to verbal abuse towards staff. Having to ask patients to move out in corridors so someone else with higher needs or dependancy can take their place is extremen challenging for the nursing staff, what just adds on top of all the other issues.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

The teams are just exhausted, across all wards. In ED it is not any better. We have been allowed to put up to 6 patients in majors corridors, where people have waited for a bed over 24h sometimes.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

It's very unsafe, because what if the patient deteriorated, there is not enough supply or equipment on the area.

In what ways were patient care or safety compromised, in your opinion?

They mostly get neglected, because they are not enough supply, private space for them.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

If the patient needs to go to toilet, its very undignified, it will take time for us Nurses to find space for them to be on commode, bedpan, changing pads, etc. & getting them back to the same place (corridor) which is btw freezing, specially this season.

In what ways were patient care or safety compromised, in your opinion?

Nurse need to get supply from clinical room, which is far away from the corridor.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

I was allocated to work as the 'queue flex nurse' which basically means look after the patients queuing to get into the pitstop assessment area in the emergency department.. the 'queue nurses' then look after the patients in a queue after pitstop assessment to get into majors (treatment area). During my shift I genuinely didn't have a clue what was going on with most of my patients. I would start trying to take vital signs, but would regularly be interrupted and asked to get things like pain relief, help take patients to the toilet or use the bed pan, I was completely overwhelmed as I had about 30 patients to MYSELF to look after and try to keep safe. It was completely unsafe and I worry for my PIN during these times.

In what ways were patient care or safety compromised, in your opinion?

Patients were waiting to the assessed in the emergency department for up to 4 hours, some of which hadn't had a single set of obs, including patients with chest pain. I did what I could, but there is only one of me

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Unsafe non observable bed space as it's the old bathroom used all the time as a boarding/ escalation bed

In what ways were patient care or safety compromised, in your opinion?

Non observable no access to call bell not set up as a working bed space no oxygen or suction

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

When I do extra shifts in ED , mostly get corridor patients and there is no dignity , privacy and even nurses and HCA s struggle to provide personal care to the patients due to lack of space which compromise basic need of the patient and mental well-being of staffs and patients

In what ways were patient care or safety compromised, in your opinion?

Developing pressure ulcers , not meeting personal care ,non monitoring area ,

and why? How did it impact you? What else would you like to tell us about it?

It was stressful it was degrading for patients and totally inappropriate

In what ways were patient care or safety compromised, in your opinion?

At times if there were too many patients and often to start with only one nurse

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

It was hard. I had an inappropriate patient transferred to the corridoe and they were feacally incontinent. I could not change them in the corridor so they had to stay dirty for about 4 more hrs until a space become available in CT. On the same day I also had a patient having clot retentions and I had to do bladder flush in the corridor with a screen on one side and nothing else.

In what ways were patient care or safety compromised, in your opinion?

I had to delay bladder flushes hoping to find a space where i could do it in private but ended up doing itt in the corridor as his pain was kncreasing

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Unsafe having pts in bays in middle affecting them and four other pts due to space and real safety concern. This is becoming the norm. All wards cuboards used prev as family/dayrooms escalation was a 3 month revovery plan. That was two years ago. Our poor patients having awful experiences affecting mobility and safety due to these environments. Staffing models unchanged wards now 3 pts extra when establishment models were already lean at 4/4 to 27 pts now wards looking after 30 with 3 wards within division night model at 2 registered nurses and 3 HCA feeling our voices are jot heard and we have to accept and get on

In what ways were patient care or safety compromised, in your opinion?

Space and environment- affecting multiple pts mobility and increasing risk of falls and harm, affecting equipment and therapist accessing pts and jo access to oxygen and suction. Extra patients in bays also block emergency doors though to adjacent wards for fire and evacuation affecting safety of pts and staff. Lean nursing models means in adequate care affecting risk of harm for meeting patients, hygeine, nutritional pressure care needs and mobility increasing risk of Deconditioning and falls

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

patient was transferred to the ward to wait in the corridor until the bed became available. Current patient wasn't going home for several hours. new patient was supposed to be stable and minimal assistance. Patient that came had dementia and required oxygen which he kept pulling off and was becoming cyanosed. this is now consistently a daily occurrence

In what ways were patient care or safety compromised, in your opinion?

clinical safety of patient that was transferred. physical safety as he was in a corridor with no one directly observing him as the nurses were in the bays. Safety of all other patients as fire exit blocked

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

I had to care for a deteriorating palliative lady in the corridor in A&E due to no bed availability in the hospital. It was distressing for myself, the patient and the patient's family who were very angry with the situation. It wasn't something that could be helped at the time but the patient was deteriorating significantly throughout my shift and I was terrified she was going to pass away in an A&E corridor. The patient had a daughter who was very angry and took it out on the staff as there was no one else to take the complaints. It made the shift very hard, felt very degrading, felt like I wasn't able to do my job the way I liked to and thought I'd be able to.

In what ways were patient care or safety compromised, in your opinion?

Yes compromised due to lack of space.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

4 patients were being cared for in the corridors of my ward. One elderly with chronic diarrhoea and another vomiting. One patient had been sleeping overnight in the corridor for nearly 72 hours and another patient was in a chair for over 12 hours due to no beds.

In what ways were patient care or safety compromised, in your opinion?

Lack of dignity. No oxygen and suction. Sleeping in a chair in front of endless people walking past, needing to be changed and supported with personal care behind a screen.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

The pt waited over 3 hours for ?CVA/FAST positive....missed the thrombolysis window resulting in long term damage post stroke

In what ways were patient care or safety compromised, in your opinion?

I was unable to administer the emergency care in a timely manner for the patient's best outcome which was awful for us all

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Due to bed shortages and queuing ambulances the pressure is on. Even though I know this care is unacceptable what is the alternative? Patients are often brought up to the ward without the bed space being empty. This has an impact not only the patient but the porters and the nursing staff. It makes me feel inadequate and I feel for the patient who puts their trust in you and the NHS is let down.

In what ways were patient care or safety compromised, in your opinion?

These patients are not on the electronic system as they are extra! This means medications and observations are not timely resulting in unacceptable care. The nursing staff are stressed and cannot juggle the extra patients. The space the patient may be in is not cleaned and basic needs such as bedside water and food are not always given as other staff are unaware the patient has been admitted to the ward.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Room for allowing patients, or for staff to help them, to meet their daily needs was limited. Insufficient emergency equipment.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

It's unsafe for patients and staff

In what ways were patient care or safety compromised, in your opinion?

Less supervision

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

I work in ED and someone had a seizure in the corridor where there is no oxygen, emergency buzzers or constant supervision – an unsafe and scary situation

In what ways were patient care or safety compromised, in your opinion?

Lower quality of care. Less privacy and dignity. No access to oxygen, emergency buzzers etc

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

I was more concerned with the fact the patient was on a trolley, in a busy ED corridor which is not that wide. The patient had relatives were with them also, and due to the patient's condition it was inappropriate for the patient to be on the corridor. Even when escalated, I was not listened to!

In what ways were patient care or safety compromised, in your opinion?

No privacy or dignity for the patient! No matter how much I tried to ensure this! Pt was also a falls risk, luckily they had relatives with them who prevented the patient getting off the trolley and falling onto the floor!

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Can't deliver critical care safely in the corridor.

In what ways were patient care or safety compromised, in your opinion?

Intubating in a corridor with a portable monitor

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

I feel bad for the patient especially in this cold weather and when they needed to be treated ASAP or to toilet

In what ways were patient care or safety compromised, in your opinion?

Some have to wait a while to be attended. They deteriorate or get worst when we have time to attend them

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

The patient wasn't happy about the corridor and starting blaming us, shouting, kicking and using inappropriate language to staff and it's was a nightmare for us. It's better to tell the patient who you are taking to the ward the truth , going to stay in the corridor and until there found space for you. It's better. They will know exactly what will happen.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

I was providing specialist care to a ward patient and they were in a bed in an alcove, this was in the corridor on a ward. There were no privacy screens, light or call bell, the ward had provided a hand bell for the patient to ring! The ward was noisy, staff, visitors, porters etc were walking up and down the corridor. This was not a peaceful or restorative environment for the patient.

In what ways were patient care or safety compromised, in your opinion?

there is no dignity or privacy for this patient. There was no emergency oxygen or suction in the event of a deterioration in the patients condition.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

if this was me or my relative, i would not be happy with this situation

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

a patient with RSV required a nebulizer and there were no rooms available. the patient was given a nebulizer outside A&E dept. in spite of smokers nearby and the nebulizer through an oxygen cylinder!!!!

In what ways were patient care or safety compromised, in your opinion?

risk of injury to patient, visitors and staff , no privacy or dignity for patient, sick patient had nowhere to rest, cold air exacerbated dyspnoea

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Bed in the middle of the bay no oxygen or curtains meant to be for independent patients who do not require oxygen this not always the case Privacy screen doesn't go around the whole bed. Door bell for a call bell.

In what ways were patient care or safety compromised, in your opinion?

No oxygen

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Staff and patients hate it. State risk extra patient to care for by the staff who are already stretched and patients hate being in the middle of the bay state feel like they are in a fish bowl

In what ways were patient care or safety compromised, in your opinion?

No privacy Cluttered area. Blocks fire doors (but fire trainer thinks it's safe). Major trip hazard especially when baxter pumps plugged in with wire stretching as well as patients plugging on phones leaving them on the floor

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Patient brought to ward on a trolley from ED. He was not handed over correctly and left on the trolley to create space in ED as ambulance had to leave. He was spiking temperature of 38.8 on arrival and clearly systemically unwell ? Sepsis. IV antibiotics hanging with no pump, free flow for an antibiotic which should have been timed. He then started to become confused and tried to undress in the corridor and then vomited. Due to the other patients conditions we were unable to create a bedspace so he had to be cared for, very unwell in the corridor on a stretcher. It was heartbreaking to watch, he had no privacy. This cannot continue it is unsafe practice. We have been told this is now necessary and we cannot refuse.

In what ways were patient care or safety compromised, in your opinion?

The patient I refer to had no oxygen or suction in the corridor, he was clearly fighting an infection and the redness was spreading quickly. Fortunately he has since gotten slightly better and now has a bed, however if this had become a necrotising fasciitis or sepsis we had no safe access to emergency equipment.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Unable to deliver safe nursing care ensuring dignity met. Unable to access correct medication, appropriate diet and fluids. Elderly patients with complex needs left on trolley for several hours sometimes days. I finished my shift feeling I had failed the patients I was looking after in a corridor.

In what ways were patient care or safety compromised, in your opinion?

Unable to provide timely care to a patient that had been incontinent. Unable to access medications, appropriate diet and fluids. No facilities to allow patients to have fluids at side of trolley, having to assist patients who couldn't eat off laps. Very limited access to bathroom facilities. Unable to maintain dignity or privacy. No access to nurse call equipment.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

I had to deliver direct care to a patient in the corridor, next to the ambulance doors, directly opposite the RAT room. It was a very cold night exacerbated by ambulances coming into the department. Curtains are in place around the 'corridor space' but did not provide privacy, comfort or warmth. No amount of blankets kept that patient warm. Patient had low body temp all night.

In what ways were patient care or safety compromised, in your opinion?

They were cold, out of sight of staff, constantly kept awake by ambulances arriving and going.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

It feels dangerous, started pitting medically fit in these areas now it feels like any pt can go. Pt staying on trollies for 48 hours in a corridor, then got a bed but was still corridor for 24 more hours. Bays for 6 pt now have 8 no oxygen or suction points and if a crash no room resuscitate. No extra staff to look after extra patients

In what ways were patient care or safety compromised, in your opinion?

No privacy or dignity, pt are unstable, no proper handovers given and inappropriate patients put into these spaces. Confused, Pt on infusions, Ivi, nebuliser. Etc. Lack of staff as generally running on low staffing levels. Poor decision making by bed flow managers

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

I have to carry the patients in the corridor due to hospital bed space was full and incoming ED admissions was high. Its very inappropriate to deliver the care in the setting and often patient feels uncomfortable

In what ways were patient care or safety compromised, in your opinion?

Privacy and dignity maintenance will be risky to maintain

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

There is no available cubicle to accommodate the patient and there is continuous ambulance arrival of patients.

In what ways were patient care or safety compromised, in your opinion?

Patients are at high risk of fall especially those confused.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

It's very challenging especially for confused patients. The patients are also exposed to cold weather. It's difficult especially to attend the needs of patients that requires privacy such as doing ECG, changing pads/clothes. It is also causing excruciating pain for us to stand for the entire shift and pushing trolleys.

In what ways were patient care or safety compromised, in your opinion?

In case of fire, the corridors are obstructed with trolleys and evacuation can get compromised.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

handling 4 patients with high News score

In what ways were patient care or safety compromised, in your opinion?

you cannot monitor patient ,give medication on time if high ratio patients

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

I work in the emergency care centre, it is out patients area, we have 4 bays and a waiting room with 2 curtain areas. There was 8 patients in this area, 5 men and 3 females. 1 female did not have a curtain, 7 were on trolleys (4 vulnerable).

In what ways were patient care or safety compromised, in your opinion?

It's un safe, no dr cover

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

We have a criteria where patients have to be mobile (independent or minimal assistance), and they should not be confused as there is only 2 nurses at night (ward staff), one of the patient was bariatric and non mobile with slight confusion. It was difficult she was on a trolley and it took all our staff to move her, very not safe.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

The last shift I was working I was at a different sight but I know my colleagues at ECC had 12 patients, I can not even imagine where they put them. We can not open (they try and make us open our out patients department with in patients in there) our normal department but they make us open with 4 in patients in there Spaces was filled up and I had to review patient with no privacy. Patient felt and looked vulnerable.

In what ways were patient care or safety compromised, in your opinion?

No privacy and I had yo ask very personal questions in the presence of others.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Patient went for a procedure but was promptly returned due to ESBL risk which was not identified

In what ways were patient care or safety compromised, in your opinion?

They were sitting opposite the other surgical patients waiting to be admitted. The patient kept on dozing off in tha patient transport chair. We only have one toilet

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Pt waiting discharge. No emergency bell, oxygen point or suction. This situation is not acceptable as also the pts bed had already been filled. If not fit for discharge, Pt to leave the ward to go to another area where there was a bed. Totally unacceptable and made me feel angry

In what ways were patient care or safety compromised, in your opinion?

Day room away from the bays and no equipment for an emergency

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Work in ED so is a daily occurrence due to no flow in the hospital and volume of patients attending. Corridor care is now normalised which is totally wrong and is an unacceptable place to care for patients. The impact on patients and staff is huge.

In what ways were patient care or safety compromised, in your opinion?

No oxygen or suction in a corridor. No crash buzzers or emergency trolley/ suction in a corridor. No place for privacy and dignity for toilet or examinations. Doing treatments like bloods and cannula and I've medication not safe in a corridor. It is cold and drafty for staff and patients. Not staffed to care for patients in a corridor. Compromises safe movement of other patients through the corridors to CT etc

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

No curtains, busy department with staff, trollies, beds going by frequently, no privacy or dignity for the patients, very difficult to maintain confidentiality when conversing with the person with other patients & visitors very near. Patient on a trolley, not in a proper bed, area cold & draughty due to access from outside to the area. Patient had no sleep as was there all night. Stressful, soul destroying, upsetting. Seems to be mostly elderly, frail people in the corridor. 'Privacy & dignity is everything' seems to have gone out of the window. No other option, all other escalation areas full. Corridor care used to be rare, now it seems to be a daily occurrence & 'becoming the norm' not enough staff to cover all these 'extra' spaces properly & safely. Poor quality of care. Not enough space for safe manual handling putting staff & patients at additional risk. Makes me feel very, very sad that this is what our wonderful NHS has come to.

In what ways were patient care or safety compromised, in your opinion?

No privacy or dignity (no curtains) having to get other staff (& relatives!) to hold up blankets to try & have some sort of privacy, patients on trollies or chairs (not proper beds) other patients & visitors nearby, all listening to conversations (difficult to maintain confidentiality) Not enough space for safe manual handling, no room for manoeuvring or using equipment (Hoists etc) Not all corridor 'spaces' have a patient call bell. Not enough staff to cover all these additional 'spaces'. Unless the patient can move from chair or trolley to go to bathroom to wash, very difficult to find any private space to move them to for helping with personal care/hygiene/toileting needs. Poor quality care due to inappropriate locations not designed to accommodate patients.

West Midlands Region

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Unit was full, parent with infant who was too young to be vaccinated. Waiting in corridor until cubicle was available

In what ways were patient care or safety compromised, in your opinion?

Risk of infection

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

My trust calls it push patients.

In what ways were patient care or safety compromised, in your opinion?

Not properly admitted

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Came from Ae after being in ae for 14hrs at 8am I've fluids hanging were empty and was soiled. 89 yr old lady admitted with increased confusion ? UTI and loose stools. Had to close all the curtains in the room to be able to clean this lady of excrement stained incontinence pads and get a bed from porters so she wouldn't fall out of the chair ae brought her on..

In what ways were patient care or safety compromised, in your opinion?

No fluids running No fluids prescribed Came to ward covered in excrement On a chair despite confusion and high falls risk

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Caring for elderly patients in corridor. Lack of privacy and dignity. Knowing this was wrong but have reached a situation of accepting the unacceptable

In what ways were patient care or safety compromised, in your opinion?

Lack of privacy and dignity. In ability to adequately assess patients. Confidentiality compromised.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

The 'push' or 'pull' model which I understand is to help the flow of the hospital with patients who may have been waiting in a&e for a long period of time. Patients are brought to the ward to be nursed in the middle of a room or in the corridor- 'privacy screens' are used to cover patients when they are incontinent which is less than dignified. Patients and relatives are upset and do not understand the model and their loved one not being in a bed space

In what ways were patient care or safety compromised, in your opinion?

Patients care and dignity was compromised. If patient became unwell access to things like suction and oxygen are not around patient as they would be in a bedspace.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

The patient was nursed in a corridor on a trolley. She was unable to mobilise and had been incontinent of urine. There was no way to provide personal care to the lady as there were no facilities available which we could wheel the trolley into, and we were unable to use the screens that we were provided to enable us to provide personal care in the corridor as they were blocking the corridor which is a fire exit. The lady had to remain in wet clothes and bedding until there was a bed space available for us to use. Once we had provided personal care we then had to return the patient to the corridor. I find it completely unacceptable that we cannot provide fundamental care to our patients and maintain their privacy and dignity. I felt desperately sorry that my patient was in that position through no fault of her own.

In what ways were patient care or safety compromised, in your opinion?

Unable to provide care in a timely manner Patient left in urine soaked clothing and bedding increasing her risk of developing pressure damage Unable to maintain the privacy and dignity of the patient Fire exit partially blocked by trolley

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

You feel sad for the patients. There are too many patients well enough to be discharged but stuck because of the lack of community care which compromises the acutely ill patients waiting beds and treatment

In what ways were patient care or safety compromised, in your opinion?

Lack of dignity Delay to treatment Additional pressure to clinical teams

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Working in the medical assessment unit. On this day another 2 patients were left in the middle of the bay. One outside a side-room where a patient had passed away. On this particular day the emergency buzzer went off 10 times during my 12.5 hour shift.

In what ways were patient care or safety compromised, in your opinion?

One patient had a seizure soon after coming from ED. The patient was sent up in a chair. At the same time we are moving push patients to other medical wards. These are also left somewhere until a bed becomes available (a pending discharge). This is all happening while doing morning medication, patients having breakfast and washes. As mentioned earlier in this particular shift the buzzer went off 10 times.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Corridor care is not dignified. Every other patient can overhear conversations. Patients and relatives blocking the corridors and doorways to X-ray and CT scan

In what ways were patient care or safety compromised, in your opinion?

Not being able to see all patients

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

The emergency department is not big enough to cope with demand. The corridor is used as an overflow area. We always aim to give good care however, regardless of the circumstances.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

They call it a push bed, so it would be in the middle of a bay, no call bell, they are seen to with staff holding bed sheets up, very inappropriate and unprofessional manner, they could be patients eating etc

In what ways were patient care or safety compromised, in your opinion?

No call bell at reach, if there was to be an emergency, other patients talking of a patient in the bay and can't get past to go bathroom

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Shocking! We don't have the staff to care for these patients and they are adding unnecessary stress and pressure to nursing staff causing increased sickness. We struggle to provide personal care for these patients. We often find in ED that we are pressured by ambulance services to offload patients into corridors.

In what ways were patient care or safety compromised, in your opinion?

No further staff provided to monitor or care for these patients Undignified care Unable to provide personal care in a corridor

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

I felt I gave undignified care and unsafe care. I encouraged the patients to complain.

In what ways were patient care or safety compromised, in your opinion?

Makeshift curtains around patient, sheets attached to drip stands! No safety equipment within reach of patient, o2, suction etc. In corridor next to patient bathroom and opposite nurse station which is a noisy area day and night.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

We barely have enough nursing staff to look after the patients on the ward without adding another patient. We had staff already feel burnt out, undervalued and not listened to yet we are expected to just put up and shut up

In what ways were patient care or safety compromised, in your opinion?

Staff is insufficient with sickness and vacancies and no staff to cover shift wards are sometimes working below 80% staffing levels

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Concerned about safety which unfortunately effects mental health

In what ways were patient care or safety compromised, in your opinion?

No electric to plug equipment No curtain

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Happens daily. No piped oxygen. No privacy. Everyone can hear the consultation. Far too many trolleys squashed into a small area. Far too many chairs in a cubicle. No infection control- patients coughing over each other. Poor toileting arrangements for patients.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

It's embarrassing to be trying to deliver care in an environment completely unfit for purpose.

In what ways were patient care or safety compromised, in your opinion?

Poor infection control Unable to attend to basic care needs in a dignified way. Chairs are extremely uncomfortable when waiting for >12hrs for a bed. The list goes on

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

We have one or two patients sat on beds in our corridor – we have one permanent bed in the corridor for a 'boarder'. It is rare the bed is empty. You get a lot of angry patients and family taking it out on you when it is not your choice but the bed managers won't come to talk to the patient or the families leaving it to you.

In what ways were patient care or safety compromised, in your opinion?

There is no curtain. No privacy. The bed is right outside an isolation room.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

I have to deliver care regularly in the middle of a bay surrounded by other patients facing inwards. Poor means of dignity ie no curtains. Also safety by not having an oxygen point at this 'temporary space'.

In what ways were patient care or safety compromised, in your opinion?

No dignity curtains etc

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

I have many patients say they feel undignified. I try to reassure to say that hopefully this would be temporary but lately the length of stay in the middle of the bay is just as long as other patients

In what ways were patient care or safety compromised, in your opinion?

No oxygen, emergency suction points

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Daily occurrence, nil capacity. We now take upto 47 extra patients across the wards.

In what ways were patient care or safety compromised, in your opinion?

Undignified.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Huge moral injury and undignified care.

In what ways were patient care or safety compromised, in your opinion?

No where to move to if the patients becomes more unwell. Difficult to manage hygiene, toileting, treatments and investigations

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Lack of patient care and dignity as high volume of patients to one or two nurses . Patients on ED corridor over 24hoursbb

In what ways were patient care or safety compromised, in your opinion?

Lack of staffing. Unsafe patients on the corridor

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Our hospital has a corridor where patients are placed when they are awaiting transfer to another ward from the ED they must be mobile and self caring and not confused or require any 1:1 supervision, there is also a limit of 4 patients on the corridor, however we are increasingly having many patients put into the corridor who are inappropriate as they require personal care, and we are having to find places to provide this care to our patients, we even had a confused patient who was being given 1:1 care by a HCA on the corridor last weekend.

In what ways were patient care or safety compromised, in your opinion?

Dignity was not respected, patients were on display in the department while acutely unwell and their privacy was not protected. We sometimes were unable to find a place to provide personal care for our patients and people were soiling themselves in the corridor.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

A push patient was brought up by AMU when our bed space was not ready and was left in the corridor on an oxygen cylinder for 3 hours. She was also on IVABX so was administered them in a corridor. She had to eat her lunch on her lap in her bed in front of the nurse staff base.

In what ways were patient care or safety compromised, in your opinion?

We were unable to do a proper admission assessment, personal care, allow the patient her dignity and comfort. On an oxygen canister for 3 hours.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

We are regularly being forced on the wards to take patients who they call Push patients. They have informed us we have to take them to free up space in ED but we are constantly told we have no choice and they can bring the patient up without handover. The patient has to sit in a chair for hours until a bed can become available. We have had emergencies due to inappropriate patients being brought up.

In what ways were patient care or safety compromised, in your opinion?

Unsafe transfers No hand overs Patients can in a chair in the corridor with no oxygen at the wall if they need it

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

It's the most undignified care I've ever given!

In what ways were patient care or safety compromised, in your opinion?

No privacy or dignity

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

My colleagues and I are currently tasked with caring for eight patients in the corridors, where they are placed on trolleys with no privacy or dignity. If a patient were to experience a cardiac arrest, it's hard to imagine how the emergency team and necessary equipment could reach them in time. These patients have no access to call bells, and many are elderly, requiring assistance to move or walk. Taking patients to the toilet through these crowded areas is both time-consuming and embarrassing for everyone involved. Completing documentation, delivering timely medications, and providing proper patient care have become extremely challenging. Staff are physically and mentally exhausted due to the overwhelming workload, compounded by staffing shortages and overcrowded conditions. This often leads to conflict with patients and their families, adding further stress to the situation. High risks of infections spreading between patients and staff. Imagine being treated or eating while lying or standing in front of a frequently used toilet door, exposed to the unpleasant reality every time it opens. Unfortunately, this is the current situation we face every day.

In what ways were patient care or safety compromised, in your opinion?

In my opinion, patient care and safety were compromised in several ways:

1. **Lack of Privacy and Dignity:** Patients were treated in corridors on trolleys, without privacy or dignity, which can negatively impact their emotional and psychological well-being.
2. **Emergency Response Delays:** In the event of a cardiac arrest or other emergencies, the lack of space and access makes it difficult for the emergency team to reach the patient promptly.
3. **Absence of Call Bells:** Without call bells, patients cannot alert staff if they need urgent assistance, increasing the risk of unmet needs or delayed responses to critical situations.
4. **Infection Control Risks:** Crowded conditions with patients in close proximity increase the likelihood of infections spreading between patients and staff.
5. **Challenges for Elderly Patients:** Many patients were elderly and had mobility challenges, requiring assistance to move or walk. The environment made it difficult to meet their mobility and toileting needs safely and respectfully.
6. **Delay in Care Delivery:** Overcrowding and poor working conditions made it hard for staff to complete documentation, administer medications on time, and deliver adequate patient care.
7. **Staff Exhaustion:** Staff were physically and mentally exhausted, leading to potential errors and a reduced ability to provide consistent, high-quality care.
8. **Patient and Family Frustration:** The stressful environment led to conflicts between staff and patients or their families, creating a hostile atmosphere and further compromising care quality.
9. **Unsanitary Conditions:** Treating and feeding patients near a frequently used toilet is unsanitary, exposing them to unpleasant and potentially harmful conditions.

Overall, these factors created a situation where neither patient care nor safety could be ensured to acceptable standards.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

The patients often transfer to the corridor from ED, being seemed as suitable by ED. They should only be on our corridor for a max of 2 hours in a chair or trolley, however they usually stay there longer, often 6 hours or more. These patients are also acutely unwell and not really suitable for a corridor, the families often complain and the patients get upset and frustrated. Patients do deteriorate on our corridor and then we have to quickly find a bedspace for them.

In what ways were patient care or safety compromised, in your opinion?

Patient having to go to the bathroom behind a temporary screen that doesn't provide full privacy and dignity.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

I would not be happy if it was myself or my family being nursed on a corridor and I do not agree with the process that we are forced to do

In what ways were patient care or safety compromised, in your opinion?

Unable to be repositioned immobile patients so causing increased press damage. Patients do deteriorate and then need urgently moving to bed space. Corridor area is by the main reception, therefore patients are having to manage feeling unwell with lots of commotion of running the unit happening within their earshot and lots of visitors, other patients and staff walking past them.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

A patient who was acutely unwell, cried because she felt worried and like she wasn't important. She'd been missed at breakfast because the staffing levels don't support the number of extra patients on each ward. She still had an empty IV bottle hanging and attached to her long after the infusion had finished, which was limiting her movements. Nobody had given her the time to reassure her that actually things were getting better. I sat and went through her investigation results, and the things which had been a worry but weren't now. I spent a bigger portion of my day with her because I felt she was quite vulnerable through no fault of her own. Had she been in a bed with an allocated nurse, her care would have been better and she would likely have recovered quicker and been discharged from hospital faster.

In what ways were patient care or safety compromised, in your opinion?

Delay in medications. Not receiving basic care, like food or a place to shower/bathe. Prolonged stay, likely to lead to other complications such as DVT or HAI. Impact on her mental health.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

I work in acute care area and at some days will be working as a corridor nurse where patients come and wait for bed. I care patient there and help in transferring to bed as soon it is available

In what ways were patient care or safety compromised, in your opinion?

In corridor the patient wont get a good space and attention as they needed and it affects the quality of care

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Extra 2 beds in a ward, no privacy or dignity. Ipc overridden compromising pt safety. Staff in tears and relatives distressed as pts in corridors waiting for toilet or a bed

In what ways were patient care or safety compromised, in your opinion?

Flu outbreak, pts put in bays with flu

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

It impacted me very badly as a corridor is not a place a patient should be stuck on for hours on waiting for a bed

In what ways were patient care or safety compromised, in your opinion?

The corridor does not have all the necessary equipment in cases of emergency

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

I was assessing as an ANP and wanted private space in A&E to take history and examine my patient. The only available empty space was the viewing room usually reserved for recently deceased patients and their relatives. Luckily the room was empty. I have to be mindful in this type of assessment as patients may have gone a long while without the most basics- no sleep for > 24h as no safe place to lie down, no food or drink (sometimes vending machines not stocked). As I'm a speciality ANP for a condition affecting more younger adults than older, I feel this group are overlooked for safer care. I appreciate the need of the frail elderly and how they may be more affected by a 48+hr A&E waiting room stay, but leaving persons with more physiological reserve in waiting areas often means they can't be clinically observed as expected, putting them at risk of deteriorating

In what ways were patient care or safety compromised, in your opinion?

Patient not able to sleep for over 24h Limited food and drink provided and not enough access for patients to obtain their own supplies Clinical observations too infrequent Lack of dignity Psychological impact of being in an A&E waiting room for prolonged periods

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Having patients in corridor is now regular or the new normal, to ease AE over loading. This according to management.

In what ways were patient care or safety compromised, in your opinion?

No call bells. Movable screen sometimes, no screen at all. Lately, even bed bounds are moved to corridors as long as they do not require oxygen, again this is from management. This is not ward based decision.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Prevented appropriate care, dignity and privacy. High possibility of compromised care as no call bell, O2 or suction available in an emergency. Fire exits compromised as with extra patient other equipment(frames hoist etc) is now blocking fire doors. Impacts on staff as increase in patient numbers but no increase in staffing also extra time dealing with complaints from patient and relatives either directly from the extra patient or also from other patients and their relatives. Increased risk of serious incident occurring as insufficient room to attend some other in event of cardiac arrest or fall.

In what ways were patient care or safety compromised, in your opinion?

Lack of Emergency equipment, suction,oxygen and Emergency call bell. Fire exits compromised. Lack of appropriate curtains for privacy/dignity. Often inappropriate patients identified by A&E/ admissions ward – often patients confused, high risk of falls or inability to request assistance which are sent to ward to occupy extra bed area

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

We care for patients on trolleys in the corridor and patients on chairs in the waiting room because there's no space.

In what ways were patient care or safety compromised, in your opinion?

Cold, draughty corridors too far from main areas of department. No emergency alarms in the corridors. Patient confidentiality and dignity compromised due to makeshift spaces. Patients cared for in waiting room area. 20-30 patients being cared for by a nurse + hca. Long waits to be seen, sometimes 10-15 hours, patients sitting on hard chairs the entire time due to no/limited available trolley spaces.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Can't give emergency care and patient privacy is compromised

In what ways were patient care or safety compromised, in your opinion?

No curtains, No emergency support equipments, Visitors

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Delivering care in a corridor space is a new thing for me. I felt uncomfortable and I felt embarrassed for the patient if they're being kept on this area as most of the other patients and staff and relatives is going on their way. Some of the investigations were not done as the space is too crowded and going to the specific area will be a hindrance to other patients and staff as they will go on the other way. Some of the patients are having an episodes of confusion too.

In what ways were patient care or safety compromised, in your opinion?

I guess I can say that no other staff is available to look for the patient if we were preparing medications for them especially if there's a confused patient.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Privacy of a patient is on compromise, i feel embarrassed saying to patient that we dont even have space to accommodate you

In what ways were patient care or safety compromised, in your opinion?

Privacy and dignity

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

There is always an influx of patients, so we always use the internal and external corridor for patients. There is no privacy to carry out some procedures like personal care.

In what ways were patient care or safety compromised, in your opinion?

Sometimes when we have mental health patients in the department and they get aggressive, patients in the corridor are the first target, when equipments are been moved around there's risk of bumping it into where patients are.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

I work in ED. We have a dedicated corridor area where we have on average 8 patients at all times. Recently there has been a surge in 'rapid off loads' which can increase this capacity to 15 with no patient flow. When it's like this and there's no movement there is genuinely no area to deliver patient care. Having to use dividers. As you can imagine the department is busy. Patients in waiting room have to walk through the corridor patients to get to f2s for there bloods etc. and we have to use dividers that hardly give the patients any privacy for toileting etc. it's so draining to see this which is now just a daily occurrence and there's no plan for change. They have installed a buzzer system at the back of the corridor. But it's just not right

In what ways were patient care or safety compromised, in your opinion?

Privacy. Dignity. Rows of patients on trolleys where they have to be so close to each other. Patients with the flu in this area. We have to keep all the 'falls risk' patients here for high visibility

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

I was asked to move an elderly patient who was confused, probably suffering from delirium, to the corridor. This is a designated area for patients, overseen by the corridor nurse, where patients are situated whilst waiting for a bed on a ward.

In what ways were patient care or safety compromised, in your opinion?

The patient was already confused. He was situated in a busy corridor, outside the resuscitation room. I did not feel that this was a safe space for this patient.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

There was no privacy and it felt like I was giving substandard care

In what ways were patient care or safety compromised, in your opinion?

No privacy No dignity Would have struggled to care for patient if they deteriorated

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

It is draining, physically and mentally.

In what ways were patient care or safety compromised, in your opinion?

Patients did not have full nursing care or appropriate medical attention

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

I pitied the patients because it was not dignifying

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

I had to examine a patient in a boarding space in the corridor with very little privacy. The patient was very distressed about being in the space and was complaining she had no sleep all night previously. I frequently have to examine patients in corridors in A and E and I feel that it is harder to treat patients with dignity when they are not in an appropriate bed space.

In what ways were patient care or safety compromised, in your opinion?

Unable to fully examine patient due to lack of privacy. Examination was delayed until a suitable space was found

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Keeping patients in corridor is permanent in our hospital. 2 patients all the time. Previously it was just mobile independent patients only but now even bed bound patients, super confused patients regardless of their age which is really unsafe. We had even medical emergency happen and we struggled a lot.

In what ways were patient care or safety compromised, in your opinion?

Sometimes confused patients in side room with infection and they will come out of the room and sit with corridor patients and vice versa

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

No privacy or dignity. Nowhere to go to the toilet for bedbound patient. Went to get medication for patient, they had been moved to a chair when I got back. No blankets. Patients cold.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Regularly seeing Patients in areas not designed for this purpose. In the past I have created a space using a chair, a cage used for transporting equipment and a screen as there was no where else in the department to see anyone. I am now having to give medications in corridors, assessing patients in waiting areas, as well as on the back of Ambulances. Amongst other things this is stressing me out greatly and I am starting to dread coming to work.

In what ways were patient care or safety compromised, in your opinion?

If the Patient were to deteriorate I would have difficulty in obtaining help or managing them safely

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

I was working in the resuscitation area of the emergency department. Resuscitation is a 4 bedded unit with each bay having patient monitoring, oral suctioning, oxygen and an emergency bell as a minimum. They placed an additional patient in resuscitation taking it to 5 patients due to no capacity in the department- there were already multiple patients on corridor spaces too. This meant a patient was in resuscitation in an unmonitored area with no suction, no oxygen and no emergency bell and was in the equipment storage area also blocking access to emergency equipment which needs to be accessed quickly should the need arise.

In what ways were patient care or safety compromised, in your opinion?

No monitoring, no access to oral suctioning, oxygen had to be supplied from a portable oxygen cylinder. Lack of patient privacy and dignity.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Capacity over crowded ED and site pressures

In what ways were patient care or safety compromised, in your opinion?

No oxygen call bell or dignity – poor staffing

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Tried to pull patient to our area but we were blocked due to other patients boarding there awaiting a bed on specialised cancer wards. Lack of social care getting terminally ill patients out of hospital is difficult. So called 'fast track' patients can wait 2 – 3 weeks. Not enough community beds. Hospices falling apart due to lack of finance.

In what ways were patient care or safety compromised, in your opinion?

Unable to get correct care started in waiting room or corridor. Lack of trained staff unable to do line care and ED staff overrun.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Makes me sad – I've been a nurse for 33 years; but every day we are failing our patients.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

I work in ED and corridor care has become normalised. Without it the department would implode and cease to function. We don't need more nurses or more money to make ED work. What we want is the whole healthcare system to function and flow. We have some patients who spend days in ED waiting for a bed. I can retire, so I have a window of hope. But the younger nurses are stuck in this meat grinder of drudgery, slowly burning out. I also try to keep healthy because I know the standard of care I will receive in an NHS hospital is way below what we can give. It's broken and I no longer involve myself in recruitment as it's hypocritical to suggest 'ED is a great place to work'

In what ways were patient care or safety compromised, in your opinion?

Omissions of care, delayed care, medication errors, patient falls, missed alarms. You name it, it happens.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

I feel bad for patients being cared for in corridors. No bed spaces in wards, high pressure in A&E that caused us to receive patients more than we can accommodate. I feel unsafe, for both me and patients. Nurse to patient ratio is not safe, no HCAs to help. If there is, very few. Most of patients in A&E are elderly, frail, and vulnerable. As much as I want to be quick in doing everything, I am being slowed down as no help available and I cannot divide my body. I felt pressured, I feel bad. We are still expected to give excellent care despite of the situation. As much as I want to document everything, i fell like my time is very limited. So I have to prioritize bedside. And nobody cares if I have documented everything I have done. But at the end of the day, I feel like a child being scolded why I haven't done the documentation. It's not safe to work in A&E..

In what ways were patient care or safety compromised, in your opinion?

Patients in corridor are high risk for infections. It's a corridor where everyone pass by. They do not have privacy and dignity at all. Everyone can see them. It's not a proper space to give care. When doctors or nurses discusses the care for them, everybody hears it. It's not appropriate.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

15 patients on a corridor, not enough space for everyone to have care delivered in the one cubicle used to take patients to the toilet. I have been asked to put patients on the corridor with broken hips, palliative and quadriplegic patients who can not use a call bed or ask for help. Undignified and dangerous.

In what ways were patient care or safety compromised, in your opinion?

Can not see all patients, no dignity, inappropriate patients on the corridor, high risk of falls, patients with high potassium who need treatment, seizures on corridor, elderly patients.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

An extra bed pushed up to the windows in a storm so very cold, trying to keep a 90yr old warm, trying to keep their privacy and dignity during treatment. No storae for their belongings so tripping over them, no table to put their food etc on

In what ways were patient care or safety compromised, in your opinion?

No curtains for privacy, trying to keep them warm from the cold off the windows

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

The patient was nursed on the corridor. She was there for more than 6hrs. We couldn't provide personal care because ther was no privacy. Patient care was compromised. By the time we checked her, she had developed a categories 2 pressure ulcer. I did feel as if I haven't provided high quality nursing care to the patient. It makes you disorganised, and depressing.

In what ways were patient care or safety compromised, in your opinion?

She was in a corridor, can't have a proper meal or have pad changed. It is undignified.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Usually an extra bed is squeezed into the bay or in the corridor within the ward. Privacy for the patient is impacted. It is also a fire risk. It makes it more difficult to deliver care as there is not sufficient space to do so. It is not dignified for the patient to be in a corridor.

In what ways were patient care or safety compromised, in your opinion?

As said .. it impacts on fire safety as minimal space to evacuate quickly. Privacy, dignity are impacted. It is also difficult to deliver personal care without the proper space between beds.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

2 of 5 bays on the ward now have designated spaces by the window between 2 other beds. Both of these are in use most days now. Patients examined in these spaces with very little privacy, and discuss very sensitive information. There is no call bell and sometimes the only patients that can reside there (due to eg no oxygen requirements and being independently mobile) are still very ill. Our treatment room also sometimes gets used as additional bed and this often delays vital treatments such as chest drains and pleural aspirations.

In what ways were patient care or safety compromised, in your opinion?

Lack of dignity, being in a colder window setting is poor for health and is restrictive to other patients' mobility around bay, delays in treatment when treatment room used.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

The patient was not told they were allocated a to a ward but no bed Patients family shouted at me

In what ways were patient care or safety compromised, in your opinion?

Safety No bed space No call bell No oxygen port I had not received a hand over for the patient No labels or notes for the patient

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

It's not a suitable place in case the patient deteriorates. There is no oxygen and there is no privacy and dignity for the patient.

In what ways were patient care or safety compromised, in your opinion?

No oxygen and there's no privacy

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

I bank on the emergency unit of my trust. There wasn't bed space in the wards to transfer patients to yet we kept receiving new patient from the ambulance crew.

In what ways were patient care or safety compromised, in your opinion?

They are at risk for absconding, self harm or falls

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Corridor care stripes the patient of their dignity, privacy and confidentiality as health issues are openly discussed on the corridor while passersby are always on the move.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Giving IV medication to someone lying on the floor in the corridor, flu and chemo patients sat together- iv fluids and antibiotics from a shared iv stand in a corridor

In what ways were patient care or safety compromised, in your opinion?

Cross infection, dignity

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Made me feel sad for patients being in an unsuitable setting not fully set up for patients.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

I deliver care daily in the corridor. I have experienced patients needing inappropriate procedures such as catheters, that I cannot perform in the corridor. Therefore patient misses out on care that they need

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Attempting to discharge patients. No where to have a confidential conversation

In what ways were patient care or safety compromised, in your opinion?

People listening to our conversations

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

il booked for a 24-7 shift for winter pressure. I was sent to work in A&E where I was allocated to work with four patients in a corridor. I was told this has become the norm in A&E as the hospital is running short of beds due to winter pressures. This did not seem right to me as I found it difficult to provide privacy to my patients. Another thing I did not like while working in the corridors was that patients were just moved and when a new patient comes no one would tell you about them or handover.

In what ways were patient care or safety compromised, in your opinion?

Patients having to wait for too long before they were seen by doctors, some were left with no important medicines prescribed for them despite having their own medication for certain conditions like Parkinson's disease.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

It be come a norme

In what ways were patient care or safety compromised, in your opinion?

Hygiene

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Patients cannot receive the correct personal care and have no dignity lying on the corridor in front of other patients and relatives

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Working as an Emergency nurse practitioner, there was no space to review a patient. With the minors area being filled with majors patients, I had to review a patient in a corridor next to the waiting room, also reviewed a patient at the nurses station and from a fit to sit room with other patients nearby (asked for consent before doing this)

In what ways were patient care or safety compromised, in your opinion?

Maintaining privacy and dignity have always been the core values of nursing, now it seems it has had to take a backseat just to be able to provide adequate care to a person.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

We routinely have 4 patients in the corridor which increases to 6 at surg times. We also have 6 corridor spaces in our RAT area and 2 overflow boarding spaces. This is the normal practice for my trust

In what ways were patient care or safety compromised, in your opinion?

Inappropriate patients placed in corridors i.e risk of infection, fractured hips or confused patients

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

it is now the normal to house patients in the corridors of ED so much so they have fitted pull out screens to the walls and battery powered stick on bells to the walls

In what ways were patient care or safety compromised, in your opinion?

there is no privacy at all

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

We have two corridor spaces, matron installed curtains and everything, these spaces are here to stay indefinitely. We've had patients assigned there, who then were confirmed infectious, being a risk to all staff members.

In what ways were patient care or safety compromised, in your opinion?

Staff can get infected and then, transmit the infections to the rest of the patients. Also, we have patients on oxygen in the corridor, where there are no oxygen outlets, so we have to use tanks, if these run out of oxygen, and staff doesn't notice, the patient can die

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

I was redeployed from my area to staff the ED corridor. The patients on the corridor were confused and immobile with no toilet facilities available. A patient required catheterisation and I had to find somewhere to do this. The ED staff were not interested in helping me at all and just told me to find somewhere myself. Eventually I took the patient into resus as there was a space after a transfer. I did not get a single break for the whole shift and I had no HCA to support. I raised these issues and none of them were addressed. I don't blame the ED staff as they were completely snowed under. Nurses are put in a position where they cannot refuse and are forced to endure terrible working conditions because it is a calling. This is why nurses feel that they have no other option than to leave the profession. Corridor care happens constantly. It is not a temporary solution, it is a permanent solution that is falsely labelled as temporary.

In what ways were patient care or safety compromised, in your opinion?

Confused patients with high falls risk on the corridor, no toilet facilities and not enough room to deliver care

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Had to look after 3 patients in a small tiny waiting room that is called fit to sit these patients where there for mor that 12 hours after they had been in Ed waiting room for similar hours in same settings patients where tired and felt they were not being cared for as they deserved

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Many patients in ambulance and emergency units

In what ways were patient care or safety compromised, in your opinion?

Patient was still not stable physiologically. One started having seizures while in a chair on a corridor leading a patient being moved from her bed. Another was confused but was left in a procedure which was not safe as patient needed to be in a tag bay.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Really negative impact in patient and staff. Unable to promote dignity and deliver excellent care

In what ways were patient care or safety compromised, in your opinion?

Excess amount of patients to available staff so care was delayed

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

No available bed space for a patient so an extra bed put in the bay. No privacy in this area, no nurse call bell or oxygen and no suction.

In what ways were patient care or safety compromised, in your opinion?

No available oxygen, suction, nurse call bell or emergency bell. No privacy only screens which do not give full privacy.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

I was worried that if the patient deteriorates there was no chance of connecting them to suction or oxygen. All that we had to use was portable equipment and there's no privacy and dignity for the patient in a corridor. Everyone will be passing by looking at them.

In what ways were patient care or safety compromised, in your opinion?

No privacy and dignity

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

No privacy for patient, no call bell oxygen etc. Difficult to deliver care safely

In what ways were patient care or safety compromised, in your opinion?

No privacy, no call bells O2 etc.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

We have to review clients with Drs who are in a mental health crisis in totally inappropriate areas, This is stressful to the service users and families having to apologise daily for the lack of resources for two home treatment teams.

In what ways were patient care or safety compromised, in your opinion?

Poor resources to assess service users who are in crisis having to walk them and their family's around attempting to locate an appropriate area.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

I looked after patients in the corridor and it wasn't appropriate to check all skin areas plus patients were very confused

In what ways were patient care or safety compromised, in your opinion?

My patients were confused and they couldn't get the appropriate checks because it was in a corridor

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

I work in a busy ED we have a at least 8 patients in the corridor on a daily basis. The last time I was working the corridor we already had 1 patient over then we had a rapid off load of 7 ambulances putting the department staff and most of all patients in an unsafe position. We did not have the space or staff to accommodate so many patients.

In what ways were patient care or safety compromised, in your opinion?

Not enough staff to care for the extra patients, lack of facilities in the corridor for example oxygen so having to use portable canisters, a full resus area so no space if a patient deteriorated.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Had a discharge pending at 16:00, was sent an additional patient until he went home. Both patients nursed in bed and therefore not suitable to sit out. The gentleman they brought as an 'additional patient' was soiled and had advanced dementia requiring 1:1 care. He was left on the trolley at the nursing station until my patient was discharged, his visit with his family also took place at in the corridor. I had a similar experience where I had to put an emergency call out in the corridor as no bedspace was available, with no access to oxygen or suction. This is a daily occurrence, with or without adequate staffing levels, and when we refuse and express our concern, we are not listened to and are either threatened with the deputy chief nurse, or our matron overrides our decision. This affects my mental health significantly and I often cry in frustration and anger.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Have now left due to ongoing corridor care

In what ways were patient care or safety compromised, in your opinion?

Undignified

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Our policy is now to have our next patient brought to the ward to wait for a bed space to be empty for them. They end up sitting in the interview room – one 2 seater sofa, 1 chair, 1 low coffee table. No call button.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

I received a FAST +ve alert into ED. There was no capacity within the department. In order to deliver critical time dependent treatment I was forced to assess the patient. gain IV access, take bloods and transfer the patient for an urgent CT head whilst still on an ambulance trolley, in a corridor. The patient required thrombolysis treatment following the scan and treatment was delayed whilst space was created in the department. This scenario has been a recurrent issue for some time

In what ways were patient care or safety compromised, in your opinion?

Time critical treatment was delayed which we know can result in poorer outcome. Lack of dignity for the patient as there are no screens for privacy. No access to monitoring equipment to obtain basic observations eg BP

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

We always have extra patients at the corridor. Most of the time the patients complain because they don't have privacy, don't have appropriate toilet designations and have to share a toilet in other bays, can't take a proper shower, their families have to stand at the corridor because people and staff are always walking past the hallway, they feel like they are hindrance rather than patients because they always have to be moved around when equipments and other patients have to pass through and their beds are on the way. They even put patients with poor mobility on the hallway and we can't do anything about it because the ward is full and we can't put them anywhere. They complain they can't sleep at night properly because of the staff constantly moving past them going to other bays or the doors adjacent to them constantly opening and closing. They are kept at the hallway beside the siderooms for isolation of infectious diseases. When we have to do sensitive procedures and assessments we are unable to so because the patients are exposed to the public and even if we put side standing blinds it's not enough to provide privacy. We can't give appropriate care because we have too much patients to handle. The nurse patient ratio becomes 1:9. Some patients lose their personal belongings because all their stuff are just exposed to everyone passing through.

In what ways were patient care or safety compromised, in your opinion?

Having too much patients more than a nurse can handle is not safe for the patients and the nurse. We are not able to give adequate care to the patients. The patients in the hallway although at all times on sight, are often neglected because their needs can't be met. Issues like privacy, toileting and think about a border patient who needs a bedpan, shower privileges, when you need to assess skin integrity and pressure areas and all eyes are on them, do swabs. border patients with IV drips have to have a long walk going to the next bay for voiding and defecating. They have no proper areas to keep their belongings and they have to sleep with their bags beside them on bed. They can't have comfort and no adequate rest.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

We have a TES SOP and risk assessments

In what ways were patient care or safety compromised, in your opinion?

Inappropriate patients can sometimes be moved to the corridor/TES

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Care on the back of ambulances as they wait outside ED for 5 hours is also happening as we cannot offload

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Feels like ED will never be big enough

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

I was moved to A&E on a night shift because of staff shortage; that was my first time being a corridor nurse, and I couldn't have my break. I wasn't relieved on time in the morning and I still got paid for 11.5 hours. I never went back after that experience.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Lack of space in hospital to move out to, regularly taking intelligent conveyors from west mids ambulance with threatened rapid off loads.

In what ways were patient care or safety compromised, in your opinion?

Risky patients now being left in areas, lack of staffing recognising deteriorating patients due to workloads.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Lack of waiting room space-patients standing room only, no free space to see ambulatory patients as a knock on effect . Created 12 extra majors beds in an area designed for same day care.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Regularly assessing and requesting investigations on the back of ambulances

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Regularly have a corridor of 15 patients, sometimes nursed on there for 30 hours because they're only patients suitable

In what ways were patient care or safety compromised, in your opinion?

No privacy or dignity. Can't dim the lights so patients have no sleep. Patients on there for wxtended periods of time because theyre the only patients suitable. Unsafe because of national shortage of alarming O2 cylinders

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Extreme pressure from the clinical site team and the silver commanders etc to make sure the corridor is full at all times. Ambulance service trying to rapid offload patients when the corridor is full and no more physical space to put them.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

We have an extra patient in three of the bays in our ward most of the time at the moment. It means each nurse has to care for 9 patients instead of 8, and I am finding that we often don't even have time to give safe care to all our patients, let alone the quality care that they deserve.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

It is very difficult for the patients who are in this 'extra bedspace', as they are very cramped, they don't have privacy curtains or a call bell and they usually don't even have a chair to sit on so have to spend all their time on their bed. They also often have to move their things to make room for us when we care for the patient in the bed next to them, as they don't have a locker to put their things in, and have barely any floor space around the bed.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

A patient with fast atrial fibrillation was admitted to A and E from clinic and as there were no beds in A and E had to wait in the corridor until a space was available ..A nurse from our department had to wait several hours with the patient as there were no staff available to care for the patient.

In what ways were patient care or safety compromised, in your opinion?

Lack of space and staff to care for the number patients in the department. This makes offering timely care very difficult. It also means patients are rushed through in order to clear bed. Patients are reluctant to present to A and E more than once due to the long waiting times and lack of comfort, privacy and dignity while in the department.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

When it was stated, we used to get a safe patient in the corridor, but now we are getting a patient with O2, falls risk patients, patient are cared in bed (doubly incontinent and needs to be changed in the bed) and NEWS ing patient etc. We try to tell the team who allocate the patients, the answer we get is , you cannot decline the patient or you have to take this patient, bcz the ambulance is queeing up in the front and patient has to move from Aand E .

In what ways were patient care or safety compromised, in your opinion?

NEWs patient cared in the corridor, unwell patient sitting in the corridor or lying in the corridor. Patient with o2 cylinder in the corridor, falls risk patients in the corridor, not getting enough attention or the care.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Placed recliner chairs in corridor – declared 'Fit to Sit' area.

In what ways were patient care or safety compromised, in your opinion?

Lack of Privacy – no visual blockage/ obscuring between patients for intervention.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

No curtains for privacy – other patient listed to interactions with patient, watching interventions such as IV access, drug infusions.

In what ways were patient care or safety compromised, in your opinion?

Lack of Infection Control – air movement allows onward transmission of airborne viruses and fomites.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Corridor acts as through way between X-ray and another clinical area/Exit from Dept

In what ways were patient care or safety compromised, in your opinion?

Lack of suitable inclusion/ exclusion criteria for area

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

It is difficult to deliver safe care to patients

In what ways were patient care or safety compromised, in your opinion?

There is no appropriate equipment in these areas.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

On a daily basis we receive 'push' or 'primary' patients as part of the Bristol Push Model. This accounts for at least 1 patient per day, if not more, that is 'pushed' from ED or AMU setting. These patients are usually on a bed or ED trolley in the middle of the bay of patients, therefore they have no privacy and dignity to be properly assessed or cared for. Sometimes the patients are very inappropriate 'push' patients, for example confused/delirious patients, those in oxygen (but pushed into the bay, meaning not next to piped wall oxygen), etc.

In what ways were patient care or safety compromised, in your opinion?

Examples include:

- Inability to properly assess or care for the patient, due to lack of privacy.
- Patients on oxygen being pushed and left in the middle of a bay on oxygen via a cylinder.
- Patients pushed without being post-taken and without appropriate medical management plan in place, therefore compromising pt safety and care.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Patient and husband started screaming abuse, felt upset but was also three hours after shift ended so just physically and mentally exhausted

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Poor environment. Full waiting room. Patients frustrated over waiting time. Poorly patients, vomiting, fainting, no staff to help.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

The impact is on the patient, they do not get a fully safe place to be nurses that is like a headspace ,I also feel it does not offer them dignity or treat them with respect .

In what ways were patient care or safety compromised, in your opinion?

No access to emergency call bell , no nursing call bell , no curtained space , no privacy,lack of dignity

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Assessing patients in escalation capacity is a regular occurrence, I was assessing to see if we could support the individual at home rather than remain in Ed. It's awful to have to do it but most incidents could have been managed in the community if services had been able to raised respond, this includes social care who always look to health to exclude physical causes prior to supporting rapid interventiond

In what ways were patient care or safety compromised, in your opinion?

Rapid deconditioning Very stressful situation for me and my pt. Very confusing and haotic .

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

There is a push model with the trust I work for and we have patients on the corridors on the wards waiting for beds, majority of wards needs to have atleast one patient a day or sometimes it could be 2 but not more than 2

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

I don't believe anyone should be treated in a corridor, it's not appropriate and they have no privacy. It's embarrassing for us as staff to have to deliver care in a corridor

In what ways were patient care or safety compromised, in your opinion?

If a patient in corridor suddenly deteriorated there is no equipment to assist them

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

NHS England have devised a NEW 45min Ambulance offload to an already stretched NHS service. Has put more pressure on a service over run and underfunded. No additional nursing staff sought to care for the patients and no clear plan on how to care for the patients. I did not come into this profession to witness this mess which is occurring. It's distressing and upsetting.

In what ways were patient care or safety compromised, in your opinion?

Patients were left in an area with no airway, suction or monitoring. Patient safety was clearly compromised.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Ad-hoc treatment required as a walk in patient to specialist clinic No rooms available to discuss treatment and give advice and prescription.

In what ways were patient care or safety compromised, in your opinion?

Confidentiality particularly

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

No dignity for patients. We only have one small cubicle in the xray department (off the corridor) to use for toileting patients, but have 15 patients on the corridor. Some patients have been incontinent while on the corridor while waiting for the one toileting cubicle that was in use. We've had patients on the corridor who needed to be on monitors, but flow out of ED so slow or sicker patients needed the few monitored spaces that become available. Causing huge moral injury to staff in the department.

In what ways were patient care or safety compromised, in your opinion?

As previously stated no patient dignity in general, but also patients have been incontinent on the corridor while waiting to use the one toileting area. High acuity in the department means patients on the corridor for over 24 hours, and due to high acuity in the department patients on the corridor needing monitoring waiting for monitored spaces for prolonged periods of time because someone sicker elsewhere gets allocated monitored spaces as they become available first

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

There is no privacy so discussing results/ diagnoses/ plans etc becomes difficult. It makes me feel our services are inadequate. I apologise to every patient I deal with on the corridor

In what ways were patient care or safety compromised, in your opinion?

No privacy, no chance of sleeping due to loud chaotic environment

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

It is seen as business as usual. There is limited room and no privacy for patient . Less staff to patient ratio while having yo move each patient to a cubicle yo deliver care

In what ways were patient care or safety compromised, in your opinion?

Staff to patient ratio less. Nurses having to leave the patient area while accessing medication or delivering personal care No nursing assistant to support you.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Patient was put in store cupboard where no bed was ready yet so had no choice but to sit in chair and the only toilet available for this patient was down the other end of the ward. Also meant as a nurse I now was in charge of the care of 13 patients and it pains me to admit that often forgot about patient in the store cupboard because it is not a designated place for a patient

In what ways were patient care or safety compromised, in your opinion?

Not enough time for every patient Stretching nursing care which is already at its limit

Patient did not receive the care and privacy that you would expect

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

There's no oxygen ports, no emergency equipment if a patient deteriorates and working in A&E that is more than likely, I've provided care in a waiting with not enough chairs for people, people having chemotherapy and no immune system are sat in a crowded waiting room with no space to put them or deliver treatment. An extra trolley space has been put in for patients so now I have 7 patients to care for in ED which is not safe for the high acuity, and personal care and dignity is not maintained as we are having to use screens is in the open corridor

In what ways were patient care or safety compromised, in your opinion?

No medical equipment, no O2 on the wall, no cubicles for immune compromised patients, with resus step downs and deteriorating patients it is unsafe looking after 7 patients with no support, difficult to manage time critical meds, personal care, discharges, poorly patients, relatives, documentation, hourly obs and look after myself and have two breaks, I am one person with not enough hours or hands to practice high quality safe care that I came into the job for

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Everyday there is additional patients on top of the safe amount of patients we should be caring for. We are caring for patients in the corridors, extra chairs and beds in bays and waiting rooms

In what ways were patient care or safety compromised, in your opinion?

No patients privacy, incorrect nursing to patient ratio, inappropriate patients on the corridor (ie need personal care but in a public space)

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

I had to give IV medication in the waiting room as no space in main department or a&e. I had to treat various patients with conditions that required cardiac monitoring in the waiting room of a&e, with minimal chance to see if treatments had worked. I had to dress wounds in a corridor & try to maintain the dignity of confused patients in the corridor.

In what ways were patient care or safety compromised, in your opinion?

Patient care was far from ideal & not at a high standard due to lack of space & resources. Safety was compromised as these patients required more monitoring & meds were late given due to capacity issues.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

this happens regularly in ED. this week we have 25 plus hour waits in ED, elderly patients are 'managed' in corridors and temporary areas on trolleys. trolleys are narrow with grossly inadequate mattresses causing discomfort and pressure ulcers (patient harm). There is little or no dignity and intermittent care for patients at their most vulnerable. Family members are relied on to monitor their loved ones as there are so few staff, many displaced from their usual areas and not familiar with emergency care. I have worked in the NHS for 40 years and have never felt so inadequate as a nurse

In what ways were patient care or safety compromised, in your opinion?

dignity, personal care, continence management, monitoring, drug safety, mental health, and family support

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Limited access to patient if an emergency occurred, no emergency equipment near by. No privacy for the patient, patient upset about being in the corridor. Extra pressure due to more patients adding to the nursing ratio

In what ways were patient care or safety compromised, in your opinion?

Limited privacy and confidentiality. Access away from oxygen supply and emergency bedside equipment. Extra patient capacity impacting work load

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

It is challenging for both the team and the patients. There is not enough space for the patients to be able to sit out in a chair. It impacts the visitors as we have to reduce the amount due to space. Which then can impact on the mental well being of the patients.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

It was due to high demand & lots of ambulances queuing. Execs and managers came to see us to advise of why and to ask we escalate any safety concerns.

In what ways were patient care or safety compromised, in your opinion?

I'm not sure it was. No pts came to harm although they did have to wait longer for care

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

It's undignified, I'd hate it for my family, and nothing changes. The whole of the hospital is ineffective and inefficient

In what ways were patient care or safety compromised, in your opinion?

Patient became incontinent as no space to toilet and resus step downs go to corridor, not always monitored because nobody cares anymore.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Everyday care is delivered in corridors on beds, A&E trolleys and chairs. Patients waiting beds for days sat in chairs as no where else to look after them.

In what ways were patient care or safety compromised, in your opinion?

Undignified, too many patients to the amount of staff. Medications given late as acuity too high. Basic needs not attended too as unable to deliver personal care on corridors, sitting areas or waiting rooms

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

A bay of 4 patients, it now accommodates another patient. When the pt needed washing, screens were used to promote respect and dignity, now they have actually put up a curtain rail. The problem with having this plus 1 bed, the pt does not have a call bell, there is no oxygen/suction equipment (thank god the other 4 pts are not on oxygen), there is no emergency bell or a plug socket to plug the bed in, the lead has to be stretched to the next pts plug sockets which there are on 4 to a bed. There is no dignity, respect, or safety for the pt.

In what ways were patient care or safety compromised, in your opinion?

No oxygen, another pt would have to be moved from their bed space, no emergency call bell

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

There is not adequate space for equipment. Using portable oxygen and suction. Only having portable screens for privacy which are not adequate due to only having 1 screen.

In what ways were patient care or safety compromised, in your opinion?

If there is an emergency there is not adequate space, equipment or privacy in the middle of a bay

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

We often have to examine and discuss care with patients and their families whilst on a corridor in ED. Any personal care such as toileting, DRE and enema administration have had to be conducted in a viewing room as the only private space available, I care for frail older adults and it is undignified as they are often the patients moved into corridors due to needing extra supervision etc.

In what ways were patient care or safety compromised, in your opinion?

Patients are not kept warm, they have no facilities to eat and drink, now having to eat noodles out of a pot and drinks out of cups which are not suitable, they are unable to use bathroom facilities due to limited mobility and toilets available being too small for equipment. They are vulnerable and frightened and being in a busy thoroughfare in ED is compromising their safety by putting them at increased risk of delirium and further infection.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Push patient sent when no beds available

In what ways were patient care or safety compromised, in your opinion?

Undignified for the patient

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

I had to deliver insulin and diabetes education newly diagnosed in an additional bed space in a bay. There was no privacy or dignity as the screens were broken.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Seeing this in a first world country is harrowing. I'm sure everyone has or knows of someone who had to work in these conditions and a patient sadly died in these extra spaces due to lack of oxygen or a necessary call bell/emergency bell.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

It's very difficult to provide effective care or maintain confidentiality as there is no privacy or dignity for the patient, their carers or us as health professionals.

In what ways were patient care or safety compromised, in your opinion?

By reviewing primary care services so the patients that don't require secondary care are kept away from hospitals and reducing the burden of inappropriate patients being referred or self referring as they can't get to see a GP or access care in the community

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

I worked in A&E as no beds in the ward, patients in A&E are all waiting for a beds for days. High acuity of patient means longer waiting time for ambulance to be offloaded in A&E because of no movements in the ward. Longer waiting time to be seen by the doctor and high attendance in A&E with no space made it difficult for us to deliver appropriate and safe care to our patients.

In what ways were patient care or safety compromised, in your opinion?

Short staffed and high ratios of patient to nurses means we cannot always monitor or focus on delivering care and treatments to our patients

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

It's difficult to have personal conversations with patients, and also to deliver personal care. No privacy or dignity.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

While waiting for a patient to be properly discharged home with medication. I had to receive an additional patient to care for pending when the space would be available.

In what ways were patient care or safety compromised, in your opinion?

My patients dignity was not protected

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

When carrying out personal care for the patient I would have to screen of the remaining patients in the bay to care for the one in the middle of the bay. I could not control totally what the other 4 patients did because while i was changing the patient in the middle of the bay, 1 of the screened off patients walked out from behind the screen to where I was caring out care. I had to apologise to the patient as the other patient was independent and needed the toilet. This made me feel inadequate in providing privacy for me patients.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

No capacity on the wards (I work in A&E)

In what ways were patient care or safety compromised, in your opinion?

Elderly patients 80yrs + Sat in a cold waiting room for a ward bed for over 24 hours.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Lack of patient flow throughout the hospital.

In what ways were patient care or safety compromised, in your opinion?

Patients with high Troponin sat in the waiting room without cardiac monitoring. Flu + patients sat in fit to sit with flu negative patients.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Patient referred for cardiology, for chest pain and patient was in 'fit to sit' area. I feel this is very inappropriate and unsafe

In what ways were patient care or safety compromised, in your opinion?

Patient with chest pain waiting in corridor or waiting area, not monitored. Some of them has angina, and some of them needed further investigation and to be admitted

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

From my understanding patients who are cared for boarding (recently changed to hovering) are supposed to be mobile/independent without oxygen requirements and are only there as golden discharges in the morning. Last patient who I looked after in the corridor had to be assisted with their mobility and a physical bell had to be provided so they could ring for assistance. There were no curtains for privacy.

In what ways were patient care or safety compromised, in your opinion?

Privacy and dignity were compromised. Unable to provide care at the bedside.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

I was already looking after 8 patients when I received a new patient to the ward. As no beds were available on the ward, we had to sit the patient in a room on the ward which has no facilities if the patients had deteriorated.

In what ways were patient care or safety compromised, in your opinion?

Patient waited more than 6 hours a bed, awaiting treatment

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

We have no capacity on the ward so a waiting area was designated for less sick patients. If GP referrals or walk in emergencies turn up and take triage or assessment rooms, we would need to complete observations in a waiting area and administer medication.

In what ways were patient care or safety compromised, in your opinion?

If acuity is high then it's inevitable things may get missed if staffing ratio is poor compared to admission or waiting ratio.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

The waiting room is too busy and smart area where in and out for meds. We're used for trauma patient sepsis patient DTA patients .it is devastating unable to cope with shouting and attitude that is showed by patients and family using bad language .every time making them understand that we don't have beds in a and e and they have to be treated here .makes things more worse .It is really hectic affects mental and physical health of nurses

In what ways were patient care or safety compromised, in your opinion?

No privacy .a patient sitting beside is vomiting vigorously and next patient has to suffer with it . Next patient who has query encephalitis has no isolation room due to capacity

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

I work in A& E setup, patients get overflow and no space to give medications in the trolley area or bedspace, so have to give in chairs

In what ways were patient care or safety compromised, in your opinion?

What if there was an allergic reaction or anaphylactic shock happens

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Paramedics stretched to capacity

In what ways were patient care or safety compromised, in your opinion?

Limited community experienced staff

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Community teams on their knees

In what ways were patient care or safety compromised, in your opinion?

Patients buying their own dressings

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

On three of my shifts an elderly lady had to have her bed in the corridor on ward, known as borders. It's not right to care for pts in this way, even pts on oxygen can be classed as borders

In what ways were patient care or safety compromised, in your opinion?

Theres no privacy or dignity. It's noisy, the doors bang and some are next to treatment rooms, the lights are on sometimes as well.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

5th bed added to bays as per exec . No oxygen ,suction, call bell or curtains. I am responsible for this area and have mitigated as much risk as able. Staffing not thought of as told to do this without any money.

In what ways were patient care or safety compromised, in your opinion?

Additional patient not fully physically reviewed at ward rounds as no privacy. Delayed non urgent ECG until after visiting

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

No patient dignity , particularly upsetting when palliative or end of life – no safe medication storage, patient chairs or safe storage for belongings – corridor care in disguise

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

I had to review a patient in an extra bed placed in a bay designed to accommodate four beds, while two side rooms were being used as storage rooms.

In what ways were patient care or safety compromised, in your opinion?

Patient care and safety were severely compromised in this setup. There were no curtains to provide privacy during conversations or assessments, and the bed was placed in an area lacking oxygen and suction connection points. Critically, in the event of a medical emergency, there would not have been adequate space for a crash trolley or for staff to attend to the patient effectively. This, combined with the lack of essential medical access points, posed a significant risk to the patient's safety and the team's ability to provide timely and appropriate care.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

I apologised to the patient as I find this TES very undignified, no privacy, safety to other patients especially in a cardiac arrest situation if needing to get past additional bed in corridor.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Patients have no bathroom facilities if urgent, no space for visitors to visit, no confidentiality when being seen by consultant. This is just the start.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

After appearing in a TV program, the corridor was closed for several weeks. Unfortunately from October 2024 the corridor was opened with 4 extra spaces being seen as normal, with another 4 in the ambulance receiving area made up of 2 which are used as rapid off loads for treatment of sepsis patients then 2 extra places one against the wall and one against the nurses station desk, 1 space in majors by the oxygen storage cupboard all became part of the escalation policy and Hospital Full policy. This is normal and to have 40 plus medical DTAs in the department.

In what ways were patient care or safety compromised, in your opinion?

Dignity, privacy, overcrowding

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Patients abusing staff & patients this attributes to illness however they could be placed in different setting with staff trained to care for these patients.

In what ways were patient care or safety compromised, in your opinion?

Staff felt they were not able to meet care needs

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Nursing patients in a corridor is totally inappropriate and unfair on both the patient and us as nurses it's hard to explain to relatives why this is happening when as nurses all we want to do is provide the best possible care we can I didn't become a nurse to provide care in such horrible conditions

In what ways were patient care or safety compromised, in your opinion?

Patients that are being cared for are not appropriate to be in the corridor these patients are sick, requiring oxygen, doubly incontinent and are frail it's totally unacceptable

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

This has been happening since October, elderly patients classed as 'Your Next Patient' and placed in chairs in the bay. No oxygen or suction points. We could not tell them when a bed would be free and this made me feel that I was letting the patient down. Even though we provided pillows and blankets as well as warm drinks and food, they wanted to lie down and sleep. I kept thinking that this was undignified and cruel. Our elderly population deserve better than this. Old age is for the brave alright!

In what ways were patient care or safety compromised, in your opinion?

The patients are at a high risk of falling as they cannot rest properly. These are poorly, frail, elderly patients who require a hospital bed not a chair.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

We had 15 patients on corridor, we used all ynp availability and some store rooms have been converted into cohorts with no o2, call bells or suction should a patient deteriorate and need them. We are also in critical incident

In what ways were patient care or safety compromised, in your opinion?

No o2, call bells or suction which could lead to catastrophic loss alongside the lack of dignity. We have alarming cylinders but we run out of them more than we should

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

In my Trust, it is called Boarding and was later changed to Your Next Patient. Patient can be in the middle of the bay, sitting beside the discharging patient, in the procedure room or in the family room

In what ways were patient care or safety compromised, in your opinion?

No oxygen access. Blockage of fire exit. Cross-infection, limited access to patient. Compromising patient dignity

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Patient has 2 hourly skin checks as they had uc 3 bed sores. Also was incontinent so had to provide personal care in the middle of the bay.

In what ways were patient care or safety compromised, in your opinion?

Patient dignity not being kept appropriately as not a designated bed space ie no curtains. No lockable cupboard for patients medications or belongings. No suction or oxygen by patient in the event of emergency. Unsafe staffing levels on acute medical unit.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

We also have to take infectious patients, rubbish and deceased patients through another ward to get to the rest of the hospital

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

The site manager pushed me to take a patient who was on oxygen and when I refused, they said that oxygen is not a criteria for exclusion to be on corridor which made me feel so unsafe with regard to patient care.

In what ways were patient care or safety compromised, in your opinion?

Corridors, we do not have oxygen connections and hence had to put patient on oxygen cylinders which would run only for an hour or so which made me feel anxious as cylinders needed changing every hour.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

The patient was brought in in the early hours of the day, made to sit on the chair the whole day until a bed was available late in the night.

In what ways were patient care or safety compromised, in your opinion?

Privacy and dignity not maintained

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

It's undignified having patient on trolley in the corridor waiting for a bedspace

In what ways were patient care or safety compromised, in your opinion?

Unable to perform nursing task example toileting bedbound

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

The impact corridor care puts all staff under pressure:

In what ways were patient care or safety compromised, in your opinion?

They were being overlooked at times. Patients spend days on the trolley before they get to wards. The elderly are seized up, cold sometimes they've had next to nothing to eat or drink or being washed. The list goes on.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Nurses having to provide care to another patient when they're under pressure. HCA's having to deal with personal care without privacy & dignity, especially bedbound patients.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

I've had to deliver care on an ambulance outside the hospital as there was no space to offload the patient because the ED was full of patients awaiting ward beds. The patient was septic and had been pre-alerted, along with 2 other patients. When the three pre-alerts arrived a Senior Doctor had to decide which one was the sickest to take the last remaining resus space. Then I gave IV antibiotics to the patients still on the ambulances. I always strive to give the best care to all my patients but don't feel like I work in an environment that enables this. I feel powerless to change it, all I can do is do the best for my patients on the day.

In what ways were patient care or safety compromised, in your opinion?

They weren't being treated in the appropriate place. However, at the time it was also safer for that particular patient to remain in the ambulance with a crew monitoring them than being offloaded somewhere unmanned in the department. But while safer for that patient, it then takes an ambulance off the road making the community unsafe.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Undignified!! The beds in the corridors are part of our bed base now. We have to identify reverse boarders or direct admit board able patients to these beds. Capacity managers have a very different opinion of what can be boarded- incontinence isn't a reason not to board apparently. Disgusting!

In what ways were patient care or safety compromised, in your opinion?

They can't rest as outside sluices, clinical rooms, the main corridors on wards. Infection control risks as having commode and bedpan dragged past their noses, extra pts with no extra staff

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

In a corridor, leading to a SDEC clinic

In what ways were patient care or safety compromised, in your opinion?

Patient had waited 40 minutes to be seen, by another department in the building. Patient was feeling unwell and collapse in the corridor.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

The hospital was in full capacity mode, rumours were ambulances were experiencing an 11 hour wait to transfer their patients into ED. As a specialist surgical ward we had cancelled surgeries, heart and lung, to accommodate medical patients. We had taken two patients directly from ED reception who needed to be readmitted to us for intervention. We were told via bed management that a patient would be put in a bay with no allotted bed space, without oxygen, emergency suction, or emergency bell or indeed a patient call bell. This patient was an elderly lady with multiple co-morbidities diagnosed with pneumonia. She suffered with urinary urgency and as she was unable to call for assistance experienced several episodes of incontinence, distressing for all including other patients in the bay. Her dignity was severely compromised. Luckily this was for 2 days only and we could then move her to an a proper bedspace. Staff felt very distressed on her behalf. I felt this was an unsafe situation and felt I had no recourse to do anything about it. I felt there was no respect for my professional standards, no respect for my code of conduct, no respect for my pin in fact just no respect.

In what ways were patient care or safety compromised, in your opinion?

Dignity. Safety. Increased staff stress

Yorkshire & the Humber Region

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

It feels like there are currently not enough staff and safe bed space to care for our patients. I work in a corporate role but more often than not this year, I have had to stand down my role to go and support clinically due to high patient numbers coming in than going out and than can be managed safely and appropriately at the current capacity. This has happened too often this year and feels like patient safety is being repeatedly compromised by not putting in place more suitable long term solutions. This is a policy and political decision to invest practically in sustainable health care solutions for our patients and for our valuable health care staff.

In what ways were patient care or safety compromised, in your opinion?

Delays in being seen and assessed, delays in treatment being commenced, making sickness progression worse, resulting in longer hospital stays. Their dignity and respect not met and highly reduced, not by staff fault, resulting in prolonged suffering. The frail and elderly will be compromised even more, being sat in chairs waiting for bed and their skin deteriorating.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Overflow of patients and corridor. No possible space anywhere else, patient is safer in the corridor than the waiting room. Some patients who are well enough receive their meds in the waiting room in front of everyone which I find embarrassing

In what ways were patient care or safety compromised, in your opinion?

Patients's safety was not compromised. Their dignity on the other hand has been compromised severely. there is zero privacy.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

A patient in end of life care was kept in corridor along with his family members. I felt really sorry for the patient and family members. I said sorry to my patient and family members. It was really an awkward situation for all.

In what ways were patient care or safety compromised, in your opinion?

No call bells at corridors. Lack of privacy and dignity. Lack of confidentiality. Stressful environment for patient, family and staffs.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

I work in ED. On my last shift I had to provide care to patients on corridors and in front of the nurses station and printers. Due to this, I cannot check patients skin and complete PURPOSE Ts. I am also unable to toilet patients appropriately and often some will be incontinent and sit in faeces/urine until there is a space to provide personal care. I've also had to delay ECGs, mainly on women, due to no privacy. I've also had to ask very personal questions on nurse triage in crowded areas where others can hear the assessment/triage

In what ways were patient care or safety compromised, in your opinion?

Delayed diagnostic tests such as ECGs Breakdown in skin and pressure sores developing No confidentiality No dignity for patients, Unable to call for help (no call Bells)

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Have to have sensitive/ difficult conversations in corridors.

In what ways were patient care or safety compromised, in your opinion?

Patient dignity and confidentiality compromised.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Care for patients in corridors or cupboards with no facilities to discard ppe / handwashing etc.

In what ways were patient care or safety compromised, in your opinion?

Unable to adhere to. Infection control principles.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

in ED Had a patient sitting on a chair, collapse on the floor, had to pull her up onto a trolley surrounded by many many other people/patients/family members then start giving care in the middle of the room with many other patients, then taking her to our resus area to continue care and monitoring.

In what ways were patient care or safety compromised, in your opinion?

We weren't able to get to the patient easily due to crowding. The patient received delayed care as we were trying to move things out the way to get her on the trolley. There was absolutely no dignity for the patient when she was experiencing a medical emergency. The area was very crowded so it took a while to get the patient on the trolley. It made me feel ashamed to be working in such a situation where family members are needing to assist patients on beds/trolleys after they have a collapse or event especially when we don't have the space to manoeuvre the trolley from the corridor to the area needed. If it had been a cardiac event needing CPR, we would have had delayed care, as well as having patients witnessing that and traumatising them.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

We are supposed to put patients privacy and dignity as essential but daily the patients are squeezed into bays with no privacy or dignity. No emergency buzzer or space to allow for any privacy or dignity. The nurses struggle with space to facilitate any decent care for the patients. We wonder why there are Hospital acquired infections. The extra patients on the wards doesn't come with extra nurses to facilitate their care.

In what ways were patient care or safety compromised, in your opinion?

No privacy or dignity. No space to deliver appropriate care. No emergency buzzer for 2 patients . No more nurses to support the extra capacity's of patients.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

TES bed. Inappropriate as patient had flu and unwell.

In what ways were patient care or safety compromised, in your opinion?

Patient inappropriately bedded and unable to isolate properly

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Patients in ED are being cared for in the waiting room as there is no where else for them to go.

In what ways were patient care or safety compromised, in your opinion?

Nurse in charge trying to utilise all space to get crews into the department. This is not safe.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

It's upsettingly become normal.

In what ways were patient care or safety compromised, in your opinion?

Delays to getting patients on the bed pan, or changed due to them being in a corridor area with no privacy. Delay to treatments due to there being no space in the hdu/resus area for the patient to go in

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

It happens daily.

In what ways were patient care or safety compromised, in your opinion?

Totally unsafe, unable to get patients into an emergency department, unable to get Ambulance turned around to get back into the community, unable to clear space in resus for incoming patients.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

3x over flow areas plus an Ambulance cohort, all full and overflowing into surrounding corridor, patients waiting over 100 hours for a bed on a ward (this happened just yesterday) waiting rooms overflowing often with just 1 nurse looking after them (sometimes so short staffed there is no nurse). Elderly sat on hard waiting room chairs over 24hours waiting beds, patients in corridor with little to no privacy, make shift screens pulled over a trolley. We are a department in crisis.

In what ways were patient care or safety compromised, in your opinion?

Patient ratios of 50 plus pts to 1 nurse. Delay in antibiotics due to pts waiting in unstaffed areas. Pts being looked after by ward staff sent down to help who have no ED experience. Staffing extra cohorting areas is expected with no increase in our staffing numbers. Staff exhausted and often unable to get breaks. Staff who should be working in Triage and resus areas, instead working on corridors as ward nurses, we are not set up/experienced in how to ward nurse, no drugs trolleys, meal rounds. Pts care being delayed leading to longer hospital stays. Pts self discharging as unable to wait for a bed u longer in corrido/waiting room chair.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

The department is always completely overwhelmed with unwell patients taking up trolley space. We have split cubicles in half with temporary screens and have two patients in one room.

In what ways were patient care or safety compromised, in your opinion?

Overwhelmed with patients. Not given appropriate care or attention as they are just lodged all over the department. People sitting in waiting rooms with IV medications running. Being out in corridor's where there's no piped oxygen or suction.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

There's nowhere to see patients and more and more patients arrive. No beds in the hospital and ambulances queue to get in and offload patients. Frequently we have 5 ambulances in the corridor cohorted with a paramedic crew. It's so unsafe and so unsustainable!! We don't have the staff to keep eyes on the patients. It's undignified and embarrassing for the patients and is morally destroying staff working in ED! It's heartbreaking to deliver care in this way and makes me so sad. I'm proud to be a nurse but feel embarrassed at present.

In what ways were patient care or safety compromised, in your opinion?

It's undignified and it should not be happening!

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Miscarriage happened in day room

In what ways were patient care or safety compromised, in your opinion?

No privacy or dignity

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

No capacity in the hospital to allow for flow or capacity in the emergency department. Multiple Ambulances waiting hours to off load patients. Pre alerted ambulance patients waiting hours from emergency treatment due to no capacity. Patients being cared for in corridors. Using bereavement rooms and partitions between patients to be able to provide personal cares to patients to those on beds in the corridors.

In what ways were patient care or safety compromised, in your opinion?

Delay in time critical medications.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Acutely unwell patients having to wait in the waiting room as no capacity to give them trolleys. Patients deteriorating in the waiting room.

In what ways were patient care or safety compromised, in your opinion?

Unsafe staff to patient ratios.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Staff moral at an all time low. Not being able to provide basic care needs to patients. Unsafe staff to patient ratios. Delays in medication due to staffing issues.

In what ways were patient care or safety compromised, in your opinion?

Unwell patients left in the waiting room due to no capacity.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

I felt bad for the patient

In what ways were patient care or safety compromised, in your opinion?

If in case of emergency there are no equipment like centralised oxygen support or connectors for suction in the room

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

We have to take up to 3 extra patients in the ward corridor on a daily basis. Most of the time, they wait for beds for 12 hours. Some of the patients are sick, bed bound and too unstable to be cared for in the corridor. There is lack of privacy. Staff are already under a huge amount of pressure delivering care to their patients and adding extra patients in the corridor does not help. Patients complain all the time about the bed and the nurses are being blamed for this which is unfair because this is not our decision to make. This affects the morale of the nurses and unsafe nursing practice. It results to poor nursing care and mistakes.

In what ways were patient care or safety compromised, in your opinion?

No dignity and privacy for those bedbound patients being care for in the corridor. Unsafe level of staffing that may result to mistakes.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

I have been delivering corridor (or atrium) care (one way or another) for more than a few months now, the care is poor, the outcomes are poorer, & it appears nobody cares, but the ED people, who are rushed off their feet & nobody is listening,

In what ways were patient care or safety compromised, in your opinion?

People waiting on ambulance crew stretchers to be seen by ED staff for hours on end, by definition compromises patient care and/or safety, with all available bedded space in the ED occupied by patients waiting for ward beds for days, the entire system is collapsing before our very eyes THAT is compromised patient care/safety

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Most of my ED colleagues feel the same as I do, anger, frustration, exhaustion and not heard/respected, similarly to our patients, In addition, it feels we are not allowed to provide the care patients need and actually are entitled to...!

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

It's been so stressful for me to look after extra patient. I was stressed as the acuity was very high, that I want to quit after every shift. I don't want to be hospitalized in the UK if I ever get unwell, it's not what none of us deserve, neither the patient nor the staff. It gets unrealistic, because although you want to support a and e, you are worried about that the patients aren't getting the care and attention they deserve

In what ways were patient care or safety compromised, in your opinion?

Priorities change, everything gets delayed, starting with medication administration, observation recordings, responding to deteriorating patient, their recovery, all of these get affected.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

As a result of bed pressures.

In what ways were patient care or safety compromised, in your opinion?

High patient ratio

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Patients are continually being nursed on both chairs and trolleys on corridors. Increasing nurse to patient ratio.

In what ways were patient care or safety compromised, in your opinion?

Pressure area care. Personal hygiene care. Toileting needs not met. Doctors assessing patients. Unsafe ratio of nurses to patients. Tight space. Exposed to noise . No space for tables

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

At least three patients are send from from other areas every morning. They could be send on stretches, bed or wheel chair. They sometimes spend hours waiting for bed as patients as to be discharged or transferred to other hospital. These patients may sometimes become abusive as well as there relatives. It's not ideal for workers or patients alike.

In what ways were patient care or safety compromised, in your opinion?

There could not be fully examined/assessed or admitted as they sometimes have no bed, no portable screen or privacy if they are incontinent.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

I was unable to fully assess the patient, with little to no privacy provided for the many patients in the corridor

In what ways were patient care or safety compromised, in your opinion?

No nursing provision was provided to the patient, with them remaking with ambulance staff

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

ED full – 26 ambulances queued in the corridor outside ED unable to handover at triage. Assessment of patients in the corridor, taking bloods & referral for X-ray etc to expedite assessment. Patient being moved back into ambulances to repeat ECGs because there was no private space in ED to do this.

In what ways were patient care or safety compromised, in your opinion?

Long waits to handover patients including patients with chest pain & RTC patients with trauma.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Young woman who was having an acute asthma attack in the ED waiting room whilst I was taking handover. No cubicles or treatment rooms available. Had to deliver nebulisers, medication and bring a portable oxygen tank to give oxygen whilst in the waiting room. Pressures on the department and lack of flow made it impossible for the patient to be moved to an appropriate space. I felt embarrassed and like a failure because it was so undignified.

In what ways were patient care or safety compromised, in your opinion?

Late detection of a deteriorating patient due to staffing, lack of privacy and dignity, psychological harm to patient due to embarrassment, lack of basic nursing fundamentals and being in a chaotic environment whilst being so unwell.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

I work in medical elderly every shift we have 2 patients on the ward corridor sometimes 3 the trust call this reverse boarding. Patients will be on a chair or stretcher this includes patients with dementia and delirium Patient have no privacy or dignity I have seen patients on high flow oxygen on a stretcher on the ward corridor. Every shift feels like you are giving substandard care many times I have come home from work and cried or been unable to sleep . I can recall times when there has only been two registered nurses on the ward for 30 patients and still have had 3 patients on the ward corridor.

In what ways were patient care or safety compromised, in your opinion?

Lack of access to medical equipment No privacy of dignity

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Influx of patient no bed space during winter. Flu out break

In what ways were patient care or safety compromised, in your opinion?

No enough staff strength to cover

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Multiple patients cared for on corridor of ward daily. Regularly shouted at by relatives. Patients get upset as multiple moves often on corridor for hours at a time (they are moved at between 0600 – 0800 from a bed to sit on the corridor)

In what ways were patient care or safety compromised, in your opinion?

Unable to give good care, patients often incontinent, have dementia/ delirium etce

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Ran out of space in PACU

In what ways were patient care or safety compromised, in your opinion?

No food, drink or toilet facilities

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Every shift or most shifts there is 2 or 3 in an 'unplanned care space' if/when they are fully independent it is not too bad but effects two other bed spaces that are now smaller making personal care and meeting needs more challenging. If an Inappropriate person gets into a unplanned care that has a care need it is difficult because there is not enough space or equipment in the space such as oxygen bed light and suction. I datix when a patient comes into unplanned care.

In what ways were patient care or safety compromised, in your opinion?

When they are unwell, there is not a curtain to pull round but a shield which could be anywhere, not always a quick solution. Dignity and longer wait for the care. No space for equipment at bed space challenging to do ECG, bladder scan or ultrasound. Not enough chairs and tables for the unplanned care they are using dressing trolleys and visitor chairs as substitute.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Sub standard care in an area of mixed genders with no appropriate privacy for personal cares. Only a flimsy curtain.

In what ways were patient care or safety compromised, in your opinion?

Inappropriate areas when emergency have occurred. Not enough space to manage an arrest situation. Sick patients waiting in rh ED waiting room for over 4hrs deteriorating to the point of arrest who haven't even been triaged.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Very sad this is what nursing has come to.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Never in my 36 years in the NHS have I felt so helpless

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Bed capacity. Number of patients in ED requiring a bed

In what ways were patient care or safety compromised, in your opinion?

Reduced privacy and dignity. Already 1 extra patient placed in a bay, so this was 2 extra patients on an already stretched workforce

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Had to speak to patients who were obviously upset that being cared for in the patient dining area.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

It's awful, no dignity, people walking past, they say that it's surge beds however the ward regularly has 5 extra patients, our bays were designed for 4 patients, then it became 5, then 6 and now corridor patients or patients just plonked in a bay of 6 to make 7, even seen them put in a bathroom and often in patient lounges

In what ways were patient care or safety compromised, in your opinion?

No privacy or dignity, nurses unable to do their jobs, in the way of crash trolleys, fire hazard, poor patient experience

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Patient received first line treatment still with paramedic on a corridor no cubicle to treat in, demoralising unsafe for all

In what ways were patient care or safety compromised, in your opinion?

No emergency equipment in immediate vicinity, no call bell or emergency buzzer, no monitoring equipment, overcrowded department,

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Giving nebuliser to a patient on a 'poorly chair'!

In what ways were patient care or safety compromised, in your opinion?

Patients care rather than safety!

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Feel like we are slowly eroding our standards of care!

In what ways were patient care or safety compromised, in your opinion?

Not what you should expect from the NHS.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

We can care for 10 babies in our neonatal unit. We are only staffed with three nurses. Multiple babies go over 10 and we have to create spaces, a nurse in bedrooms and nurse in the labour ward.

In what ways were patient care or safety compromised, in your opinion?

Multiple patients and not enough staff, delayed medications and delayed feeds and care.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

A temporary bed has been situated in the corridor directly beside the nurses station. This bed is used daily and has been for a long time now. Most patients dislike this space as it lacks privacy, compromises dignity and goes against the core values of nursing. A recent patient informed me she felt like trash, waiting for collection. This is upsetting and overshadows the quality of care, leading to dissatisfaction for those delivering and receiving care. This is not acceptable and corridor care should never be an option.

In what ways were patient care or safety compromised, in your opinion?

Restricted space, only visual privacy maintained by a screen, creating more falls risks. Patient's self worth compromised, more footfall reducing rest.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

The trust moved 2 areas together to make room for extended A&E care, so our areas are now compacted into one.

In what ways were patient care or safety compromised, in your opinion?

There can be 5 qualified nurses to admit 20 patients in the morning plus 6 eye patients. The trust don't allow us a safe staffing number as we are a specialist area.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

No toilet or washing facilities for patients. Theatre patients still arriving acutely overnight. Difficulty in finding oral medications. Unable to allow visitors

In what ways were patient care or safety compromised, in your opinion?

As above for patients staying overnight in recovery. Difficulty in recovering acute patients overnight as only 1 trained staff on and other ward type patients to manage as well

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

The Emergency room was full of patients that the waiting time was 14 hours and all the patients are in need of major care, we have to be giving Oxygen to patients seated on the chair, every staff are working so hard to reduce the waiting time.

In what ways were patient care or safety compromised, in your opinion?

We have use our expertise to make sure patients safety were nor compromised and also using professional Judgement to improvised for better outcomes of care for the patients.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

The patient needed personal hygiene care in the CT waiting area which had no facility's in place for patient dignity and no items to facilitate cleaning them up or a changing area

In what ways were patient care or safety compromised, in your opinion?

Patient had to wait to return to the ward for the right care to be administered

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

I had to care for more patients. The patient and other patients around are at increased risk of infection. The patient had no oxygen point or suction at their bed. The patient had no privacy curtain and the patient's next to them could not use their curtains

In what ways were patient care or safety compromised, in your opinion?

No safety equipment at their bed, increased infection risk. More patients on the ward with no staff increase

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Extra bed in a bay, no appropriate curtain to maintain privacy for patients when providing personal cares/private conversations. Often have to ask if on of the patients will leave the bed space if able to do so.

In what ways were patient care or safety compromised, in your opinion?

If the crash call was pulled, due to the bed being in an inappropriate space, no privacy could be given to the patient. And minimal space could compromise getting to the patient.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

No privacy or dignity. Department was busy. Not appropriate as pt had been to a speciality and was awaiting urgent surgical intervention

In what ways were patient care or safety compromised, in your opinion?

Delay in basic care standards. No protection for the pt who had a badly damaged lower limb. No splint just sat in a wheelchair awaiting surgery. No documentation of lower limb pulses or neurovascular status

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Working for the ambulance service, waiting nearly 8 hours either in the back of an ambulance or in a corridor. Due to lack of A&E beds.

In what ways were patient care or safety compromised, in your opinion?

Undignified, not appropriate places to eat or drink. Boredom and poor patient experience. This meant patients in the community didn't get the care needed. We had no break for 10 hours.

In what ways were patient care or safety compromised, in your opinion?

Not able to start treatment/ investigations needed. Corridors are cold and don't maintain confidentiality

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Patient care suffered. Staff mental and physical health affected

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Encourage 27 beaded ward we daily care for 2 or 3 patients in recliner chairs or on trolleys which are located on the corridor. We are Elderly Medical in an acute hospital, many of these patients have dementia or delirium. Patients often have pressure sores pre admission. They do not understand & often become more confused or distressed. Delivery of continence and pressure area care is problematic and undignified. This causes distress to clinical and admin staff on the ward as well as patients and their relatives. Dr's speaking to the patients and relatives find it hard to maintain confidentiality.

In what ways were patient care or safety compromised, in your opinion?

Poor confidentiality, lack of dignity. Unsafe administration of care if patient particularly unwell. See previous answer.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Increased patient demand and flow from ED has amounted in multiple attendances to other areas such as Same Day Emergency Care (SDEC) areas becoming overwhelmed with patients at a capacity of 15 patients per staff member. This isn't helped by inappropriate pathways and inadequate facilities leading to patient treatments being completed in waiting rooms, office spaces and areas designated for alternative uses. Well-being and health of nursing staff is at an all time low, with staff morale following suit. As a trust we don't pay nationally recommended banding so not only are staff overwhelmed they are also de-banded for roles with increasing autonomy and advanced care planning. NHS is hemorrhaging staff due to their inability to deliver safe, and effective care.

In what ways were patient care or safety compromised, in your opinion?

Poor monitoring ability, unsafe practices, delays in treatment.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

It is hard for patients to access toilets in other bays and walk long distances trying to get where to use them. One time I received a patient assigned to me was to stay on corridor but was on oxygen I told my In charge this was not safe for patient and my practice, they looked for a bed in a bay. most times we have extra capacity patients and are called unplanned patients .

In what ways were patient care or safety compromised, in your opinion?

If a patient deteriorated on corridor needing say suction, yet the crush trolley is on another patient this could result in patient death .

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Initially started as an over flow ambulance offloading with 5 beds in the corridor. Then it became permanent throughout the Covid time til now where it is staffed as an additional 5/6 beds corridor space.

In what ways were patient care or safety compromised, in your opinion?

Can't expose or examine patients in the corridor. The corridor doors always opening and shutting making the corridors cold for patients to be left there. People always walking through corridor and asking questions which isn't confidential your are heard by others.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

It was a patient with an abdominal pain and needed physical examination including a PR. Had to explain to him we need a decent place for me to fully examined him. This obviously not only undignified but delay patient care. Have to constantly apologise to patient for things not my doing.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Terrible for the patient, we now have patients on oxygen (via cylinders) regularly in corridors, as the additional space in the bays (previously 5 patients now 6-7) are already in regular almost permanent use

In what ways were patient care or safety compromised, in your opinion?

Too many patients for numbers of staff, patients given no dignity. I dread to think what will happen when there is an emergency

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Used due to lack of side rooms in oncology bed base. TES spaces are being used daily in the CSU, but wards with beds are being closed due to staff required elsewhere. I believe staffing is the issue rather than lack of beds.

In what ways were patient care or safety compromised, in your opinion?

TES space can be overlooked

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Ward was full and we were told to accept a patient in an armchair until a bed became available. No bed predicted to become available. We were then told to admit a patient on a bed to a bay 'space'. No curtains, no locker and no safe room to manoeuvre round the bed. Both patients really ill and had to move armchair patient to 'bedspace' in the bay. Again, no curtains etc. Obviously no additional nursing support forthcoming.

In what ways were patient care or safety compromised, in your opinion?

Lack of dignity and privacy. Increased nursing and medical workload. Especially for patient in armchair increased moving and handling issues

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Extra capacity beds are placed in bays between existing bed spaces, in patient day rooms and corridors, in the hospital i work in. We are told they are extra capacity beds to fill the need for patients incoming to the hospital when there are no other beds available. It reduces the space to work in and can restrict care as a lot of our patients are dependent on staff with cares. There is not the appropriate dignity curtains set out for these beds so we have to use private screens on wheels which again reduces the space. The extra capacity beds aren't within the wards plan of beds so these patients don't always have oxygen taps, suction equipment or call buzzers for the bed space, we have to work around this to preserve safety. Management are aware of the situation but carry it on due to the lack of inappropriate beds.

In what ways were patient care or safety compromised, in your opinion?

Not all patients had a call buzzer to ask for assistance and if able had to ask other patients to press their buzzer for them. Workarounds had to be made with the patient required oxygen, using long extension tubes to reach the patient. Due to the proximity of the beds added extra in bays I feel it poses an IPC risk.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

I work in a UTC in primary care, it used to be an ED in 2018, due to patients waiting to be seen by specialist team they are now being held in the UTC (it's open 24 hours) meaning patients miss specialist review and treatment unless the clinician asks speciality what their plan is, it's frustrating for the patients, personally and the staff of the UTC bed/trolley/cubical spaces are blocked so other patients can not be seen, it's demoralising, degrading and nursing/patient care feels like it's return to how it was in the 1990's when I started, we have a broken system its the staff that are breaking to keep it going

In what ways were patient care or safety compromised, in your opinion?

Main hospital that we feed to, patient flow/bed management team try to say patients need to stay at UTC, clinicians and nurse in charge argue for patients to be in Emergency dept as care can be delivered there, ambulance cat 2 response time can be 2-3 hours, should be 40 minutes or less, We have had MI miss PCI time due to ambulance delay, people's lives are being affected and changed because of the current NHS

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

We are sent x3 extra patient to care for daily on the corridor. We are a mixed sex elderly ward. This is very distressing for patients, their families and the all staff involved. The extra patients have been sent to wait on corridors for well over a year now. Sometimes they are waiting over 12 hours for bed

In what ways were patient care or safety compromised, in your opinion?

We are large unit of 30 bed plus x3 extra patients we often work not at staffing establishments. Care is stretched to begin with

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Taking blood/cannulating in a corridor is very public, then to administer medications it just isn't private at all, because you want to know why somebody has come in to hospital and why you are giving IV pain relief

In what ways were patient care or safety compromised, in your opinion?

A nurse isn't always allocated to the corridor so patients may not get medications in a timely manner when its extremely busy and acuity is high

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Saw a sick patient in the corridor. But there's no room to move in even just to give some treatments.

In what ways were patient care or safety compromised, in your opinion?

Delayed treatment Delayed assessment

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

I am unable to appropriately assess a patient

In what ways were patient care or safety compromised, in your opinion?

Exposure to infectious disease

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Delayed treatment

In what ways were patient care or safety compromised, in your opinion?

Being cared by ambulance where nurses should

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

High falls risk patient ,poor staffing no body to do 1:1 care so we had to bring the patient out to corridor near nurses station to do 1:1 care prevent potential falls

In what ways were patient care or safety compromised, in your opinion?

There was always somebody in nurses station to look after the patient

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Department was overwhelmed, which is a daily occurrence. Flow has to be maintained despite space/staff limitations. At its worse asking someone to go round and make sure people are still alive. Double up patients in cubicles. Observations bloods some dressings done in waiting room.

In what ways were patient care or safety compromised, in your opinion?

Unable to observe or do personal care appropriately. Definitely not a safe way of working.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

We have daily corridor patients who have to sit there until there is a bed available

In what ways were patient care or safety compromised, in your opinion?

No oxygen or suction ports around the patient. Uncomfortable for patients.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Even if we have no definite discharges and a bed will not become free, the patient still has to remain there.

In what ways were patient care or safety compromised, in your opinion?

Potential damage to skin/mobility Not very dignifying sat in a corridor for all to see.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Elderly patients have sat in chairs in the lounge/corridor for up to 13 hours while bed managers find them a bed

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Patients are nursed on the corridors or putting an extra bed in the middle of the bays. This is very unsafe for both patients and staffs. 90% of patients nursed here are unhappy and grumpy which makes it difficult to care for them due to cooperation issues because they feel not been treated with dignity. It also brings about unsafe staff to patient ratio because a nurse is expected to look after 13-14 acute patient.

In what ways were patient care or safety compromised, in your opinion?

No dignity I'll say.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

This arrangement also disturbs movement especially in cases of emergencies

In what ways were patient care or safety compromised, in your opinion?

Also, patients nursed in corridors are most times grumpy and unhappy all through their stay which makes caring for them more difficult as they transfer aggression to staffs. Their beds reduces or restrict movement in cases of emergency

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Pt was sat in waiting room , pt had to go for a spine xray after having back pain from fall the previous day , xray dept wanted pt on a stryker bed/trolley , we put pt on trolley in the waiting room , went to xray , when pt came back to the waiting room and asked to get off the trolley , I checked the xray results 1st , pt had spine damage , advised pt to stay on trolley , informed Nurse in charge , no cubicles available , pt had to stay on trolley in waiting room until a cubicle was available.

In what ways were patient care or safety compromised, in your opinion?

Unable to care for pt in a safe area , not private , unable to toilet pt , putting pt at risk of further spinal damage, no room in waiting room for trolley .

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

patient was in terrible pain. He was grey and clammy and tachycardic. I had to sit him in a chair in the ward corridor. He had no analgesia and was brought to the ward from A&E. He became so ill i had to put him on a relatives put up bed in the patients quiet room.

In what ways were patient care or safety compromised, in your opinion?

Patient could have become seriously ill

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Elderly patients been cared for in the corridor, unable to toilet themselves, off legs, and no space . Most of the time, no where to take them to change them.

In what ways were patient care or safety compromised, in your opinion?

Patients needing nebulisers and no plugs, Dementia patients constantly trying to get off the trolley, some patients on the trolley's for hours and hours as no space

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

We have a new system implemented where we have a 2 cohort of 6 patients per nurse on the corridor in order to release ambulance crews. The patients are sat in the corridor which is cold there is no privacy and we are expected to deliver care such as medications and observations. There is no where appropriate to toilet patients or to perform any clinical investigations.

In what ways were patient care or safety compromised, in your opinion?

On the corridor there isn't sufficient equipment other than an observation machine. I was not given an emergency bag and there is no crash call button on the corridor. If a patient was to become unwell I would have to leave them and all the other patients to get help as I am on my own on the corridor. Other patients are moved to CT in this same corridor including trauma and ventilated patients giving us less space in the corridor to manoeuvre for both types of patients.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

on the wards patients are being nursed in extra capacity spaces, a fifth bed squeezed into a four bedded room or in a day room

In what ways were patient care or safety compromised, in your opinion?

long wait times, poor ability to meet even basic needs and infection concerns.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

I work In ED often and corridor care is becoming the norm. I had a patient recently with an MI who we had to put back on an ambulance to record an ecg as could not maintain privacy and dignity any where else.

In what ways were patient care or safety compromised, in your opinion?

ED is staffed for the 70+ patient we predict, not the 150+

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Its becoming the norm. these aren't people in the queue waiting to check in, but spaces on the corridor that are now named on the electronic system so we can locate patients, such as back corridor, near resus doors opposite nurse in charge.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Every winter when our ward is full, we have to turn one of our clinical treatment rooms into a patient bedspace. We have to remove all of the possible clinical equipment, which ends up blocking other communal or office areas, but we cannot remove it all- including a medication fridge and blood gas machine. This room is not designed for inpatient use, patients are disturbed if the equipment needs to be used. It increases our patient capacity into surge numbers which decreases patient safety.

In what ways were patient care or safety compromised, in your opinion?

Nursed in an inappropriate area- potentially uncomfortable, disturbed from sleep/rest, lack of privacy. Patient:staff ratios increased- less time to spend with patients, medications or treatments late, vital signs late or missed, staff unable to give the care they want

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Guilt, anxiety, unsafe, poor patient care, helplessness

In what ways were patient care or safety compromised, in your opinion?

No dignity or privacy for patients. Poor patient to nurse ratio.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

I work on a gastroenterology ward, we have corridor patients now as standard throughout the whole hospital on every ward, they call it a 'temporary measure' of caring for patients in 'unplanned areas' this has been going on for well over a year and is now standard we have corridor patients even why the trust has not declared opal 4 measures its now become normal.

In what ways were patient care or safety compromised, in your opinion?

Patients care is compromised 1 Nurse is often left caring for 13 or 14 patients in an acute care environment I don't feel that this level of staffing is safe. Patients on corridor are not near oxygen and suction ports if they were to deteriorate and there dignity is thrown out of the window they have zero privacy.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

patient came to outpatients clinic and condition deteriorated leading to admission, where he was cared for in waiting room until bed available

In what ways were patient care or safety compromised, in your opinion?

patient needed to be on a ward to receive IV treatment etc

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

It happens every day, up to 4 times. It is based on the expected discharges from the ward. Often patients are left in their bed in the corridor or in a chair ALL day as the discharges do not happen.

In what ways were patient care or safety compromised, in your opinion?

There is no privacy and no access to emergency equipment.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Patients become unwell and there is nowhere to give them proper care.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Cared for elderly patient with dementia on corridor – pt was incontinent and immobile. Unable to change pt in a timely manner with privacy and dignity

In what ways were patient care or safety compromised, in your opinion?

High falls risk patient left on a trolley unable to follow safety risk assessments due to nature of trolley and setting

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Too many patients that needed a trolley, not enough cubicles to put trolleys in due to slow movement to wards and discharge times.

In what ways were patient care or safety compromised, in your opinion?

Lack of patient dignity, difficulty doing safety rounds as too much going on. unable to provide timely pain and hygiene care

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Pt waiting hours with lack of washing facilities and comforts

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Pt are being given nursing care but due to lack of nursing areas they may not be in timely fashion /standard and come at the cost of the nurse being forced to compromise care .its stressful and worrying

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Constant complaints at you and demands weigh heavy !!

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Caring for a 93 year old gentleman in an extra capacity space made in a family waiting room. No beds or trolley, patient left on chair for 18 hours. I saw in the morning, was given nothing to eat or drink by night staff, incontinent +++.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

The impact immense, can't stop thinking about the inadequate care nursing are giving die to very high demands. It is totally unacceptable

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

It is a daily occurrence to have patients cared for on the corridor, patients in the middle of bedded areas. We have a corridor specifically for seated patients which means confidential and sensitive conversations are had on the corridor in front of other patients and families. Treatments are given on the corridor, patients are sat soiled on beds in corridors until we have time and space to put patients into a room to change them

In what ways were patient care or safety compromised, in your opinion?

Should a patient deteriorate on a corridor there is not oxygen nearby and interventions will be witnessed by other patients and families

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

I had to administer an EpiPen to a patient who was not sure what to do with it but was showing symptoms of anaphylactic shock

In what ways were patient care or safety compromised, in your opinion?

Had she collapsed it would have been in the waiting room in addition I had to expose part of her body

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Elderly confused patient nursed in corridor for over 12 hours

In what ways were patient care or safety compromised, in your opinion?

Elderly confused falls risk

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

No privacy for incontinence

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

The patient was in the middle of a 6 bedded bay so was the 7th patient. No locker or table so didn't have any water. Patient was confused due to Dementia. Escalated to matron but no action taken. I stayed for a while to 1:1 him but then had to leave to see other patients.

In what ways were patient care or safety compromised, in your opinion?

At risk of falling. Frightened as bay was chaotic. No rest.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

In our minors area of ED we can have patients booked for beds with no where to lay them down over night so they have to sit in a recliner chair for anywhere from 12-40+ hours. This treatment area where they are sat is used to give patients IV meds and so is noisy with the patients in and out. Matrons over night prioritise the movement of patients in the Majors area so that it helps with movement of crews and patients in the corridor outside initial assessment. This means that the patients in minors wait longer for their beds even though they've been in the department longer. It's not fair on them.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

I managed to put up a screen around so we had some privacy but it was not ideal the patient was ok about it but I felt it was not an ideal place to be looking after a patient the doctor was rushing as he was behind with his clinic so he wanted to see the patient straight away the patient was on a stretcher and was on hospital transport it was a bit hectic and I was a little stressed for the patient as well as myself

In what ways were patient care or safety compromised, in your opinion?

the patient was near other patients so there was a higher risk of infection

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Corridor care was poor experience for patients and staff

In what ways were patient care or safety compromised, in your opinion?

No privacy or ability to administer cares

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Flex beds – ie unplanned bed spaces were created last year as a temporary measure. These are still in place now and have remained open. Meaning not appropriate o2/ suction ports. No locker etc. And less space between patients in a bay there is 6 instead of 5. Have also had to nurse patients in the corridor, treatment room, relatives room while spaces have become available.

In what ways were patient care or safety compromised, in your opinion?

Higher staff ratio. Less space for patients more clutter. No o2 suction ports at flex spaces.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

assisted with Fascia Iliaca block for patient with fractured neck of femur on trolley in corridor – involved exposing patient’s groin area, carrying out an aseptic non-touch technique surrounded by ambulance crew and other patients for a patient who was in severe pain and was waiting for admission to ward.

In what ways were patient care or safety compromised, in your opinion?

Much as we tried to maintain dignity this was not done to the standards expected. there is a risk of reaction to FI block and patient should have been monitored more effectively, stress to patient, doctor and nursing staff

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

clinic room was double booked.

In what ways were patient care or safety compromised, in your opinion?

not a 100% confidential setting

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Always there is only one Nurse for 6 patients and no health care support worker. Three days ago I worked over there. Out of 6 5 patients needs wheel chair and support to go to the toilet, two has PEG feed, four patients in oxygen and all are very vulnerable Patients. I struggled a lot to carry out medications, observations, nutrition, Blood investigations, toileting etc.

In what ways were patient care or safety compromised, in your opinion?

I couldn’t give nutrition on time and couldn’t carry out observations on time. And 6 patients sitting close to each other, no proper ventilation, and most of the patients receiving Nebulization as well on that congested room.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

NO cubicle capacity in the department (Paediatric Emergency Department) – unable to surge into previous surge area as this had been used by adults. Had to see children on the corridor between 2 rooms, only children with minor injuries or children not requiring invasive examination – but all history taking on the corridor

In what ways were patient care or safety compromised, in your opinion?

dignity, confidentiality

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

We have been told that we are not only accepting the temporary escalation space but also boarding extra patients as well and then need to carry on as ‘business as usual’ due to the new patient flow system being put in place. Despite raising concerns of safety in case of sudden adverse events, we are told that we must try to find the most suitable for this bedspaces.

In what ways were patient care or safety compromised, in your opinion?

Lack of privacy, dignity and no access to emergency provisions if required e.g nit in a bedspaces so not able to have o2 or suction, only use would be the emergency trolley.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

I work as a specialist nurse and due to the strain on all staff, it is clear the demoralising impact on staff and the degrading situations that the patients are facing. All staff are trying their best and working so hard, the fatigue is becoming evident.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Patient is placed in an area that is built for 2 patients. Unable to perform care adequately nor is the resources for the bed space available

In what ways were patient care or safety compromised, in your opinion?

Safety. The bed area was not adequate to perform care

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

I work for the ambulance service as a nurse. Travelled to hospital with an unwell patient. Arrived at the hospital. No available beds in ED. The corridor was already full.

In what ways were patient care or safety compromised, in your opinion?

Elderly patient on a hard stretcher in the back of an ambulance in sub zero weather. Looked after the patient in the ambulance for 5 hours and we're then able to move into the hospital corridor. Waited with the patient there for another 5 hours taking me beyond the end of my shift. Another crew came to relieve us at that time. This was an elderly patient being looked after in poor conditions. Not good for the patient and should be destroying for clinicians spending a whole shift with one patient and hearing our radios requesting crews to clear for other emergencies. If I hadn't delivered care then the patient's treatment would have been delayed. Not private, impersonal, no privacy, totally unacceptable.

In what ways were patient care or safety compromised, in your opinion?

Unable to observe properly and unacceptable

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

I was asked to cannulate one of the patients in a TES. There were two patients in the day room area and 2 sets of portable wheeled room dividers separating them. These dividers are not private as they are only head height and have gaps in the bending parts of them. Also when trying to get to the patient there is barely enough room to get in there as the space was never intended to have two beds in it. I ended up cannulating leaning across the patient as there was no way to move the bed due to the number of items of furniture in the area. I believe wholeheartedly that if there was an emergency in this area the patient would be at a much higher risk as it would take time to remove the partitions and create enough space to get to them. Also there is no call bell (temporary ones provided), oxygen or suction in the area and it is also often used as a walk through to another bay.

There is also a toilet within this area used by multiple patients. We assess for low risk patients, but essentially this is just bedding someone in a waiting area with no privacy.

In what ways were patient care or safety compromised, in your opinion?

As described previously. Key issues are dignity/privacy, increasing falls risk due to clutter, M&H issues for staff – no space to move the bed so I had to cannulate leaning across a chair/the bed as I couldn't find a vein on the accessible side.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

it is so undignified for the patient there is no privacy its awful

In what ways were patient care or safety compromised, in your opinion?

Call bells, O2 points etc are not readily available in temporary spaces

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Had to take a full history and even do an ABG whilst the patient was sat on a corridor. Feel bad for patient and didn't ask all my normal questions. Had to wait another 2 hours before I could finish my consultation and ask all the questions

In what ways were patient care or safety compromised, in your opinion?

Unable to care properly for patients. If anything was to happen or a patient deteriorated there wouldn't be the space or equipment to deal with it

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Bed bound patients brought up as boarders I'm corridors .. making it difficult to change them with dignity

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Feels embarrassing for yourself at how it looks for the patient. Upset for the patient as they are never warned about arriving to the corridor then being rightfully frustrated but then patient take it out on staff who have no say in this happening.

In what ways were patient care or safety compromised, in your opinion?

Providing oxygen on the corridor. Patient requiring assistance with personal cares and toilets not accessible. Drop stands with IV's on the corridors.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

I work in a theatre setting and sometimes give treatment to one patient in the anaesthetic room whilst another patient is in the theatre.

In what ways were patient care or safety compromised, in your opinion?

An ODP was used in both places whilst a junior anaesthetist was with the patient in theatre and holding the trauma bleep. Out of hours the team can be six staff in three emergency theatres whilst one of them is also the theatre coordinator/ bleep holder, not leaving any scope for code red trauma cover.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Breeches in A&E- had to move a patient into the bed space. It feels awful having to explain to a patient and their family and they are so much more vulnerable in the corridor

In what ways were patient care or safety compromised, in your opinion?

Footfall of ward is heavy so constant people walking past- infection exposure and risk. Privacy screens don't cover entire area. Patient is sat and able to see everything and is exposed to patients wandering up and down the corridor

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Patient sat in corridor until we had a discharge, sat across from nursing station listening to confidential information, on iv drips herself, already 12 : 1 ratio pt to nurse and becoming really overwhelming

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

There were no lockers to store the patients medication so it remained in paper bags in the treatment room. Their property remained packed on the floor and Chairs around the bed making this a hazard. The staff had to navigate the equipments and bags of patients storage strewn on the floor to deliver care.

In what ways were patient care or safety compromised, in your opinion?

Risk of trips due to congestion. Waste of time for staff running to and from to assess Patient's medication. At one time the medication was unlocked in a Patient's bag.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

On this particular ward we would start every morning at handover with 2 patients in the corridor in the hope at some stage that say we would get a bed, no privacy for patient for personal cares etc, no dignity, though a patient once left in the corridor was having a heart attack had to take them to a patient day room for some privacy to carry out an ecg thankfully it was empty at the time, very unsafe practice

In what ways were patient care or safety compromised, in your opinion?

Dignity, respect, no call bells or tables for water etc

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

I sat the patient in my car to deliver care

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Patients that are potentially going home awaiting review ttos placed daily in day room to free up a bed for an admission, they can be waiting all day for ttos and have sometimes become ill requiring a bed

In what ways were patient care or safety compromised, in your opinion?

Out of sight, nurses having an extra patient more pressure , unhappy patients and relatives, no nurse call buzzer in area

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Lack beds patient flow movement across health social care

In what ways were patient care or safety compromised, in your opinion?

Privacy, dignity end of life care

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Had to complete a datix and provide patient with an apology letter as per protocol. Often patients in extra capacity spaces get forgotten about e.g. meds missed, not handed over or ward rounds missed. Makes you feel like your not doing a good enough job.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Patient wasn't happy, patient was scared

Northern Ireland

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

I work as a Clinical Nurse Specialist in Palliative Care and on occasion see pts who have complex needs and advanced disease in a corridor bed. The nature of our work demands sensitive conversations which can be v difficult to negotiate with the pt and family in a corridor bed

In what ways were patient care or safety compromised, in your opinion?

Only toilet access is outside ward in a public area- no privacy. Just because it's better than ED doesn't make it right

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Corridor car has become the new normal. There is an expectation from senior managers that patients will be cared for in corridors and no other alternatives are looked for. It's the easy quick fix option which is causing sustained moral injury on all nurses

In what ways were patient care or safety compromised, in your opinion?

No privacy. No dignity. No access to basic washing facilities and no access to equipment in case of an emergency such as oxygen or suction

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

We have 4 corridor beds daily because of pressures in ED. Sadly it has now become the norm. Staff are burnt out.

In what ways were patient care or safety compromised, in your opinion?

Too many patients, not enough staff.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

we have some areas where patients are cared for that do not have call bells or oxygen ports, an individual was dropping stats and taking seizures in the middle of the night with no access to suction or oxygen

In what ways were patient care or safety compromised, in your opinion?

Not having the necessary equipment

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

I have had not only patient dignity affected but also patient safety- no oxygen port, call bell, insufficient space if need for crash trolley

In what ways were patient care or safety compromised, in your opinion?

No oxygen port. No call bell. No dignity for personal care. No privacy. No room for crash trolley. Insufficient room for belongings

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Space was limited, it was by the fire door and the bed was put against the fire doors. Gave me extra pts to care for totally to 8. Pt had no oxygen port , no space for emergency and accessories. No call bell.

In what ways were patient care or safety compromised, in your opinion?

Fire door closed by bed, no space and accessories for resuscitation, no call bell, no privacy

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

No compassion, unprofessional, undignified care

In what ways were patient care or safety compromised, in your opinion?

Flu a positive patients nursed in an open area

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Caring for someone in a corridor is so undignified, when they have to then walk up the full length of a corridor to use the bathroom or commode at the bedside. I felt so embarrassed however it seems to be the norm within the NHS right now!

In what ways were patient care or safety compromised, in your opinion?

If a patient takes unwell, there is no oxygen close by or suction port.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Over crowded bay, had to climb over furniture to get to patient. Not enough individual space, near misses with medication mix up due to beds, lockers and tables being too close. Extra patient doesn't have access to call bell, o2 therapy, suction etc.

In what ways were patient care or safety compromised, in your opinion?

Unable to give effective care, too much pressure put on nursing staff, too many patients per staff nurse. Not able to deliver high quality patient centred care . No dignity for the patients. Doctor rounds and work load increased. Family frustration with the nhs and taking their frustration out on nursing staff. Staff well being affected

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

When carrying out personal care you have to pull in a box portable screen on wheels to give the patient some privacy, screens are very unsafe on occasion they have fell and nearly caused personal injury on patients. Never mind the added risks to staff, no room to manoeuvre hoists, steadies etc.. added strain on staff, increase in muscular injuries .

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Patient had norovirus. No access to their own toilet. Had to use commode behind screen. Total lack of dignity. Patient was more also stressed about the setting than the physical symptoms.

In what ways were patient care or safety compromised, in your opinion?

No access to bathroom. Infection risk to other patients. Lack of privacy meant it was difficult to assess patient and give meaningful care.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Patient nursed in treatment room, normally used as a storage area. Bed managers insisting we use this space due to overloaded ED

In what ways were patient care or safety compromised, in your opinion?

Increased workload on the allocated nurse. Patient not easily in sight.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Stroke lysis call. ED full and as this is a category 1 and fast bleep (plus time critical) we had to triage, assess, cannulate and take bloods from the patient in the back of the ambulance. I then had to take the patient on a stretcher into the CT Scanner for a CT scan of her brain and then bring her back into the back of the ambulance. She needed to use the toilet and on a panic was incontinent and highly distressed. Cramped for space, so undignified for the patient and I was devastated that I wasn't providing the care she deserved as a medical emergency.

In what ways were patient care or safety compromised, in your opinion?

Inappropriate setting. Limited access to emergency equipment. Kneeling on the ambulance floor to carry out clinical interventions No access to toilet

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Limited space to carry out essential care or for emergency equipment if required.

In what ways were patient care or safety compromised, in your opinion?

Limited space for crash trolley in the event of resp/cardiac arrest.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

No oxygen and suction points close enough or in some cases none at all.

In what ways were patient care or safety compromised, in your opinion?

No nearby suction/oxygen points in the event of emergency.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

No sufficient curtains/screens to provide privacy.

In what ways were patient care or safety compromised, in your opinion?

Cramped working conditions when providing personal care. Zero privacy/dignity for patients.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Patients sent from ED bed spaces not available

In what ways were patient care or safety compromised, in your opinion?

No O2 points or call bell

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

8 week move to temporary inappropriate setting became 20 months. Moved back and most work due to have taken place did not happen or continued after we returned to original ward

In what ways were patient care or safety compromised, in your opinion?

Poor environment. Reduced beds. No therapeutic space or privacy. Unsafe for mental health setting. No staff space. Office , private space or break area

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Escalation by 2 patients' no extra staff and patients slotted between beds in 4 bed bay.

In what ways were patient care or safety compromised, in your opinion?

Lack of emergency O2 and suction in an emergency. No screens , call bells O2 or suction access.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

It was impossible to preserve the dignity and confidentiality of patients. It should not be tolerated

In what ways were patient care or safety compromised, in your opinion?

No dignity No confidentiality

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

demand is more than capacity Estate poor Not the fault of my trust but just sheer number of patients

In what ways were patient care or safety compromised, in your opinion?

no privacy, potential for patient care to be impacted as patients not in appropriate beds

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

A patient needed immediate IV medication to prevent further deterioration but there was no space and they were sitting in the waiting room. We ended up putting a plastic chair in the corridor and hanging their IV meds there.

In what ways were patient care or safety compromised, in your opinion?

Inappropriate setting with no crash bell, access to oxygen etc. Nursing staff had to take an additional patient, on top of an already unsafe ratio.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

ED is constantly overcrowded. There are not enough nurses to care for the excessive patients waiting on bed placement. The staffing is determined on an outdated Telford score. Basic nursing care is being missed and not because people are not working hard enough however often it is how are you made to feel by very senior management. It is incredibly demoralising and no one wants to work in ED anymore. The patients and relatives do not want to complain but the standard of care and the environment they are in is not good enough.

In what ways were patient care or safety compromised, in your opinion?

Not enough staff. Basic nursing care is not being completed to an acceptable standard. Missed observation, skin checks and medications. Overcrowded department means infection control, department and fire safety are non existent.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

2 patients nurseries a single patient room. Only a flimsy movable screen between patients, no privacy, only 1 buzzer. Having intimate conversations with a patient and the other patient can hear everything.

In what ways were patient care or safety compromised, in your opinion?

One patient had no way to call for nursing assistance. Such a tight space between beds that if patient had arrested we would have no chance to get necessary equipment and staff into room.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Everyday all day I am forced to assess and care for patients in store rooms and corridors. There are no free cubicles spaces in the ED with up to an 18hr wait for patients to be seen. If we do not see patients in these areas they will just wait in the waiting area. Last week a patient was off loaded from an ambulance to a corridor space but there was absolutely no where else to take the patient. I had to use a mobile screen (there was only 1) to take a heart tracing, take a history and examine the patient. She had cardiac chest pain and a significant cardiac history there was no space to get her hooked up to a cardiac monitor. I felt so frustrated and upset for the patient as I knew this was not the care a patient should expect and it was not good enough.

In what ways were patient care or safety compromised, in your opinion?

No equipment. No privacy. Dignity not maintained. Pt had no access to a call bell. Confidentiality was also compromised as other patients and staff could hear the whole assessment

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

The ED was overcrowded and bed flow was not at its best. It meant that I couldn't carry out my job to its full potential. Patient confidentiality was compromised.

In what ways were patient care or safety compromised, in your opinion?

Confidentiality was compromised. Safety was compromised as if untoward events were to happen the correct equipment was not immediately available.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Standard 5 corridor beds per ward now – it's awful

In what ways were patient care or safety compromised, in your opinion?

No privacy, no access to bathroom – having to leave ward to use the toilet – or use staff toilet

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

It's the norm now to have x4 extra patients in the corridor even patients with heart attacks!

In what ways were patient care or safety compromised, in your opinion?

No privacy, tables to eat off inappropriate chairs to sit on or no space to sit out and no access to emergency oxygen.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Patient was elderly, risk of falls and had difficulties with continence – inappropriate for the patient and additional staff pressure trying to maintain dignity and maintain safety

In what ways were patient care or safety compromised, in your opinion?

Unable to provide the level of dignity and privacy I would have done if the patient had not been in a corridor.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Pt cared for in corridor in middle of busy ward, only toilet facility for pt was off the ward due to ward being all single rooms. Privacy screen around pt not big enough, not enough room to get things past pt so pts bed had to be constantly moved. No buzzer in case of need assistance, no access to plugs to plug in obs machines etc. ward has 3 nurses stations and pt was near nurses station as it was the place we could place pt, therefore pt could over hear all conversations between staff when on phones etc. this decision was made by managers however the nursing staff on the floor got daily verbal abuse from family members re their relative being nurses in the corridor. It's a horrific experience for nursing staff on the floor.

In what ways were patient care or safety compromised, in your opinion?

No plugs to for necessary machines and bed etc, no buzzer for pt. Not enough privacy for pt due to inadequate screens, no access to bathroom facilities on ward pt had to leave ward to go to bathroom and get washed. Pt had no rest periods due to a very busy amu setting that is not only noisy but no lights turned off at night. Pt confidentiality and safe and effective nursing care put at risk

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

I had no say over it. It is used daily and makes me feel like I am not delivering the person centred care that should be delivered. A room with no buzzer, no ventilation it's appalling to deliver care to patients in. I feel embarrassed.

In what ways were patient care or safety compromised, in your opinion?

No call bell, could not visually see the patient, no plugs for machines or pumps

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

No space for personal care. Poor patients. Not getting any sleep due to ambulance door kept opening especially in snow and rain conditions and close to resus areas where they are full view of trauma and cardiac arrests. No dignity for patient for proper assessment .

In what ways were patient care or safety compromised, in your opinion?

Lack of healthcare assistants as patient moved In corridor need more than assistance of one. No space to do dressing changes personal care.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

A woman on a chair with chest pain and no private space or cubicle to do an ECG

In what ways were patient care or safety compromised, in your opinion?

No privacy, inappropriate care, unsafe as unable to provide the appropriate treatment or assessment.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Patients were not happy to be nursed in corridor beds

In what ways were patient care or safety compromised, in your opinion?

Corridor beds don't have toilets close by or emergency equipments situated closer to their area

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

A 4 bed resus area had 6 patients, no access to oxygen points, no privacy/dignity, nowhere for worried relatives, for very highly acutely ill patients. It is horrible! It's inappropriate, unfair, not what i want to do and feel nothing i can do to stop or change it. This isnt nursing, it's heartbreaking. I feel like we are forced to practice, no scope for standing up for our patients. When i tried to say no on my last shift before this, it caused grievances with ambulance staff, despite only stressing being the only staff with 4 patients, in a resus area, two needing 1-1 care and so refusing to allow off load and accepting responsibility for a pt with a very very high news

In what ways were patient care or safety compromised, in your opinion?

Safety. Dignity, attention, time,

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

I cared patients in corridors every day, and i felt its inappropriate lacks patient dignity , most of the times it will be direct admission from a&e or reverse boarding,

In what ways were patient care or safety compromised, in your opinion?

Patient is not safe in corridor, compromise dignity and privacy

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Worst scenario is when patient flow forcing the patient to move to corridor. Sometimes the patient will get very unwell in corridor requiring oxygen but then we have to give him portable oxygen cylinders until they get bed in bay

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Patient from a sideroom that I was caring for got moved to a corridor bed, as there was another patient from ED that requires to be isolated and moved on to the sideroom

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

We were told there was a lot of patients in the ED that needed bed and it was only temporary but it has been going on for years now and we couldn't say no.

In what ways were patient care or safety compromised, in your opinion?

I work in respiratory and was told only independent patient that doesn't require oxygen are for corridor bed- but as I know patient's can deteriorate any minute so being in a corridor can put them at higher risk.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Patient unable to mobilise to toilet, had to use commode at bedside. patient on long term oxygen. Patients with multiple iv antibiotics and feeling very unwell with high news, patient requiring Dka/ variable rate insulin in corridor.

In what ways were patient care or safety compromised, in your opinion?

Patients with poor mobility not able to walk to staff toilet which is only toilet to use for them due to SOB (Long term oxygen)

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Not private or dignified in any way for the patient. Lack of space around bed to carry out bedside care

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Shortage of beds in bays, it was awkward giving care where there was no proper privacy for the client, I felt like I'm giving substandard care to my clients

In what ways were patient care or safety compromised, in your opinion?

No call bells for the client to use whenever they needed assistance, no privacy,

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Patient is put in bed in alcove of bay. No curtains, no call bell. Area is all wi Dow so patient is cold. It used to be patient identified for area had to be independent and expected discharge within 48 hours. Now they can be assistance of 1, long term oxygen and clinically unwell

In what ways were patient care or safety compromised, in your opinion?

Patients are cold. Patients dignity and privacy compromised. The area is small increasing the risk of infection from cross contamination. It is an increased workload for nurses and there is no additional staffing allowed

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Insufficient beds in mental health services.

In what ways were patient care or safety compromised, in your opinion?

The risk assessment states not suitable for patient use unless supervised by staff.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Make shift bed in lounge. Lounge not deemed safe for mental health patients due to potential ligature risk therefore room is placed on 'continuous observations'. This is intrusive for patient in the room. They are watched 24/7 when in the room.

In what ways were patient care or safety compromised, in your opinion?

No direct bathroom access. The patient also has no direct access to bathroom facilities as they have to use a bathroom which is locked. The patient has to find a member of staff to open the bathroom with a key. No access to shower as only a bath in this bathroom facility. Datix completed daily.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Increased workload- an extra patient to provide care for

In what ways were patient care or safety compromised, in your opinion?

Increased workload, unable to provide safe and effective personalised care

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Patients who are nursed in corridor meant to be independent and not requiring o2 as per policy- patients now being admitted who are not independent and do require assistance and are a risk of falls.

In what ways were patient care or safety compromised, in your opinion?

If patient deteriorates lack of resources in that area they are being nursed

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Have nursed patients who are detoxing from drugs and alcohol in corridor beds- lack of dignity

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Patients becoming unwell in corridor bed- no o2 points or monitoring for continuous monitoring

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Patients and their relatives have become verbally abusive regarding corridor nursing- lack of respect for staff. Makes it hard to build a rapport.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Corridor beds increased in each ward to off load the patients in the ED department. Initially there was 2 corridor beds. Each of the beds have no privacy, no personal hygiene area with some patients having to use public facilities which are often not clean and no shower or washing area. Some of these patients are given bad news with visitors and other hospital staff about and phones ringing in the background.

In what ways were patient care or safety compromised, in your opinion?

Increased patient numbers with no additional staff to deliver the care required. Rise in falls and patients not being observed leading to increased EWS and in some cases death.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

It seems like normal now. The patients have limited space and it's hard to maintain their dignity. The ward didn't have enough beds. It's very difficult to deliver care cos their space is cluttered.

In what ways were patient care or safety compromised, in your opinion?

Space is cluttered as there is limited space. It's hard to maintain their dignity. Their toilet isn't very accessible especially for those with limited mobility

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Limited space for patients and staff, not suitable oxygen points as two beds sharing one port, not enough plug spaces, limited space and not enough curtains to pull around for patients using commodes at bedsides.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

For corridor beds: no privacy for patients, noisy so poor sleep for patient, no plugs or place for belongings, no oxygen point of an emergency had arisen.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

I have to deliver care in the corridor all the time in a fracture ward. It's a disgrace. My ward manager has fought against it for 2 years but no change has been made. Over the last 6 months or so we've 'upgraded' to having 3 corridor beds.

In what ways were patient care or safety compromised, in your opinion?

If a patient takes unwell or requires oxygen we have nowhere to place them unless we transfer another patient out of the bay/side room quickly. The patient has no dignity, as being in a fracture ward, the patients are mostly elderly with hip fractures and we have to reposition them. We try our best to move patients into the equipment store when we are giving them a wash or using the bedpan, just to put them back out in the corridor after

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

This was in a hospital that is not my permanent post, I was currently doing a course at the time and the hospital was under such large pressures with the start of winter that were causing a bed shortage

In what ways were patient care or safety compromised, in your opinion?

Patient care was not up to standard due to the lack of privacy and the patients sleep was disturbed never mind not even having access to a plug to charge their phone to contact family they also were no where near an oxygen point or emergency buzzer

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

The care was inappropriate because the patient had no access to a toilet only one that was situated outside the ward and was struggling with privacy as well as the fact they were close to the nurses station and could hear other patients plans of care being discussed was potentially a breach in confidentiality

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

High numbers of bed waits in ED

In what ways were patient care or safety compromised, in your opinion?

Confidentiality dignity unable to provide timely care, lack of monitoring equipment lack of staff for excessive bed wait numbers

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

It is a place where privacy and confidentiality can't be maintained.

In what ways were patient care or safety compromised, in your opinion?

The patient has no privacy in this setting, therefore any personal hygiene was delayed which could lead to skin breakdown depending on the number of hours of waiting time for a room or cubicle.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

It happened because of short staffing. I felt bad for the patient and relatives.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

In my ward we have three patients nursed in the corridor. Most recently an assistance of 2 and a patient who was a wheelchair user. Hard to provide holistic patient care in these spaces and also stand by infection control policies

In what ways were patient care or safety compromised, in your opinion?

Patient care – no dignity, lack of sleep, no privacy, everyone can see/hear what is happening

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

It's not pleasant experience as a nurse to care for someone on a corridor. Its impact patients safety for example: there is no call bell available, no system to provide O2 if needed. So extremely stressful as a nurses. I have heard many people under my care was unhappy the way they are treated when they were sick.

In what ways were patient care or safety compromised, in your opinion?

No access to call bell available, no O2 available if needed.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

There was no privacy or dignity for the patient. Also the patient could hear everything discussed at the nurses station

In what ways were patient care or safety compromised, in your opinion?

1. Lack of curtains or partitions compromises confidentiality during assessments, treatments, and conversations. Patients feeling embarrassed or vulnerable, impacting their emotional well-being. 2. Corridors are high-traffic areas, increasing exposure to pathogens and reducing adherence to infection control protocols. Proximity to other patients or environmental contaminants may heighten the risk of healthcare-associated infections 3. Necessary medical equipment or supplies not readily available in corridor settings Delay in administering treatments or interventions could result in adverse outcomes. 4. Corridors often lack appropriate monitoring systems like cardiac monitors or oxygen supply points 4. Cluttered corridors with limited space for movement increase the risk of patient falls. Inadequate safety measures, such as bedrails or alarms, further compromise patient safety. 5. High noise levels and frequent interruptions in corridors can lead to medication errors or lapses in communication. All Healthcare staff may struggle to focus, increasing the risk of 6. Patients may feel neglected, dehumanised, or distressed due to the impersonal and chaotic environment. Stressful conditions may exacerbate existing health conditions or delay recovery. 7. Standard protocols for documentation, hygiene, and patient-centred care may be compromised due to the improvised nature of corridor care. The environment may limit the ability to deliver evidence-based practices consistently. In the emergency department it has become the 'norm' now which is not appropriate. These extra 'spaces' in a corridor don't have appropriate screening for privacy and no patient call bell should they need it. In our minors area- which has been lined with beds- up to 8 medical/surgical patients in the corridor while having to provide treatment to the emergency department patients. The stress of this has unfortunately caused many of our nurses to move to other areas in the hospital. I feel in these extra spaces that patients care has been affected due to lack of privacy, and safety affected with no call bell- should any difficulty arise- they can't alert me.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Patients being brought into corridor beds with conditions such as IBD or gastroenteritis, also c.diff with shared toilet facilities with other patient, patients requiring assistance to the toilet and having to use staff toilets which are very small and not designed for assisted toileting putting staff and patients in very vulnerable situations, we have also had patients in corridor beds who are dying or at end of life and we have had to rely on other patients to give up their room for us to move EOL or even septic patients in, they also increased the criteria to allow patients on oxygen to remain in corridors with a solution being to run lines of o2 from the closest room out to the patient

In what ways were patient care or safety compromised, in your opinion?

We were not staffed to facilitate up to 5 extra patients in the unit, falls and complaints inevitable and staff can't really do anything about it meaning but as front facing its the ward staff getting the abuse from patients on the matter

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

I was trying to assess a lady and provide education, the lady was in a corridor bed there was a lot of foot traffic so people passing by meant limited privacy and Also a lot of noise so the lady could not focus 100% on the information being given

In what ways were patient care or safety compromised, in your opinion?

Patients requiring oxygen being placed on cylinders at risk of running out, no privacy and no call system to get attention of staff.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Regularly extra patients on the ward in corridors, space limited, beside a store often have to walk past the patient and they get very little peace and dignity

In what ways were patient care or safety compromised, in your opinion?

Care – undignified unable to sleep, beside the nursing station so very hard for them to get peace and quiet noisy environment lights

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Elderly patients with no close access to a toilet.

In what ways were patient care or safety compromised, in your opinion?

Cardiac patients having to use public toilets outside the ward with no way of alerting for help.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

They were one of many I've had to treat in a corridor bed. But this particular patient came in with vomit and diarrhoea, the patient toilets were at the other end of the corridor and there was risk of cross contamination and infection risk with other patients. Visitors also had to pass this patient on the corridor as well as staff delivering scripts, laundry, bringing patients to and from the ward for investigations elsewhere in the hospital. It was not appropriate at all and there was no room available for this patient to move into for 2 days from their arrival to the ward

In what ways were patient care or safety compromised, in your opinion?

We could not effectively give the patient the care they needed as there was no equipment available (eg IV stands) as they were being used in the side rooms. Toilet facilities were an inappropriate distance from the patient to help avoid infection and cross contamination, therefore there was an increased risk

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

The corridor can often be cold due to the constant flow of people in and out of the main doors. There is a portable that can be used for patient privacy but it isn't good enough. Patients that come up to the border space often have chest pain or at risk of chest pain and need constant monitoring on a portable telemetry as there are no cardiac monitors on the corridor which then restricts other patients who are mobile from getting to use one. There often isn't much room to deliver patient care and have to move around a lot due to people needing to get past.

In what ways were patient care or safety compromised, in your opinion?

As said previously the corridor can be very cold as well as it being a small walk away from the toilet.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

I felt awful – it felt dehumanising to the patients especially since the lights didn't turn off and people were constantly walking up and down the corridor increasing delirium

In what ways were patient care or safety compromised, in your opinion?

No emergency equipment by bedside or oxygen. Beds not plugged in, lights that never turned off constant noise

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Working a bank shift in emergency department nursing 9 patients awaiting medical bed in a corridor on reclining chairs. Some patients had been there for over 30 hours.

In what ways were patient care or safety compromised, in your opinion?

No dignity to complete patient care, no privacy when seen on ward round.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

3 additional patients every day to be cared for in corridors

In what ways were patient care or safety compromised, in your opinion?

No access to oxygen, no monitors, no access to bathrooms

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

No showering toilet facilities as all single rooms. Patients in corridor beds need to use public toilet. Often pts too ill to be nursed appropriately in corridor beds

In what ways were patient care or safety compromised, in your opinion?

No oxygen point have to use portable. No suction point. No privacy only covered by screens for intimate examinations – no dignity or privacy. Patient told bad news in corridor space

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

4 extra patients on corridor. No privacy, no dignity, patients unable to sleep, doctors unable to examine them. Patients unable to sleep.

In what ways were patient care or safety compromised, in your opinion?

No PPE, no hand wash sinks or access to alcohol hand sanitiser. Clinical teams having to discuss patient with no privacy or confidentiality. Unable to examine them or complete bed space procedures delaying diagnosis or discharges.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

It was my 7th patient (normally only 6) and cared for in a storage room with no call bell / toilet facilities. Patient had to use actual ward bell for buzzer, and no ambient lighting for patient. I felt embarrassed for the patient but it is normal practice for our ward.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

increased corridor beds x 3, these have not stood down in over 18mths, the volume would fluctuate but there are always corridor beds.

In what ways were patient care or safety compromised, in your opinion?

Care in a crowded ED is compromised every day, the patients feel safer in the ward even though it isn't an appropriate bed space

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

I work in an A&E department which is not designed for the amount of patients using the service. On a daily basis we are expected to care for patients in corridors using nothing but portable blinds to preserve their dignity. Patients having personal care, on uncomfortable trolleys with blinds around them, while other members of the public are walking past. Many times patients are left, sat on chairs in the corridor with portable oxygen as there are no beds available.

In what ways were patient care or safety compromised, in your opinion?

Patients who require supplemental oxygen being left on chairs with portable oxygen & it has ran out. Changing people in the corridor with nothing but screens to preserve dignity while members of the public walk past. A resus with occupancy for 4, with 5 beds in it. One bed sitting in the middle of the floor with no suction, oxygen or crash space in the event of an emergency.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Patient took a seizure and had to immediately transfer to a side room as there was no option for suction or oxygen or safe delivery of care

In what ways were patient care or safety compromised, in your opinion?

All aspects of care was compromised

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Work I'm ED. Currently treating patients on a mixture of trollies, chairs and beds. Parents separated by screens to do personal care. This is a daily occurrence. Currently has patients on portable telemetry not connected to main station. Within our ED we do not nurse we fore fight

In what ways were patient care or safety compromised, in your opinion?

Due to lack of space we now have a breakout of Flu A. Lack of dignity completing personal care and as stated on portable telemetry not connected to main station so unable to monitor correctly

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

inappropriate placing of patients not fit to sit in a corridor

In what ways were patient care or safety compromised, in your opinion?

in every interaction with patients. lack of space to deliver care. lack of privacy. no toilet facilities. patients distressed and angry

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

There was no privacy or dignity for the patients,

In what ways were patient care or safety compromised, in your opinion?

The patients felt as if they were in the way as we continually had to disturb them.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

I had to nurse 2 patients in beds that were in a corridor. One was positioned under a large screen opposite the nurses station with screens only to provide privacy which was totally inadequate. I was unable to provide personal care as people continually walked past and there was no proper cover to maintain dignity. It was impossible to turn the patient and check their skin as there was no room to move their bed away from the wall to allow someone the other side of the bed as you were crammed against the nurses station.

In what ways were patient care or safety compromised, in your opinion?

Unable to provide proper skin checks, personal care. Unable to have a private conversation with the patient. The patient was bedbound and was afraid to use bedpan as there was no privacy or dignity.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

The facility is not my regular place of work, I work as an agency staff in the hospital where I pick shift atleast once weekly and they have corridor beds for patients when the available rooms are full.

In what ways were patient care or safety compromised, in your opinion?

Their safety is compromised as they are exposed to every passerby and at risk of harm or infections

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

I feel bad for these patients because there is no dignity in being cared for on the corridor. Some remain in these inappropriate places until discharge. They are exposed to noise, lightening and unable to really rest despite being sick. Most importantly their right to privacy is breached but helpless.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

The system is so overwhelmed, I feel this negatively affects patients as privacy is bridged at times. As for me I felt uncomfortable as well as my clinical performance will be under scrutiny by other patients and relatives

In what ways were patient care or safety compromised, in your opinion?

Prolonged seating on chairs easily leads to fatigue and worsen a patient condition, in addition there is also easy transmission of infection especially droplet infection

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

I work in intensive care and move patients out to main wards. I have encountered on a regular basis patients nursed on corridors due to no beds. This has now become the norm.

In what ways were patient care or safety compromised, in your opinion?

No oxygen, no suction. No dignity or privacy.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

It is totally humiliating placing ICU discharges due to a lack of bed space.

In what ways were patient care or safety compromised, in your opinion?

Blockage on corridor causing health and safety danger to staff, patient and relatives. Shocking disgraceful standard of care.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Recently a patient was being nursed in the corridor and became acutely unwell. It turned out he had a leaking AAA and ending up passing away.

In what ways were patient care or safety compromised, in your opinion?

No call bell for patients to use. No piped in oxygen. Lack of privacy/dignity. Over the last few days I've heard of patients being nursed in corridors who are assistance of 2. There isn't even a proper curtain to protect their privacy when doing personal care. Ethically and morally feels wrong, feels like the basic human rights of patients are not being considered. Contingency spaces being used, due to high levels of risk in community settings.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Patient had SPC and stoma in place and needed assistance with both. Patient was incredibly embarrassed by smell of stoma as a thin barrier separated Patient from other corridor bed patient

In what ways were patient care or safety compromised, in your opinion?

Patient dignity completely lost.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Bed shortage in whole hospital and made to go to non designated beds to elevate pressure. Very demanding as no access to appropriate equipment if needed and personal care needs hard to assist with. Very undignified for the patients and feels like they are receiving poorer care overall

In what ways were patient care or safety compromised, in your opinion?

No access to oxygen/plugged in resources if required. In an unsafe location at times, occasionally partly blocking resus equipment due to areas allocated for non designated beds

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

I have had to deliver care in a corridor, an additional chair space and also in the waiting room. The corridor has become a regular space for admission patients awaiting beds and it is 1 nurse to 7/8 patients because they are all supposed to be mobile. I have also had to care for patients in additional spaces in the department and at one point I had 10 patients to look after with myself. This I felt was extremely difficult to provide efficient care as in our department we are expected to check patient observations every 2 hours, skin checks every 4 hours alongside all the treatments and other things that patients require alongside all of this. It is compromising safety and it has become dangerous.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Think it is entirely unfair on our patients to be put in a make shift bed in a corridor on a ward.

In what ways were patient care or safety compromised, in your opinion?

If this patient deteriorates they are sitting in a corridor; no oxygen etc to be connected to. Very unsafe

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

I work in ED and the department was full with no movement on admissions so patient are getting IV's, assessment and other treatment in the corridors.

In what ways were patient care or safety compromised, in your opinion?

The corridor is not an area covered by staffing levels and therefore the staff are taking on additional patient! Staff have to prioritise the area they are assigned and therefore the corridor is often overlooked.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Unable to conduct full physical assessment as in a busy ED corridor and no private spaces available for assessment. Patient had dementia.

In what ways were patient care or safety compromised, in your opinion?

Unable to assess patient to same level as normally would

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

The workload of extra pts was too much, poor care provided and patients safety put at risk, I felt very under pressure, frustrated and leaves you anxious for the next shift

In what ways were patient care or safety compromised, in your opinion?

If an emergency, beds would need to be moved before getting to patients with emergency trolley. No privacy, no call bell, no light, lying at other patients feet

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Unable to assist appropriately with personal hygiene...dignity difficult to maintain. Bed constantly being moved overnight to allow other beds to pass..strangers walking directly past your bed at all hours of day and night. Lights on later as staff finishing meds, etc.. very disruptive...and no emergency equipment access, no O2 point. No suction point. So unsafe and so unfair

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

The place was completely overcrowded. We had staff off sick and were stretched so thin. I felt I couldn't give the care the patient needed. They had no dignity or privacy. There were no handwashing facilities or patient toilets. The patient had to use the toilet in another patients room. I felt completely demoralised, frustrated and frankly angry at being left in such condition

In what ways were patient care or safety compromised, in your opinion?

Infection control goes out the window. Patients have to share toilets in single rooms. There is little or no handwashing facilities. Corridors are cold and noisy. Staff are stretched so thin medications are late or potentially missed.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

No room no privacy patients are not happy it disgraceful if it a animal there would be a national outcry it would make headlines but the state of hospital now it makes news but never change

In what ways were patient care or safety compromised, in your opinion?

Staff and patients are at risk of injury from falls etc because of cramped conditions also lack of privacy for patient just parked up anywhere cars aren't even allowed to park in an inappropriate way in a carpark but a human can be parked or put anywhere in a care facility

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Every day we care for patients in our corridor. I work in an ED and due to the volume of patients it is the 'norm' to have patients in the corridor.

In what ways were patient care or safety compromised, in your opinion?

Not enough space, privacy, dignity. No call alert system for them to notify staff if they need anything. Not enough equipment.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Due to lack of beds and space in a&e. I had to care for several patients in a corridor. Sometimes these patients can be assistance of 1-2. There's no plugs for equipment and no oxygen points. Patients have no dignity or able to sleep. It has become a daily occurrence within the ward for over a year.

In what ways were patient care or safety compromised, in your opinion?

No dignity or privacy. No plugs to avail for equipment. If there was a emergency you are unable to get through quickly with a crash trolley. What patient wants to be cared for in a corridor.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Treating too many patients as outpatients for chemotherapy, not enough chairs, stress and anxiety treating patient in inappropriate places

In what ways were patient care or safety compromised, in your opinion?

No alarm button for patient if needed

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

I work in a ward with 4 permanent corridor beds. They have to use a visitor toilet outside the ward. On my last shift while doing to ward round the consultant had to examine a patients perianal abscess behind a screen. I felt embarrassed that this is the quality of care that we are made to deliver. We do not have a treatment room where this can take place.

In what ways were patient care or safety compromised, in your opinion?

There was a complete lack of dignity for the patient. I am sure he felt very vulnerable.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Nursing patient in corridors, some on o2 in a corridor, no buzzer, o2 ports or suction near, feels so unsafe and dangerous. Not able to give a the patient privacy, moving patients to allow us to change a patient where there's a curtain. Unsafe nursing care and feels like our NMC pins are at risk daily

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

We had to care for a patient who had a stroke in the corridor. It was extremely unsafe and bed manager would not listen

In what ways were patient care or safety compromised, in your opinion?

No access to oxygen or suction points, no dignity for personal care etc

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Newly diagnosed people with diabetes who require education and counselling about their diagnosis which is life long. No privacy, alot of distractions, interactions feel very hurried, huge pressure for beds. Elderly people calling out for toilet or needing personal care attended to being done behind screens in a public place.

In what ways were patient care or safety compromised, in your opinion?

Privacy & dignity compromised. Often not even a surface to set a drink down on. Didfficult to identify the patients who need to be sen. Timing of medication is a big issue, missed doses of insulin etc.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

I work on as busy colorectal surgical ward. When receiving a patient from recovery, we have many checks to complete such as skin checks, site checks for PCAs/epidurals, wound checks, stoma checks, etc. This requires privacy with curtains. However when I have had to use additional patients in a bay (which is only designed for 4 patients), there are no curtains available. I therefore have to use privacy shields which have a height of 5ft 3in and have no coverage no ground level until my knees. Additionally, as the bay is only designed for 4 patients, I have to use another patients oxygen supply to ensure my new patient has oxygen after surgery. I feel like a terrible nurse and I am so embarrassed and ashamed that this is how I am forced to give care. I like to ensure I can do all I can for patients to help them feel comfortable and safe following what is life changing surgery, and I feel I am set up to fail when forced to nurse in this environment. I also worry that in the case of a cardiac event such as an arrest, that there is no room a) for the staff required to attend and b) for the crash trolley. And due to no curtains, there will be no privacy or security to shield the other patients in the bay from witnessing such an event. I have raised concerns to my Band 6 and Band 7 however was told that it is only me being fussy and that I should get on with it. I feel like I have no support and it makes me very upset and I go home feeling like a terrible person.

In what ways were patient care or safety compromised, in your opinion?

No dignity or privacy is able to be ensured in this environment. Sharing of oxygen supply can be dangerous is both patients require oxygen. No space for emergencies such as cardiac arrests – no room for staff attending or equipment. In addition to the above, in case of emergency, no curtains available to be used to cover other patients to shield them from witnessing the emergency.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

We had 6 nurses for 104 patients cared for in 16 bed spaces and the rest in the corridor and waiting rooms. All needing treatment regular medication. Skin checks. Basic care.

In what ways were patient care or safety compromised, in your opinion?

Always and everyday. Over capacity no safe soace for treatment. Treatment delays. The majority of the 6 nurses were crying. Patients and patients relatives were verbally abusive. This is frustration what we totally understand. No one should have to wait this long on a chair. It's disgusting.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

We loose sleep worrying about people, we loose love of the job. It's affecting our family lives because we are so unhappy in our work environment and we take it home. A lot of people are drinking alcohol more often to cope. I worry for the nursing furture I worry for our department and I worry for the patients. People are getting bad news and left to sit in a noisy waiting room. No time to reflect and react.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

The worst but was once placed in a corridor a patient can remain there (forgotten about by site flow teams) unless we advocate to move them to next available bed space. Reverse boarding is even worse. We need to be encouraged & supported to be true advocates and eliminate the inequities that are misplaced patient care

In what ways were patient care or safety compromised, in your opinion?

Telemetry was insufficient, they were not in full eyesight like other patients. There was a direct lack of dignity. It was cold. No choice have to speak to patients and listen to their chests with a single screen

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Corridor beds are so unsafe.

In what ways were patient care or safety compromised, in your opinion?

No appropriate dignity for patients.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Both patients and nurses are at the receiving end of poor care and stress respect.

In what ways were patient care or safety compromised, in your opinion?

Patients may end up deteriorating in corridor beds.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Nurse to patient ratio is so inappropriate, nurses have to work themselves to death with the increasing workload.

In what ways were patient care or safety compromised, in your opinion?

Not enough time for nurses to prepare to receive patients. High number of patients to nurse ratio. Nurses are burnt out, seriously.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Patients placed in corridor beds beside nursing stations. Lights still remain on at night. Excess noise. Privacy screens that don't give much privacy and toilets either outside the ward and doors being locked at night. Or using staff toilets that is too far for some to walk to

In what ways were patient care or safety compromised, in your opinion?

Lack of dignity Not enough beds Confidentiality was compromised

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

had to look after 4 care of elderly patients in corridor a and e . it was horrible . no dignity dirty no privacy

In what ways were patient care or safety compromised, in your opinion?

no privacy no infection control measures no holistic care no comfort i find it horrible

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

4 corridor beds, one beside nurses station! No privacy or confidentiality! 4 pts sharing staff toilet

In what ways were patient care or safety compromised, in your opinion?

Lack of privacy/ confidentiality! No facilities to shower Only one clinical room, which was being used by another team so my colleague and I had to use an office for administering injections. Humiliating for patients trying to complete personal care with temporary screens around them, patient sent back to waiting room on new o2 requirement , the corridor trolleys are now accepted as normal

In what ways were patient care or safety compromised, in your opinion?

Medical admissions in the waiting room , can't be seen therefore no meds given, no one checked. No dignity for those in the corridors with all members of public walking past them

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

In my current job I deliver care daily to those in corridor beds and 'show beds'.

In what ways were patient care or safety compromised, in your opinion?

Care for patients in corridor/show beds is always put off. Turns aren't done, skin isn't checked, personal care not given. They are often forgotten about as they are in inappropriate places. Patients needs are not met whether that be personal care, assistance with feeding, receiving medications on time, timely identification of deterioration – the list goes on. Difficult and at times nearly impossible to maintain privacy and dignity of patients. No curtains, not enough/appropriate screens available, not enough space to use screens etc I am so apologetic to those patients and I feel disgusted at times to think that this is what nursing has come to. I have witnessed staff provide personal care for patients to the best of their ability – but everything was on show. Those poor patients. Had to do observations give iv fluids, anti emetic and iv pain relief to a patient in a corridor in A&E Unable to properly monitor for side effects. No confidentiality. No emergency equipment, oxygen points, suction available should a reaction have occurred. No privacy. Patient unable to lie down. Patient with COVID in same corridor, Exposed to covid positive patients and patients with infection 3 patients needing beds sitting in same corridor. Corridor connecting entrance, main wards and coffee shop to emergency department lined with chairs and used/ classes as a ward. All year through not just during pressures. Assessments and care delivery carried out while people pass and listen. Confidentiality issues as everyone around can hear. People don't disclose vital information for safe care delivery. Full health assessment / appropriate patient positioning not able to be carried out

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Patient nursed in corridor space beside store cupboard, privacy limited and confidentiality difficult to achieve. If patient condition had deteriorated or required oxygen or CPR then valuable time wasted trying to get equipment and staff in to corridor area and to access patient as needed

In what ways were patient care or safety compromised, in your opinion?

Patient confidentiality and privacy and dignity compromised. Care compromised by being in wrong place. Potential safety compromised in event of sudden deterioration in condition

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Patients were put in the corridor as ward was full.

In what ways were patient care or safety compromised, in your opinion?

Safety

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

It was difficult to provide privacy and dignity to the patients as well as provide confidentiality due to the openness of the area

In what ways were patient care or safety compromised, in your opinion?

Privacy. Confidentiality

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Additional patients on the ward. Funded for 34 but 45 patients on the ward. Patients squeezed into 6 bedded ward. No privacy for patients no space to deliver care to patients.

In what ways were patient care or safety compromised, in your opinion?

Lack of privacy and dignity

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

I work in ed and we are giving daily care to those in corridors because of the lack of beds

In what ways were patient care or safety compromised, in your opinion?

Lack of confidentiality in corridor setting

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

The moral injury is immense. I cannot provide the care I want to provide or the care my patients deserve. It is exhausting and demoralising. Within this last six months of nursing in ED I have thought more and more about leaving the profession. In the previous seven years this never crossed my mind

In what ways were patient care or safety compromised, in your opinion?

Unsafe working conditions. Hindered access to suction, o2. Undignified care i.e people receiving personal care behind screens on a corridor

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Unable to provide personal care in a corridor bed, moving patients all around like jenga to fit them in to provide care to then start and move everyone back again. The constant noise and people walking past, trollies being wheeled past means the patient doesn't get a good sleep. I dislike caring for people in a corridor, they are cold and draughty with no privacy, relatives often feel in the way and there is no place for the persons belongings.

In what ways were patient care or safety compromised, in your opinion?

Not a peaceful restful environment. Unable to provide personal care with dignity. Unwelcoming for relatives

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

A lady needed personal care as she was unable to care for her own toileting needs, we had to put boards around the bed to do personal care.

In what ways were patient care or safety compromised, in your opinion?

We couldn't fully care for a patient in that setting as their dignity was compromised which further compromised their safety of someone seeing her in a vulnerable position.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Assistance of 2, doing personal care in corridor including investigations like ecg

In what ways were patient care or safety compromised, in your opinion?

Unable to see properly, o2 running out in cylinders, unable to monitor cardiac machines, falls risk, unable to do skin checks due to no privacy It was an inappropriate place for the patient to be to deliver personal care. Just very inappropriate and not a safe environment A extra bed placed in a bay due to a bed crisis

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Patient care in inappropriate settings is on a daily basis. Bed space is needed for assessment, treatment and personal care. Feeling embarrassed and stressed about the inappropriate settings , especially when it comes to personal care needs of patients.

In what ways were patient care or safety compromised, in your opinion?

No dignity, corridors are cold , loud and alot of traffic from staff and members of the public.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Corridor bed- unable to provide person centred care. Limited privacy for patient, difficult to provide personal care. No equipment present near patient.

In what ways were patient care or safety compromised, in your opinion?

Lack of dignity for patient. No access to medical oxygen at wall only in cylinder. Dangerous for emergencies

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Daily corridor beds are the norm, patients sharing 1 patient cubicles, nursing ambulance patients in ambulances for over 24 hours while waiting to get in, nursing very sick patients in the waiting room or chairs in a corridor, infective patients buddied up in one room because they're both infective, infective patients remaining in public area/public toilet or waiting room because there's no where to put them

In what ways were patient care or safety compromised, in your opinion?

Unable to have privacy, one nurse forced to look after upwards of 8 patients at one time, unsafe giving of meds, lack of isolation, lack of escalation to monitored beds as none available, severely sick patients forced to go back to the waiting room to wait for a space

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Inappropriate patients put in corridors, falls risk, incontinent, dementia. Toileting someone in a hallway with screens around them and people walking past. No dignity for patients. Families horrified. You feel like you are letting people down but it is out of your control

In what ways were patient care or safety compromised, in your opinion?

Increase of falls, put in the hallway away from the nurses station to get the next ambulance in. Head injuries, more monitoring, ct scans.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Having to cover cameras with paper and using dividers screens to stop anyone seeing the patient, no dignity patients feel embarrassed having to use bed pans in escalation spaces

In what ways were patient care or safety compromised, in your opinion?

Escalation spaces have no limits oxygen relying on the oxygen cylinders beneath the ed trolleys which are designed for transferring patients from ED to the ward. Unable to deliver basic care. It makes you feel embarrassed providing care in these settings. Unable to see patients correctly. Not enough space to treat patients that desperately needed care

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

I had two patients with flu a together in a store room, both on oxygen using cylinders. No privacy for either patient both sitting on hard chairs for 24 hours+. Patients are not visable. I was embarrassed of having to treat them in a store room, appologised to them for how long they had been in there. Both made complaints regarding being placed in a store room for over 24 hours.

In what ways were patient care or safety compromised, in your opinion?

Patients with low spo2 , on oxygen using cylinders in a store room you couldn't physically see them in unless you walked into it. Cylinders running out of oxygen. Infection control.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

We regularly care for patients in corridors due to inappropriate bed numbers in our hospital/ trust – it has become a sad and unacceptable norm. Our ward has 24 side rooms and regularly escalated to 4 corridor beds – with talk of 5 during recent pressures. It's stressful as patients in our hospital are usually nursed in side rooms and these corridor patients don't have anywhere to shower or wash. It's inappropriate as they cannot sleep due to corridor lighting always having to be on. The patients have to use a public toilet outside of the ward. On a recent occasion this toilet was very dirty and patients could not have been expected to use this. When this was escalated it was advised to have patients use a bedpan or commode – this clearly does not promote independence or dignity in patients that don't need to use this sort of equipment it's incredibly undignified. Nursing staff had to leave the ward to clean a public toilet to allow corridor patients use this. Nursing patients in corridor beds is stressful and dangerous for nurses and patients. In these times there is a definite increase of infection control issues recent outbreaks of flu should be tracked to see if nursing patients in corridor beds shows an uptick in hospital acquired infections. Regularly these patients feel like second-class citizens as they see other patients being nursed in side rooms while they are being cared for in the corridor and unable to wash or get privacy, and it's very demoralising having to nurse these patients in such inappropriate conditions.

In what ways were patient care or safety compromised, in your opinion?

Infection control issues are increased due to corridor care – no where appropriate for staff members to carry out hand hygiene in a timely manner is likely to cause an increase in infections. Inability to build therapeutic relationships with patients due to lack of privacy. There's a risk of these patients overhearing confidential handovers. Risk of falls and untimely help due to no call bells. Using public toilets outside of the ward means collecting samples such as MSSUs and stool samples much more difficult and will delay diagnosis. Inappropriate sleep hygiene. Many many issues caused by inappropriate care environments.

Scotland

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Patient had a cardiac arrest in the corridor

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Lack of staff to provide higher level supervision in the patients ward area

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

There was no beds available on the ward this elderly patient who was bed bound was doubly incontinent and needed a space in private to be cleaned, our only option was the charge nurses office. Another time I have given IVs to a patient in the waiting area. No clinical room space in the area I work. Unable to complete full appointment as no access to equipment. Appointment just had to be a chat then relisted

In what ways were patient care or safety compromised, in your opinion?

Failure to deliver care

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Ward continuously works with 5 non-standard bed spaces in use, nursing patients in treatment rooms, additional beds in the middle of a 4 bedded bay, and bed spaces in the corridor outside rooms. I have nursed patients who have ended up having cardiac arrests and dying in the middle of a 4 bedded bay, also I have had patients allocated to the corridor when they are assistance of 2 and all care

In what ways were patient care or safety compromised, in your opinion?

Unable to provide basic dignity and care, patients not having access to oxygen and having to rely on tanks which run out within 2 hours that may not be refilled/changed quick enough due to ward and hospital demands

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Extremely challenging toileting and providing personal care while trying to maintain dignity, often patients deteriorate and require escalated to their speciality doctors

In what ways were patient care or safety compromised, in your opinion?

Patients are over looked

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

In our ward we have a gp referral room as well as 28 beds. The ward was full the beds in the gp referral room were full had to deal with patients in the corridor. It is stressful as not only are you caring for inpatients you're also dealing with this over and above and it's unsafe

In what ways were patient care or safety compromised, in your opinion?

Well it's impossible to provide correct patient care whilst looking after these patients as well as your own designated patients. There's no privacy either for the patients involved.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

3 patients in an area usually used for taking referral calls. Insufficient space for patients, lack of plug points, had to have power cables across the floor in an unsafe manner. High risk infusion using IV pump on battery

In what ways were patient care or safety compromised, in your opinion?

No emergency buzzer, no call buttons, insufficient space, no patient privacy

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

It was admissions from paramedics direct to the AMU with no beds. Left 3 patients on ambulance trolleys/wheelchairs for an hour. Leaving 3 ambulances out of use and leaving staff trying to assess patients in the corridor and as the staff nurse in charge I couldn't get a break it took my so long to sort out transfers to create bed spaces.

In what ways were patient care or safety compromised, in your opinion?

Can't triage patients properly Less ambulances available in the locality while they wait Comfort and assessment of patients couldn't be prioritised as nurses all were busy with their caseload and I could either try and arrange beds for them or assess them but not both at the same time.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Working in ED we are daily seeing and examining patients in a corridor and having patients on trolleys in corridors overnight and for extended periods.

In what ways were patient care or safety compromised, in your opinion?

Comfort

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Patients are sitting in hard plastic chairs in corridors where confidentiality and dignity is at risk. Its is unacceptable and patients are at risk.

In what ways were patient care or safety compromised, in your opinion?

Dignity Confidentiality. Moraly. Clinically (risk of unnoticed deterioration in condition)

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Mostly we have an extra bed in our 4 bedded bay so there would be a fifth bed in the middle without access to oxygen, suction and no privacy for the patient. This happens a lot as just not enough beds. We are funded for 27 beds. Have 31 beds that are always filled and then on top the two extra beds in the multi bay if needed we have had patients in a corner on the actual corridor before without even proper access to toilet or wash facilities. Impacted us as no extra staff just extra patients. Patients understandable not happy with the situation. So abuse to staff. And unsafe situations were a patient actually fell of a bed with a seizure and hurt himself pretty bad.

In what ways were patient care or safety compromised, in your opinion?

No facilities for toilet or washing. No call bell. No privacy

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

There were no beds available in the hospital so A+E room had overnight patients. 6-8 in one room with no equipment or emergency equipment

In what ways were patient care or safety compromised, in your opinion?

Patient to staff ratio.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

I felt disgusted and ashamed that this was the best we could offer a 91 year old lady

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

The Scottish Ambulance Service has deployed at least one manager and an ambulance crew to every acute hospital site in Scotland. They staff corridors and waiting areas, and receive patients arriving at A&E by ambulance. They provide care for these patients, who are booked in on the ED system, until the ED Triage nurse has capacity to see these patients. This is typically a delay of between one and four hours, during which the patient lies on a trolley in a corridor outside the ED. There is no heating or appropriate ventilation, no patient care facilities, no bathrooms, no buzzers and no dignity. The ambulance teams are not permitted to perform any tests or give any treatment beyond the ambulance scope of practice, so after four hours in the corridor a patient can go into the department without even having bloods done. Following a series of adverse events, it was determined that a manager should be on corridor duty at all times. However, there is often no manager rostered on shift. I am instructed to attend the corridor to supervise the ambulance clinicians, in my role as an Advanced Nurse Practitioner. I am however not permitted to give the same standard as care that would be expected through the wall in ED. While on corridor duty, I am unable to do my own role of responding to Urgent Care needs and treating patients at home

In what ways were patient care or safety compromised, in your opinion?

No access to ED tests or investigations. No access to treatment beyond the basic ambulance clinician scope of practice. No access to toilets, skin care, pressure area care, no dignified way to provide assessment and treatment. Patients often become cold and distressed while waiting their turn to enter ED. Members of the public actually have a better deal, they can wait in the waiting room with access to seating, toilets, warmth and food and drink

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

There's meant to be a criteria for this in our hospital but they corridor cared a patient who was coming to the ward from HDU

In what ways were patient care or safety compromised, in your opinion?

A patient stepping out from mhdu shouldn't be cared for in a non bed space due to the risk of them deteriorating

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Stepped resus patients early to cubicle due to capacity and space, patients still required 1:1 care

In what ways were patient care or safety compromised, in your opinion?

Delay to essential treatments observations and escalations

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Patients constantly assessed and treated in our no -care areas. Normally due to lack of beds and being in a highly acute ENT setting with 2 emergency treatment rooms

In what ways were patient care or safety compromised, in your opinion?

No oxygen ports and a lot of our patients are septic on admission, also, due to business of ward these patients are an aside to your normal ratio of patients.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Due to no capacity in ED to see in a cubicle, a corridor was used to take a history, PMH, assessment and analysis unfortunately to relay results. This was due to beds waits in department. It was not dignified or confidential.

In what ways were patient care or safety compromised, in your opinion?

It was not dignified, person centred or appropriate as it is not the staff or patients fault – it's a capacity issue.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Observations were missed.

In what ways were patient care or safety compromised, in your opinion?

Identification of patients deteriorating state delayed due to being nursed in the corridor.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Take pre op bloods while waiting on a bed

In what ways were patient care or safety compromised, in your opinion?

Lack of privacy .. fear if any issues while delivering care in an inappropriate environment

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Patients tend to be transferred overnight into the 7th space in a 6 bedded bay. We have to risk assess the patient transferred with the patients in the room and ascertain who is safer to be without a call bell or bedside oxygen port or bedside light. There is no privacy as there is no bedside curtains, we have to close the curtains of other patients.

In what ways were patient care or safety compromised, in your opinion?

There is no bed space light, bell or oxygen port. There are no additional staff and so the nurse to patient ratio rises.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

We were told at the start of the shift that we might get a 7th patient. Prior to the transfer we were not told about the transfer the patient arrived with the bed flow team and no formal handover given which makes the risk assessing difficult prior to the patient arriving.

In what ways were patient care or safety compromised, in your opinion?

The lack of handover makes the risk assessment for patient placement difficult.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

It is a daily occurrence and happens frequently throughout a shift. Due to the lack of available beds to place patients into immediately it has become the normal practice. It is distressing for the patients and staff caring for the patients. Staff are doing their utmost to provide care. Mostly patients understand, however complaints about this care have risen and it is difficult to change this current practice.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

It's against the code that we are supposed to follow

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

working in a front door area department with a capacity for 13 beds we had 40 in the department with patients on chairs having treatments administered also sitting in the waiting room on cardiac monitors using privacy screens to put round patients to use the bedpan as in trollies and unable to mobilise and no free space or appropriate patients to move out.

In what ways were patient care or safety compromised, in your opinion?

a front door department with 3 resus ongoing 40 in the department and 2 sick patients on DKA with 4 members of the nursing team and 2 doctors and 1 ANP its not acceptable care and when escalated to higher management that department was dangerously unsafe was told nothing they could do and its winter its going to be busy

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Feel embarrassed – not in control of the situation

In what ways were patient care or safety compromised, in your opinion?

Nursing staff being overstretched

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

all ward will have + 1 or 2 patients on a trolley in a corridor. It's common practice. Not ideal and deeply distressing for patients with continence issues. Very upsetting for staff also we can't provide care in a corridor. Confidentiality breaches are occurring all the time. Patients eating there meals as visitors pass them by. Something needs to be done as this is now seen as 'normal practice'. We are putting Scottish Government targets before patients and it needs to stop. Patients are also deteriorating corridors and this is not being picked up as staff too busy.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Put in a position to discuss private issues in a public area, by having to see the patient in waiting room/ chair environment. I felt very self aware, and unprofessional. I also wasn't able to perform a thorough history or examination, some investigations being delayed due to this.

In what ways were patient care or safety compromised, in your opinion?

Patients are regularly missing routine observations due to being sat back out I. The main waiting area, awaiting results. Or long wait for assessment due to no space, deteriorate in the waiting room.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Nurse manager on call required to balance staffing risk across the hospital with multiple patients in corridors

In what ways were patient care or safety compromised, in your opinion?

Dignity. Ability for call bell. O2 auction electricity for pumps

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

I don't normally work in that area and had been sent round to help as they were short staffed. The area is a GP referral assessment unit next to ED. This day ED was busy so the patients were being moved into the assessment unit. An area not designed for patient care was set up to seat 4 patients and beds were in corridors.

In what ways were patient care or safety compromised, in your opinion?

Not only the care and safety of that individual but by blocking off a fire escape I believe the other patients in the areas safety was compromised too

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Feels completely wrong, patients are out in the open with no privacy other than a temporary mobile screen insitu. Highly inappropriate and undignified, not suitable if the patient needs an intimate examination. No proper call bell. Embarrassing for staff. I personally wouldn't like to stay in the corridor so it feels wrong to be nursing patients there and a very vulnerable time.

In what ways were patient care or safety compromised, in your opinion?

No privacy, undignified, no company, away from toilet and shower facilities. Patient feeling like they are in the way. Noise level constantly high staff coming and going, phone running Ning. Corridor lights on all day

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

A very confused patient was brought to the corridor. This patient wandered the corridors and was found in different areas of the ward multiple times. This patient was deemed fit for a corridor as they were independent and could walk to a toilet. This patient was not fit for a corridor as ended up being on a 1 to 1 due to confusion and wandering and the likely hood of absconding the unit. A bed was eventually found for this patient in a temporary area which was an office usually used for out patients appointments, it still had the computer desk set up and had no window or toilet. I feel all this probably exacerbated the patients confusion, especially not having a window as they couldn't tell when it was day/night.

In what ways were patient care or safety compromised, in your opinion?

Not in a room which is staffed. We don't have extra staff to care for corridor patients, let alone a patient who needs alot of looking after due to confusion and is at risk of leaving the ward unnoticed.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

No oxygen had patient was placed in a corner room.

In what ways were patient care or safety compromised, in your opinion?

Patiet arrested and it was a struggle

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

This happens on a regular basis with no space to see patients this is very difficult as morally we have a duty to care for these patients and corridor care is the only option we often have which unfortunately does not provide the patient with the dignity, privacy, respect or quality of care which should be provided. The staffing often is not efficient to deal with the additional patients in corridors on top of the bays and cuticles already occupied by patients and the work environment is also effected by it appearing very unorganised, choic and unsafe. However the alternative would be withholding what can be life saving urgent care for patients and allowing them to deteriorate further while they wait long hours and even days on a bed. This is a difficult situation to find yourself in as a nurse but it appears we have no other option.

In what ways were patient care or safety compromised, in your opinion?

Lack of privacy May be less forthcoming with vital information. Incase of emergency not an appropriate place of care for restoration. Lack of oxygen points and call buzzers. Trolley puts them at higher risk of skin damage / pressure sores. Very chaotic and cluttered environment can be stressful for patients and staff. Patient unable to rest due to the environment. Difficult for visitors to visit in this situation

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

I deliver care in inappropriate settings every single day all day. It deprives the patient of privacy and dignity, it forces us to go against our codes and training. It often angers or distresses the patient making them uncomfortable and often less compliant/receptive to treatments. It often results in anger directed at front line staff and ultimately results in poorer care for the patient

In what ways were patient care or safety compromised, in your opinion?

Every way possible.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

3 beds in a small area, screen between each. No privacy, poor infection control. One patient ended up RSV positive. It was frustrating as the patients deserve better but also necessary as there were no beds in the hospital so they would either have been in an ambulance or waiting room otherwise.

In what ways were patient care or safety compromised, in your opinion?

Increased risk of spread of infection, area was slightly separate from the other patients so poorer observation although there were 2 nurses to try to account for this.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

We were told to take inappropriate patients due to Ed being full. Patient in type two respiratory failure sent to an outpatient department for care with nurses who had no relevant experience to care for them and no access to medical doctors. I felt patients were being put at risk and my NMC registration also at risk as I was being asked to deliver care which was unsafe.

In what ways were patient care or safety compromised, in your opinion?

Not an appropriate area to meet their needs and do a proper assessment with staff who had been adequately trained.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

I had to do personal care in a day room with no hand-wash facilities. Patient had loose stools had to put a bin bag to cover glass on door .this has happened multiple times as patients get sent to ward with no beds available sometimes up until 8 hours

In what ways were patient care or safety compromised, in your opinion?

Patient left in room meant for visitors and staff .anyone can walk in when we are doing toilet care

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Patient got little sleep as in a ward with cardiac monitoring. Patient could over hear conversations, phone calls. Corridor care is messy, bed spaces not cleaned properly as domestic staff unable to clean properly. Not enough meals available. Staff have to go down to kitchen to get extra meals as not enough room on trolleys. As a staff nurse it is demoralising, frustrating and embarrassing. It feels like patients are a number not a patient.

In what ways were patient care or safety compromised, in your opinion?

Confidentiality. Fire safety. Infection control

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Level 2 patients sent from accident and emergency too early, without a bed being available in critical care, happened twice in 3 days. Both nurses in corridor for up to 20 minutes.

In what ways were patient care or safety compromised, in your opinion?

Clinically no telemetry, no O2 or suctioning at wall available if became unstable. Completely undignified for patient.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Patient's with escalating news scores that could not be seen by medical staff as they were not technically clerked in yet. Unable to provide elimination facilities for patients which resulted in incontinence, no oxygen supply for emergency buzzer. As a nurse I felt that I had failed every single patient under my care.

In what ways were patient care or safety compromised, in your opinion?

Escalating NEWS scores No oxygen therapy No emergency buzzer No curtains or privacy screens

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Delivered patient care to a pt in a corridor. Pt was in the corridor for over 24hrs in an ED department, 24 hours into his stay, spiked a temperature. Pt tested positive for flu a. Negatively impacted my practice.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

There are now established assigned locations within the department, numbering 13 in total, allocated for corridor patients. There is one corridor care nurse and and HCSW allocated to these patients while they await a bed space, OR have been in a bed space and are removed to await an admission bed.

In what ways were patient care or safety compromised, in your opinion?

Visibility of patients. Relative / changing thresholds for suitability for corridor care usually dictated by other factors such as wider volume and acuity within the department

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

I had no beds available on the ward but needed to admit a patient to which I escalated this to site managers and I was told to care for them in the corridor care setting on the ward as the hospital was at its capacity, therefore my patient was cared for in a storage/admission type room that is filled with lots of medical supplies, equipment, dressings, ecg machines and phlebotomist trolleys. The patient was then nursed in a bed within that space overnight without a call buzzer and having to use the visitors toilet located down the corridor. I felt ashamed as a nurse and embarrassed to be nursing my patient within such an inappropriate setting considering the nature of their condition- dog bite injuries along with the emotional stress and trauma the patient was going through due to the circumstances of what had occurred prior to getting admitted to the hospital. Anyone part of the MDT on the ward has access to that room therefore the patients dignity and respect is also compromised due to this kind of inappropriate care.

In what ways were patient care or safety compromised, in your opinion?

Dignity was compromised due to anyone being able to access the corridor care area and safety was compromised due to the unsafe equipment and other medical supplies kept within that space

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

ED was over capacity, ambulances unable to offload and patients waiting >12 hours before a cubicle was available. It is so demoralising for staff and patients

In what ways were patient care or safety compromised, in your opinion?

It is impossible to manage patients in a corridor, there are not enough nursing staff to cope with the demand

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

I work in an emergency department. We have had to look after patients in the corridor. The worse though, is having to transfer patients to wards to be looked after in the corridor. The worst being geriatrics. Where's the dignity?

In what ways were patient care or safety compromised, in your opinion?

Patient care being delivered in the corridor.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Hospital short of 87 beds, a&e/cau over run. Extra bed placed in 6 bedded bay. No oxygen/suction/privacy for extra bed

In what ways were patient care or safety compromised, in your opinion?

As previous. No wall suction/piped oxygen. No patient buzzer

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Not enough beds in the department, patient required assistance to use commode. Patient brought from corridor into triage bay which is not set up for carrying out patient care. It makes it difficult to carry out these tasks and is very frustrating that this is the way we are having to deliver care. Patients unable to buzz for assistance and either having to shout out or waiting until they are desperate. This is now a regular and seen as this norm which is so upsetting

In what ways were patient care or safety compromised, in your opinion?

Holding on and not going to the toilet, patients end up incontinent as they worry about asking. Patients who are not staff to walk attempt to get off trolleys and walk to toilet

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Delayed discharge but it caused pressure on the assessment ward and ED which meant we were over quota in patient numbers.

In what ways were patient care or safety compromised, in your opinion?

Unable to provide adequate checks and care on all patients appropriately

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

We were told that the patient was suitable for corridor care. They were not. The patient concerned was confused (delirious), unable to walk to the nearest toilet and required oxygen therapy that had to be given by a cylinder. There is no nurse call to use, no piped oxygen and no suction should it be needed. We have 4 extra beds and no extra staff to care for them. These patients have little to no privacy or dignity. I feel their safety is compromised.

In what ways were patient care or safety compromised, in your opinion?

No nurse call system available to them. No piped oxygen or suction should it be needed

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Patient was sent over in the morning around 8am because we had a potential discharge that day. Discharge did not go till late afternoon meaning patient was left on a trolley in the corridor and being taken to the quiet room to use bedpans when they needed the toilet.

In what ways were patient care or safety compromised, in your opinion?

It's undignified and unsafe. Leaving patients in the corridor on trolleys or chairs when they are already unwell.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Overcrowded dept, over 300% capacity. Long bed waits, various infection risks.

In what ways were patient care or safety compromised, in your opinion?

Taking bloods in corridor opposite cubicle with c-diff

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Degrading and embarrassing for patients and families.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

There are not enough beds coming up in the hospital, people are arriving to an assessment unit septic and unwell. I have had to give morphine to patients sitting in a corridor and had to give IV antibiotics on a chair beside the nurses station to someone septic.

In what ways were patient care or safety compromised, in your opinion?

Patients are not being cared for in an appropriate manner and things like sepsis not be treated in appropriate time frames.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Patient was pushed into ward despite there being no beds or no bed area's to situate the patient. This lady was 100 years old and was lying on a trolley. I felt very embarrassed and ashamed that a lady of this frailty and age was laying there, uncomfortably.

In what ways were patient care or safety compromised, in your opinion?

Privacy & dignity. Unable to change patient or provide comfort due to trolley.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

My patient was in for cardiac reasons. They were left at the end of the room on a chair which lead to her feeling even more anxious and they wanted to go home. We had to convince her to stay as it would not have been safe for them to be at home. Managed to get them into a bed after 5pm in the afternoon. They had already spent 24 hours in a&e, a further 12 hours on a chair in the admissions ward to be sent to my ward 8 hours after that

In what ways were patient care or safety compromised, in your opinion?

They did not have a bed space? They did not have access to o2 or suctioning if it was required. With cardiac patients they can become very unwell very quickly

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Working as a clinician in the ED I was asked to assess an adult patient with chest pain in a breast feeding room within a paediatric area which has now been converted to a 'cannulation room' with a chair and a store trolley for cannulation and more laterally is used as a clinical area for assessment. I am unable to perform a full clinical exam while a patient is seated in a chair. This area also does not have an emergency buzzer or any static monitoring equipment. This was once originally a storage cupboard I believe.

In what ways were patient care or safety compromised, in your opinion?

The Adult is in a paediatric area which I believe is inappropriate but also the area does not allow for a full clinical assessment. Also should a patient become unwell in the room there is no emergency buzzer

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

No bed for patient if they became unwell. Still receiving treatment. No space for equipment if required

In what ways were patient care or safety compromised, in your opinion?

Unable to properly assess patient

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Indignity to patient, male and female patients in one room separated by screen. Worked a shift where there was no space in department and over 60 patients in waiting room

In what ways were patient care or safety compromised, in your opinion?

No dignity, unable to move deteriorating patients so higher acuity areas

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Compromising patient care and safety and nurse safety. Undoubtedly no patient experience or patient journey.

In what ways were patient care or safety compromised, in your opinion?

There will be no assessment and intervention. Only Obs.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

I felt sorry for the people who are getting treated in corridors

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Making 4 bedded bay to a 5,very little bed space with extra bed in,having to use screens as curtain won't go round patients bed

In what ways were patient care or safety compromised, in your opinion?

Very claustrophobic for patient and us delivering care as very tight space to move around,patients family's at times not very happy,supposed to be for patient who is independently mobile but not always the case

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

On a daily basis in ED the corridor nurse will have 13 patients to care for in a corridor until into a cubicle which can take 2-10 hour wait. You have 1 nurse and 1 csw to care for 13 and sometimes goes over that number. It is a very stressful environment. Obviously in ED they are not all medically stable.

In what ways were patient care or safety compromised, in your opinion?

Often safety as acutely unwell and not yet received treatment. Also cannot see all patients. Personal care for patients in difficult as there is no dedicated room for personal care.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Flu positive patients being transferred from assessment unit bays to downstream wards before rooms are available. Patients with flu then being cared for in ward corridors next to other vulnerable patients.

In what ways were patient care or safety compromised, in your opinion?

Flu patients being cared for in corridors and being transferred to downstream wards before rooms are available.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

There is use of corridor care every day at my hospital

In what ways were patient care or safety compromised, in your opinion?

These are bed spaces that there has been no additional funding for. Staff are stretched

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

In the medical wards there are 5 additional non standard bed spaces in use 24/7

In what ways were patient care or safety compromised, in your opinion?

There is no privacy or dignity for these patients

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

It was cold room with no natural light or access to toilet or shower facilities near by. Temporary measure for no beds in the hospital. Patients felt undervalued and forgotten about. It was put the way of the main ward and felt unsafe. I escalated these concerns nothing was done. I am now in the process of leaving the nhs due to the pressure and culture after a 10 year nursing career. It is fraying at the seam's and has left me with mental health problems and trauma.

In what ways were patient care or safety compromised, in your opinion?

Room was on the outskirts of the ward, no nearby access to toilet, could contribute to a fall. No natural light which could cause confusion to patients or disorientation. Often forgotten about due to how the room was situated in the ward.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Happens every day. No privacy. Not safe. Not enough staff to cover. So undignified. Conversation in open corridor about clinical results etc.

In what ways were patient care or safety compromised, in your opinion?

no buzzer no staff for extra patients

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Delivering care in a corridor is sadly a regular occurrence in my place of work. I work in a medical receiving unit and it is so busy that we just do not have the space for the amount of patients being referred in. Patients are being cared for in the corridors and waiting areas which is so inappropriate but what's the alternative. As a nurse it makes you feel like your letting your patients down and not giving them the quality care they deserve, I feel as if all I do is apologise to patients recently.

In what ways were patient care or safety compromised, in your opinion?

It's undignified to be lying in a corridor, with people constantly passing by. So through the night people aren't getting any rest.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

I work in the ED. Yesterday there were two patients on trolleys in a very small corridor outside the SCN office. One lady was confused and was pushing the hand sanitiser button on the wall so much that it created a slick on the floor and when the SCN came out of her office she took a hard fall. Those two patients were both required personal care which had to be done in the corridor. It makes me sad, angry and demoralised.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

It does not feel like patient centred care. It is always a case of who can be put out in the corridor to get someone else in.

In what ways were patient care or safety compromised, in your opinion?

An increased number of patients to care for. Lack of dignity. No call bell to use because all the portable ones had disappeared.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Patients nursed around the nurses station desk in the initial assessment area of the combined assessment area, some in chairs who really needed to be able to lie down, sickest on trolleys, area very congested and unsafe to move around in, patient deteriorating, undignified as no privacy for patients and difficult to maintain confidentiality due to patients being right on top of the nurses station

In what ways were patient care or safety compromised, in your opinion?

Health and safety issues with too many people in a confined space, infection risk as too close together, one patient was deteriorating and it was difficult to work with him

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Volume of patients with lack of capacity and restrictions. 5 patients nursed in resus corridor and Care was not able to be provided safely or efficiently.

In what ways were patient care or safety compromised, in your opinion?

They did not receive the care they should have, due to the volume of patients, lack of capacity we were unable to attend to emergencies as they arrived appropriately and other patients had to be moved to the corridor to partly facilitate this meaning their care wasn't as efficient.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Patient was in an ambulance waiting to be seen in ED. However felt patient wasn't appropriate for ED and could be transferred to the ward for assessment. As there was no available bed or clinic space, the patient was reviewed in a day room on the ward.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

I work on a psychiatric ward. Rooms that should be used for therapeutic interventions/ interviews/ assessments/ 1-1's/visits have been turned into bedrooms. Firstly, they are not fit to be used as bedrooms and secondly it reduces the space available for the things the rooms should be used for

In what ways were patient care or safety compromised, in your opinion?

Rooms not designed to be bedrooms. Not ligature proof. Less space for patient interventions

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Ward has been nearly at double compliment of beds since 2018 with zero extra funding and zero extra staff. Pressure makes area unsafe and staff are exhausted. It has become normalised.

In what ways were patient care or safety compromised, in your opinion?

Not able to spend time with patients, care rushed due to having to care for double compliment of beds, infection control issues due to cramped areas, health and safety issues due to lack of space, pressure on bathroom access, lack of breaks due to time constraints

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

We were informed at 8.20am that the hospital was in crisis and all contingency areas would be utilised. In our ward this means putting an extra patient into what is our shower room. This room is off the main ward area and isolated with no windows and no t.v. When we are advised to use this it also impacts on the 20 patients already present on the ward as they no longer have access to shower facilities and instead need to have a basin wash at the bedside or a full emersion bath.

In what ways were patient care or safety compromised, in your opinion?

The room we use for contingency patient is completely inappropriate for that purpose. The room barely fits a hospital bed and we have to give the patient a metal procedure trolley as it has no appropriate furniture for their needs. The room is also isolated in an area off the main ward and has no windows, it is unsafe and inappropriate for falls risk or confused patients

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

My last shift in A&E, 7 patients on trolleys in the department. Assessing patients and taking bloods on chairs in the corridor. Ambulance waits of more than 3 hours

In what ways were patient care or safety compromised, in your opinion?

No dignity, long waits for medication, poor observations, ill patients not being escalated in a timely manner

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

I work in elderly care so patients are less mobile need commodes etc trying to do this in a corridor is shocking and leaves no dignity to the patient

In what ways were patient care or safety compromised, in your opinion?

It is not exceptable to give care to any patient never mind elderly there is no privacy old fashioned screen is their only protection no buzzer system or piped oxygen no dignity if they have been incontin

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

It was in A&E. I was sent to help there from critical care. There were 7 patients in the corridor. Staff told me there are this many or more in corridors every day. We look after telemetry and we regularly have patients we monitor on telemetry sitting in corridors in A&E or doubled up in a ward room.

In what ways were patient care or safety compromised, in your opinion?

Care in a corridor is substandard and undignified. Safety in that vulnerable elderly/sick patients have no buzzers in these situations.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

In ED we care for up to 13 patients at any one time in the 'corridor'. These are patients who have been triaged and are not well enough to sit back out into the waiting room but for whom we do not have a cubicle space OR they are patients who are waiting for a bed in the ward who have been pulled from a cubicle. One nurse to 13 patients, all who could be potentially very unwell, is unsafe. There is no appropriate spot to undress or toilet these patients despite waits of hours. I have seen several cardiac arrests occur in corridor patients. It makes you feel like you're not doing a good job – the bare minimum – which in truth is what you are only able to do when managing patients in the corridor

In what ways were patient care or safety compromised, in your opinion?

These are patients who have not yet seen a doctor, who could be very unwell (high NEWS) or waiting with painful injuries. They can deteriorate quickly and the staffing is not adequate to keep these patients safe

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

I work in ED and routinely look after people in the corridor. I routinely have to decide who is in most need of a bay (for cardiac monitoring, oxygen etc) and decide who is safe to move to the corridor. I also routinely move pts to wards into the corridor for care as the hospital is full with no actual bed spaces free. My hospital has also started placing beds in the middle of bays in the wards in addition to corridor beds for more space. It is degrading, undignified, and at times unsafe for patients who are already angry due to the long waits, sometimes waiting in ED for over 35hours to go to a ward, just to be put in the corridor. The system is broken.

In what ways were patient care or safety compromised, in your opinion?

It's degrading, and unsafe as these locations are not designed or intended for patient care and offer little or no privacy. There is no oxygen available, often no buzzer system to hand if the pt needs assistance. These care locations also just create a worse nurse to patient ratio with no additional staff which of course reduces safety and increases stress and workload.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

We had one patient in front of the nurses station on a cardiac monitor waiting on an assessment bay after being in resus. They had to be moved out because they were the most stable patient & resus was at capacity & another standby needed to come in. If the patient who had been moved from resus to the nurses station had suddenly deteriorated we had no access to any life saving equipment. There were also two elderly patients further along the corridor. Both of these patients required personal care & one of them had dementia. We tried to dim the lights in the corridor to allow them to sleep but when other patients were going for x-rays etc we had to move both of them to allow the other patient trolleys past. Each time this had to be done they were moved into a well lit area which meant they had very little sleep & added to their anxiety. We had to use screens to give them some privacy when they required personal care. This then blocked the corridor meaning patients waiting to get past to go to the x-ray department were having to wait until we finished.

In what ways were patient care or safety compromised, in your opinion?

None of those patients had any privacy & the patients who required personal care had no real privacy or dignity when we were having to carry out personal care in a corridor.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

2 extra patients in a 6 bed bay with 2 already sick/high news patients. Both patients and relatives weren't happy as no call bell, no curtain for privacy

In what ways were patient care or safety compromised, in your opinion?

No call bell, no privacy, nurse had extra 2 patients and was NQP

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Caring for a seventh patient in a 6 bedded bay, at worst could cause severe clinical problems (no suction , no oxygen access, no electrical points for pumps or drivers). Personal care difficult as no curtained area. To do personal care all other patients needed to be curtained off, and blinds in room have to be closed. Staffing problems as ward is already operating with two more patients than we have budgeted staff for, this is not even taking into account regular staff shortages. Winter pressure patients still to come!!

In what ways were patient care or safety compromised, in your opinion?

Lack of dignity to patient involved.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

it was difficult to not embarrass the patient by asking what was wrong without other people in waiting room hearing. Had to do obs. felt that i didn't give the care i would like due to the location

In what ways were patient care or safety compromised, in your opinion?

not being able to assess the patient properly may have led to poor experience for the patient

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Today. We are a single patient per room hospital but we have to almost always create a double patient bed space, we were told this was temporary due to hospital pressures but now two rooms

have been adapted to have two separate nurse call buzzers. There were not enough bed spaces and staff to create a safe environment to care for people. Due to having not enough beds within the hospital due to delayed discharges – closure of multiple community hospitals during covid that have not been reopened, lack of care/nursing home places and care packages – we had to find a suitable patient to double up, even though no one was the best candidate. This added another patient onto the workload. 1 nurse and 1 healthcare support worker to now 11 patients. These are patients with cognitive impairments, dementia and high mobility and care needs. People were left longer between checks. Today we had 29 patients to 4 nurses and 3 healthcare support workers, 1 patient on 1 – 1 due to multiple falls and many on 15 minute checks due to being falls risks and many patients having a high level of needs especially with mobilising and food and drink needs. This resulted in it taking hours to complete last offices on a patient who had passed and resulted in me having a cry in the linen closet due to how frustrating it was to be delivering care that I did not think was enough and no where near what patients deserved but it was the best level of care that I could provide at the time.

In what ways were patient care or safety compromised, in your opinion?

Longer periods between checks, missing 15 minute visual checks, late medications, later observations being taken, falls risks not being monitored, not enough staff for 1 to 1 patients, increased waits for soiled patients – including those with broken or skin integrity issues, longer waits to answer call buzzers and lack of privacy.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

On my last shift cared for a patient who was sent to the ward as part of the flow system. This patient had a NEWS score of 9. They were on 15 litres of o₂, hypothermic, hypotensive and hypoxic

In what ways were patient care or safety compromised, in your opinion?

The patient in my previous statement did not have a bedded space which meant there was no access to an oxygen port immediately and had to use the resus trolley oxygen tank. There was no dignity of privacy for this patient.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

I had to treat this patient in a 6 bedded bay where there was no privacy

In what ways were patient care or safety compromised, in your opinion?

I had to move another patient out of their bedspaces to allow access to an oxygen port and sockets for equipment

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

3 patients were put into the day room for 6 hours while waiting for beds. 2 of these beds didn't materialise so these patients had to be decanted to inappropriate wards. One of the patients had wounds that I had to re-dress in front of the others with no screening. They had trays on their laps for meals as there were no tables. They didn't have toilet facilities or a call bell to summon help. There was no where to put their belongings. One patient was stuck in a wheelchair for the entire time. Families getting bad news or needing 'time out' were unable to use the room.

In what ways were patient care or safety compromised, in your opinion?

I had 10 patients to look after instead of 7. The patients in the day room had no toilet facilities, call bell or oxygen available (it's a respiratory ward) Patient care was given in front of others leaving no dignity.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

No space to assess emergency admissions. This is not acceptable care. This made me think about how much the nhs is not coping. This level of care is unsafe.

In what ways were patient care or safety compromised, in your opinion?

Staffing shortages. Inappropriate areas

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

The hospital has designated surge bed where each ward will place an extra bed in the ward . This is usually in a room designed to have four bed will then have 5 instead. The person in this designated surge bed has no curtains for privacy no buzzer. In other wards it will be in a storage area with a bed no toilet and no buzzer.

In what ways were patient care or safety compromised, in your opinion?

Privacy wasn't able to be maintained due to lack of curtains. No Access to buzzer in case of emergency. Crowded working space unable to access patient safely including in an emergency. Increased risk of infection due to not maintaining adequate spacing between bed areas.

throughout her time in A & E, nor was she offered anything to eat or drink, despite her being diabetic and being in the department over evening meal time

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

In a busy surgical assessment there are extra chairs sitting in the corridor for patients to wait. This is a makeshift waiting area. The maximum amount of people waiting should be 2 in these waiting areas at any one time but due to A&E being overcrowded the managers were sending patients up to sit in the attached wards corridor and waiting room and at at times the ward and waiting areas are full the patients are outside the ward in the corridor. Patients are having care delivered, observations taken, speaking to consultants, Doctors sometimes about sensitive subjects in corridors. There is no confidentiality, privacy, nothing for these patients and it goes against all NMC practices. Most days I feel that I do not want to be in the nursing profession anymore as this is not caring for patients like we were trained to do. It's a disgrace!

In what ways were patient care or safety compromised, in your opinion?

Patients requiring beds as feeling really unwell, but nowhere to put beds in corridors so left sitting in chairs. Also confidentiality and privacy are breached.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

It is now daily care and so staff have adapted. We have to screen the patient we admit to make sure they are 'corridor care appropriate', often receiving patients who are not e.g. on oxygen or requiring NIV

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

A patient was admitted to the ward (an acute psychiatric admissions ward) during a night shift when a bed was not available. I am unsure if attempts were made to find a bed out of catchment. We had to set up a makeshift bed (mattress on the floor) in the quiet room. It was a completely inappropriate situation for a very unwell acutely psychotic patient. The room did not have an adjoining bathroom so the patient had to use the staff bathroom, which was not ligature proof.

The room did not have a call light. Luckily it was only for one night as we had a patient due for discharge the following day.

In what ways were patient care or safety compromised, in your opinion?

Lack of private and ligature proof bathroom facilities, no buzzer, poor privacy in the room itself.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

The impact was on the additional staffing that was required when they added to my total patients by 16.6%, the patients are often as unwell as those in cubicles, the patients dignity is absolutely affected. On top of this, once the patient is on a bed in the corridor, they're often left there even when booths are freed up. This isn't a one off, but a regular occurrence as we ramp up towards winter.

In what ways were patient care or safety compromised, in your opinion?

Staff were stretched too thinly with care, meds, escalation of deteriorating patients. Every aspect of care is spread a large % thinner with every additional patient. Then nothing changes to help or protect us.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

We regularly deliver care in the corridor, we actually have a corridor care nurse allocated to care for what's supposed to be up to 13 patients in the corridor. These are patients that are unsuitable for the waiting room such as seizures patients, patients requiring a trolley or supervision until they go to a bay, patients on oxygen, mental health patients that present a flight risk or alternatively patients that have been seen and are waiting for beds on the ward. I was the only nurse allocated to these patients and some are totally inappropriate for the corridor. On my shift last week, I had up to 15 patients at points under my care, 6 of who had oxygen requirements of between 1L and 10L, 3 who were high risk mental health patients who were at risk of absconding, a patient who had been stepped down from resus after a respiratory arrest who was awaiting the ward (this patient had to be put back to a monitored bay due to his increasing NEWS score after a few hours on the corridor) multiple patients in alcohol withdrawal requiring hourly diazepam based on the GMAWS protocol and at one point up to 9 patients waiting on beds on the ward who had been in the dept for up to 20hrs. On another shift I had to catheterize a patient with a confirmed NOF awaiting an Ortho bed, in the triage room as there was no other spaces available. There is no designated area to toilet these patients who often have mobility issues and cannot walk to the toilet. There are often multiple patients requiring IVs or medications at the same time and only one nurse allocated to deal with this. We are told we are supposed to be allocated a second nurse when we reach 10 patients on the corridor but this never happens. We do also typically have a healthcare support worker to help us with the patients but not always.

In what ways were patient care or safety compromised, in your opinion?

Lack of dignity, safe patient to staffing ratios, multiple acutely unwell patients with only one nurse to them all, multiple patients on oxygen cylinders at various locations around the corridor with cylinders constantly having to be checked to ensure they don't run out. High falls risk or high risk mental health patients in locations not visible to the allocated corridor nurse making it easier for them to leave or get hurt. Inappropriate places for toileting or providing personal care

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

No oxygen ports , tanks on trollies running out , not enough obs machines or drip stands , toileting patients , not enough food to supply , not enough staff for timely medication etc

In what ways were patient care or safety compromised, in your opinion?

As said prior, timely obs medication toileting running out of O2 tanks on trollies

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

I work in what is supposed to be a 32 bedded assessment unit, recently we have had anywhere between 60-70 patients at any one time. Patients getting treatment in overflow areas, corridors, clinic rooms, waiting rooms

In what ways were patient care or safety compromised, in your opinion?

Care being delivered in these areas are not monitored appropriately, working at double capacity with less than adequate staff

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

I assess patients following an episode of self harm or a suicide attempt in a general hospital setting, on occasion I have had to assess my patient in a corridor. The impact this had was one of worrying about abiding by the NMC code of conduct in regards confidentiality and privacy of a patient who may have to tell me very sensitive information, I worry about the impact this has on my patient, due to the setting there is potential for that patient being more reluctant to discuss their issues in full due to the environment in which I am assessing them. I always ask the patient if they are happy for the assessment to proceed in the corridor if not then I have on a couple of occasions told the ward that I would return when a more private space becomes available. This also has an impact on the flow of beds in the wards.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

inappropriate care delivered in a corridor, consultant review, taking of blood tests, patients are vulnerable and no privacy and dignity

In what ways were patient care or safety compromised, in your opinion?

lack of space that is private for a consultation and discussion for their condition – this is breached

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

My last shift I went in to a full ward and 34 patients referred to come into the ward, 10 of which were in the corridor already waiting. As a healthcare assistant I was tasked with triaging the patients which included doing news, BMs and start of admission book and relaying any acutely unwell patients with high news scores to doctors and senior nurse. One of the patients had a stroke, another with an increased oxygen requirement and several with the flu. Extremely unsafe as patients kept on arriving with no where to move our already admitted patients to.

In what ways were patient care or safety compromised, in your opinion?

Patients could not be triaged correctly as no where to perform blood tests and ECGs. There were patients that were not suitable to sit in a chair and there was a significant delay to the start of their care. Also patients with flu sitting in corridor with no infection control procedures in place.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

I was moved from my ward to Accident and Emergency department as it was understaffed with patients been nursed in the corridor sitting on the chairs and bed trolleys as the ED was overflowing with patients.

In what ways were patient care or safety compromised, in your opinion?

Patient privacy was not maintained and their dignity when assessing health care was not protected.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

We now have no choice, they call it phased flow using predicted discharges in the hopes that someone from the room goes home

In what ways were patient care or safety compromised, in your opinion?

The patient does not have a designated space, call bell nor privacy, the nurse has to remember they have an extra patient in an often already short staffed ward

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Extra bed in bay no room to move during cardiac arrest also treatment room no toilet facilities diarrhoea all over floor, not enough oxygen points in bays with extra beds squashed in

In what ways were patient care or safety compromised, in your opinion?

No room to move between beds, lack of oxygen points to deliver care in emergency, patients no access to nearby toilet, too many patients for one staff nurse no time to care properly 37 patients in a ward designated for 32 no extra staff just increased workload and acuity

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

I work in an emergency department and we had to take a pre alert query stroke into the corridor as there was no space in the department

In what ways were patient care or safety compromised, in your opinion?

Receive thrombolysis medication in a corridor

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Not enough bays/trolleys, administering fluids and IV antibiotics to patients sitting in the waiting area, area too small for the number of patients referred to it, unable to delay treatment as these patients are unwell and awaiting a bed,

In what ways were patient care or safety compromised, in your opinion?

Patients having meds and fluids hanging sitting in a waiting area, no staff to monitor for any reactions.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Patient had constipated, PR in corridor bedspace, blind patient, PV bleed patient, oxygen requirement patients in CC,

In what ways were patient care or safety compromised, in your opinion?

No dignity, no proper care

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Normally care for 20 patients but to aid flow asked to look after an additional patient while waiting for another patient to be discharged

In what ways were patient care or safety compromised, in your opinion?

No safeplace for medication to be stored

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Patient transferred from A&E to be cared for in a corridor overnight for 10 hours having to have the patient sleep on the trolley. I have also had to care for patients in a corridor attached to Dynamap machine with ECG tracing as no rooms available and required Telemetry

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

We often have to put people on the corridor who are on oxygen and receiving fluids.

In what ways were patient care or safety compromised, in your opinion?

Oxygen tanks can run out, we have to check regularly to ensure patients are still receiving the oxygen they require.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

It was scurry for an the patient not knowing what may happen next

In what ways were patient care or safety compromised, in your opinion?

They may not received appropriate care if conditions should deteriorate and any emergency should occur

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

It was destabilising and potential risks to other patients and staff

In what ways were patient care or safety compromised, in your opinion?

The Multi de-escalation room was not and has been risk assessed for external patients. There by adding additional patient without appropriate support

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Patients regularly having to sleep in outpatient clinical areas on recliner chairs and no washing/toilet facilities within that area. Area also not heated properly. Also has our health board no longer allows standard rate agency to cover shifts if the nurse bank do not cover then it falls to understaffed areas to staff these extra areas making multiple areas of the hospital unsafe

In what ways were patient care or safety compromised, in your opinion?

No washing/toilet facilities within area and staff levels dangerous

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Staffing over capacity (NHS 24) room not fit for purpose, not appropriate equipment, noisy and not safe for staff

In what ways were patient care or safety compromised, in your opinion?

Staff not in appropriate conditions to do their job effectively

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

We frequently deliver corridor care, it often means switching patients in and out of private spaces to deliver personal care – the indignity of patients who are unable to get up to walk to the toilet either being incontinent in the corridor or having to wait for a space for us to provide bed pans/ commodes etc. Taking blood, giving IV medications, patients waiting over 24hrs in corridors unable to get a good night's sleep because of lights, noise and constant reshuffling. It makes me feel like I am not able to deliver proper nursing care, like we are failing our patients.

In what ways were patient care or safety compromised, in your opinion?

Dignity is often compromised, quality sleep is near impossible for patients waiting for a bed in the hospital – lying on trolleys in the corridors of A&E, safety is compromised as bloods are often taken in corridors, increasing the risks of sharps injuries, hygiene- patients stuck next to others who are coughing/potentially infectious because we do not have the space to isolate everyone.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Patient flow was being impacted by no capacity in the hospital.

In what ways were patient care or safety compromised, in your opinion?

Not enough time to deal with patients due to acuity and short staff and a nurse patient ratio of 1:15

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

'Emergency' measures apparently put in place and a ward which should only hold 24 patients was holding 30. No PowerPoints for beds. No buzzers for patients. It was anxiety inducing and patients were not receiving adequate care. Very scary

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

I work in a 12 bed renal HDU, often patients post discharge or prior to admission need bloods taken, iv medications administered. This sometimes has to be done in the relatives room as there are no bed spaces available, no clinic slots & no availability at the day unit.

In what ways were patient care or safety compromised, in your opinion?

No monitoring equipment available no nurse call system at hand in case of emergency. Unable to stay with patient for duration of treatment due to staffing constraints. Ward patients and visiting patient are at risk as staff are spread too thinly.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Ambulance queuing to get in. The 'usual' corridor was full so a second corridor was opened.

In what ways were patient care or safety compromised, in your opinion?

Multiple patients being looked after by ambulance crews that should be on the road, leading to poor care in the community, but also what should have been foreseen deterioration due to lack of proper triage and first assessment.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

It breaks my heart at the pathetic care that we are able to give.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

I had to provide care for multiple patients, including flu positive patients in a corridor in the emergency department. This was undignified, and goes against every aspect of good quality nursing care. We had no space in the department available for bad news to be broken, and a patient and family were given bad news in a corridor with a screen on wheels surrounding the trolley. We cannot provide personal care in a corridor. We are breaching confidentiality providing any care in a corridor. Patients in corridors hear responses to the resus phone, they hear family updates over the phone, they hear what's wrong with other patients as it's discussed between HCPs at nursing stations

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Caring for 6 patients on Trolleys around the nursing station in a busy emergency department, whilst trying to maintain safety and dignity. It feels nearly impossible. Wheeling patients back and forth to empty resus bays hoping you can complete personal care before the next standby comes in. And if it's already full? Tough luck, wait for a bay to become empty but it'll only be for a few minutes. The lights are never turned off. The elderly are helplessly ending up with delirium, there's no place for visitors to stand. We are being treated like a ward but still told to act like an emergency department. There are no others in our health board so no door closures or redirection.

In what ways were patient care or safety compromised, in your opinion?

No dignity or respect. No lights turned off No privacy No bedside table for belongings
Conversations had in public corridors between patients and staff

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Lack of space for amount of patients coming through door. Patient too unwell to sit in waiting area therefore, cared for on trolley in corridor

In what ways were patient care or safety compromised, in your opinion?

Lack of privacy and dignity No oxygen to hand If emergency occurs would extra time to transfer patient to a space where privacy and space are needed

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Frequently I have patients in assessment area there is only 3 trolley spaces. There is one toilet no wash facilities for patients.no privacy as only paper curtains between 2 of the spaces. No kitchen facilities to make drinks or snacks. Male and females next to each other. No emergency equipment available to deal with emergencies. No medication kept on unit so patients miss out on the routine medication. No breaks as usually only 1 staff nurse and hcsw.

In what ways were patient care or safety compromised, in your opinion?

No privacy. Lack of basic facilities to wash. Medication not given as none kept on unit. Shared room and toilet for both male and females

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Lack of clinic room spaces for unsheduled procedures

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

We just didn't have the capacity for the amount of patients needing care

In what ways were patient care or safety compromised, in your opinion?

No oxygen available. Not comfortable or dignified for patients. Crash cart not easily accessible

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Unable to have ambulance arrive within a reasonable time frame, impacted patient care for other patient as staff having to stay with elderly person without family for over 5 hours

In what ways were patient care or safety compromised, in your opinion?

Unable to carry out planned care to others, stressing staff members, deferring care of patients leading to complaints and delayed care.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Patient was cold due to ventilation in treatment/procedure room. There was no dimmed lighting and no toilet facilities in room. Patient had to use a toilet in another area.

In what ways were patient care or safety compromised, in your opinion?

The walk to toilet, lack of adequate lighting and heating.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

As an ANP I was asked to assess a patient in corridor care they had become short of breath. The assessment was very difficult due to lack of lighting and privacy as all that surrounded the patient was a screen and the patient in the corridor was right outside another patient's room so was very visible. I did complete the assessment but felt the environment was completely inappropriate

In what ways were patient care or safety compromised, in your opinion?

No piped oxygen supply, no patient monitoring, no nearby toilet facilities Lack of privacy

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Nursing 6 patients in office spaces nowhere near the assessment unit. Closest area is ED but it's through a set of doors and nearest nursing station is far away. Emergency buzzers are difficult to hear and no oxygen or suction

In what ways were patient care or safety compromised, in your opinion?

No oxygen or suction no windows for patients emergency buzzers not easily heard or responded to. Nurse in charge of assessment unit doesn't come and see patients or how staff are doing

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

There was lack of resources ie: no proper call alarm, no emergency buzzers. No o2 ports.

In what ways were patient care or safety compromised, in your opinion?

As mentioned previously, there was no proper equipment on the makeshift room or 7th bed space. One case was a cardiac arrest situation and the patient in the 7th bed space witnessed everything as we had no way of drawing a curtain. It was also very undignified for the patient who we were working on.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

More work as it was an extra patient above my normal allocation which was already above safe numbers. No dignity for patient as she was given care in a public area

In what ways were patient care or safety compromised, in your opinion?

You can't give the same care in a chair and this meant I had an extra patient to care for which meant you did not have enough time to give the attention they required

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

We had no beds, we'd filled surgical & caused cancelled lists Patients with NEWS of 8-11 in chairs

In what ways were patient care or safety compromised, in your opinion?

Patients at risk of collapse, hypoxia and long term complications

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Patients do not have curtains to preserve dignity. They do not have nurse call systems to ask for assistance there for risk patient safety. Also having an extra bed in a room is dangerous for patients at risk of falls

In what ways were patient care or safety compromised, in your opinion?

Lack of dignity, lack of compassion. Increased risk of falls due to extra equipment in a room. Harder to evacuate if a fire.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

The hospital is overridden with flu. There is no capacity in the hospital. Rooms are all single bedded and now to be doubled up with no space for two beds, patients in the assessment area being looked after in cupboards and corridors patients in a&e being looked after in corridors. Buzzers now fixed to walls in corridors to make it more fit for purpose when surge is used.

In what ways were patient care or safety compromised, in your opinion?

Lack of staff. Inappropriate double ups. Patients in corridors is unacceptable

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

There were no trolleys or bays for anymore patients, no beds available within the hospital, we on a daily are treating patients in corridors, ambulances, waiting areas, fit to sit areas! It's disgusting and we are on our knees but nothing seems to be gearing done

In what ways were patient care or safety compromised, in your opinion?

No monitors as no where to plug in, no buzzer incase needs a nurse/attention & no space

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Patient and relatives not only happy about the long wait but also about not having a proper bed. I feel like i am constantly apologising.

In what ways were patient care or safety compromised, in your opinion?

Nursed in a room without a proper buzzer, a doorbell was used instead. Patients are made to get up before breakfast and sat back in a seated area so the treatment room can be used for triaging new patients.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Staff skills are not ward based.

In what ways were patient care or safety compromised, in your opinion?

Lack of privacy

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

No bathroom facilities

In what ways were patient care or safety compromised, in your opinion?

Lack of ward based care and appropriate facilities

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

No catering facilities

In what ways were patient care or safety compromised, in your opinion?

Not correct place for certain patients

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Minimum privacy

In what ways were patient care or safety compromised, in your opinion?

Lack of medical support

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

No visitors possible as recovery utilised 24/7 for theatre patients in varying states of post op recovery

In what ways were patient care or safety compromised, in your opinion?

Difficulty in obtaining IDLs

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

As a staff nurse of over 10yrs and now a paramedic of 4yrs I have never experienced such a broken system, patients are lying for hours in ambulances where no further care can be provided, we have maxed out on treatment that can be given in pre-hospital yet patients still have to wait many hours for triage. As a nurse it is heartbreaking to provide care in corridors and storage rooms where there is no humanity for anyone involved. Families are being given sad news in corridors and also sometimes not even being allowed into see their families due to lack of space in departments. I worked throughout Covid-19 and although was a horrendous experience this lack of care in the broken system is worse. People are dying as a result of ambulances being held at hospitals and calls are eventually being responded to almost 2 days after 999 has been called. This has to end, now!

In what ways were patient care or safety compromised, in your opinion?

Lack of dignity and respect for many individuals and also critically ill patients being cared for in corridors due to overcrowding. Standbys being called to resus as matter of urgency yet being asked to remain the vehicle outside due to high demand inside.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

I cover site out of hours. This 'corridor care' is planned daily. Sometimes on more than one occasion depending along site activity. Recent experience has been to open area that has not been used for several years + opening wards at weekends that are normally only opened during week first elective

In what ways were patient care or safety compromised, in your opinion?

Not toilet facilities or emergency buzzers. No privacy and no extra staff available to provide basic care.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Less room in bay, and having to use screens to protect patient's modesty. Patient isn't always suitable for the contingency bay.

In what ways were patient care or safety compromised, in your opinion?

Not having enough space for dignified care. Patient being squished up behind a curtain while other patient in bay is looked after. Not having space for the patient's belongings.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

This refers to an emergency department. Patients in a waiting space and corridors being treated with infusions and observations being taken. Other patients sitting right next to them; no privacy when doctors giving results. Patients on trolley beds around nurses stations as no beds in hospital. There in excess of 24 hours at times! Patients unable to rest as constant flow of other patients and staff passing. Constant moving trolley beds to accommodate others. This impacts the care provided; it is hazardous with trollies/patients lining the walkway. Oxygen on trollies running empty...how long before this is noticed and changed! The patients can hear everything that's discussed at the work stations as they are right next to them. Severe lack of confidentiality. Increased patient numbers and care but no extra nursing staff to be able to manage what essentially is an emergency department mixed with a multidisciplinary ward...the care must continue but is difficult to manage. It's embarrassing to be part of this with no way of making it better for patients or staff. Constantly apologising to patients for what they are experiencing

In what ways were patient care or safety compromised, in your opinion?

Increased volume of patients to allocated staff. Buzzers taking longer to answer. Patients in corridor spaces with no buzzers having to attract attention to address their care. Belongings bundled onto end of trolley or under trolley making difficult for patient to access. Constant moving of their trolley to accommodate others arriving. Patients can't rest as in a corridor. It's noisy. It's undignified. Most are on trollies in excess of 24 hours. No pillows at times -apparently no budget for them! Meals are a sandwich in a paper bag! Oxygen can run out as it's portable. Some are sitting in chair spaces in corridor. No trolley and deemed fit to sit while awaiting a bed in ward which could be the next day or several hours away.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

7th bed in a 6 bedded bays, no proper curtains, next to draughty windows we could do nothing about except give patients extra blankets. No privacy for patient, extra furniture in the room causing hazards for other mobile confused patients. Extra workload with no extra staff. Looking after sick patients in same room extra workload added to what was already stressful situation, dealing with unhappy relatives, felt blamed for a situation had no control over

In what ways were patient care or safety compromised, in your opinion?

No privacy, couldn't keep patients warm due to inappropriate bed space beside large windows, extra workload meant couldn't give each patient as much time as normal so care not up to usual standard, did not notice early enough another patient was becoming unwell due to this workload. The extra furniture in the room was a hazard to another confused wandering patient who like to sit at the windows, thankfully no harm came to this patient but the potential was there

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Obtaining bloods on a patient sat in a discharge lounge area – no hand washing facilities. Patient had to sleep here on a trolley – no nurse call system or toilet facilities either. Area not staffed. Patient was for an enema which we could not give due to patient dignity, no toilet or hand washing facilities and in turn delaying patient care.

In what ways were patient care or safety compromised, in your opinion?

Unable to carry out treatment. Area not staffed and patient had no access to buzzer call system.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Discussing with a couple their miscarriage care options in a corridor

In what ways were patient care or safety compromised, in your opinion?

Unable to have a full and proper consultation

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Constant pressure for consulting rooms – juggling those with clinically critical issues (rupturing ectopic) with those who have emotional needs

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

I went off duty feeling defeated – then complaints will come in which makes it worse to see in writing how terrible it is for the patient

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

No planned discharges so we had to wait for the ward round to see if there was a discharge or if a patient could be boarded out.

In what ways were patient care or safety compromised, in your opinion?

No nurse call buzzer to press for assistance.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

No beds in hospital. Waiting room had chairs taken out and 4 beds put in. Beds against walls and around nursing desk. Wait for a bed was maximum 40 hrs

In what ways were patient care or safety compromised, in your opinion?

Lack of privacy. Cylinder oxygen running out without nurses knowing

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

It happens everyday in our Dept undignified unsafe care in full view of anyone passing by! It's dire!!

In what ways were patient care or safety compromised, in your opinion?

Space, environment dignity equipment or lack of appropriate equipment, unable to maintain effective infection control, lack of safe eating facilities!

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

, no call bell, no oxygen or suction point, no privacy screen. Total unsafe ...7 beds in a 6 bedded room .patient wasn't informed about situation before being transferred.

In what ways were patient care or safety compromised, in your opinion?

No call bell, no oxygen point or suction point in case of emergency. No privacy as stuck up at top of the ward beside window with no privacy screens

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Stressful, potentially volatile situation, no dignity for the patient, other patients were scared and staff felt threatened. Patient had an insight impairing mental health disorder.

In what ways were patient care or safety compromised, in your opinion?

As already stated, unable to contain situation appropriately

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Termed as surge patient meaning that in a bay intended for 4 patients had an extra patient put in a bed up against a window with no buzzer curtain for privacy

In what ways were patient care or safety compromised, in your opinion?

No privacy. Next to a draughty window. No access to buzzer system. Spacing between beds usually required for infection prevention and control reduced. Room too crowded to access safely during patient care. Risk of trip hazards Fire safety risk

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Waiting for patients to be discharged. New patients arriving onto ward with no bed spaces. At times patients ended up not being discharged and new patients having to wait in chair at the end of bays or being transferred to another ward when beds become available.

In what ways were patient care or safety compromised, in your opinion?

Patients did not have a bed to use when they are unwell. Some patients unable to use toilet due to physical disability and having to use commodes with temporary screen around them.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

no privacy or dignity. no access to emergency equipment. no access to toilet facilities

In what ways were patient care or safety compromised, in your opinion?

no access to emergency equipment. no privacy for examination

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Had to pull bed out into main bay to get them onto a trolley so undignified and not respectful . Having extra bed has a great impact on patient care xant give them proper care and attention

In what ways were patient care or safety compromised, in your opinion?

No dignity for patient don't have access to tv proper buzzer chair or even table . You are rushing around dealing with extra payments.and on the night shift gave 3 extra payients and if they become unwell the other patients suffer . Don't even gave proper curtains. If arrest have to pull patient into middle of room and pull curtains round other patients

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

No beds available in ward, there was no discharges but patients still sent to ward and we are expected to care for them in the corridors or in relative rooms

In what ways were patient care or safety compromised, in your opinion?

Not in visible places, on high levels of oxygen in hallways and in relative rooms

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

So difficult to maintain the patients dignity and respect! We have to use screens for patient care which is also a safety issue if the patient or patient in the next space fell or required emergency treatment. They have no proper nurse call system in place.

In what ways were patient care or safety compromised, in your opinion?

The patient's themselves feel very cramped, often issues as the extra bed has no TV to watch and sometimes no locker to put their belongings away. It's a safety issue if an emergency situation was to arise.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

No bed space for patient being transfered from AMU into general care ward. Patient was placed on a chair by the window and at the bathroom/toilet.

In what ways were patient care or safety compromised, in your opinion?

No dignity or respect given. Methadone issued in full sight of others in the room. Demoralising and inexcusable

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

I am an addiction liaison nurse who travels into our local acute hospital at the request of the acute hospital wards. My patients are already part of a vulnerable demographic who more often than not are stigmatised by the majority of society. The review I have to carryout is indepth and personal with lots of disclosure of drug and/or alcohol misuse. It's bad enough reviewing a patient at a bedside behind curtains which are not in anyway shape or form sound proofed but to be expected to have a review carried out in front of others in the bay of 6 beds is just disrespectful and often causes further distress to an already vulnerable patient..this kind of situation happens all to often – its ridiculous really

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

We have designated corridor space that 1 nurse has to look after on their own. We have nowhere to take patients to help toilet them or do tests such as bloods or ECGs.

In what ways were patient care or safety compromised, in your opinion?

1:13 nurse to patient ratio is not safe, especially when the patients have not yet been seen and assessed by medical staff

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

We were giving two red to beds to the ward. Sadly no patients got discharged home so had to find boarders. Only one was able to be eventually found to get moved to another ward. Patient in the interview room took very unwell and needed o2 therapy via an oxygen bottle. Patient was anxious as struggling to breath and 3 lrs of o2 had to be applied via o2 bottle.

In what ways were patient care or safety compromised, in your opinion?

No bed available. No o2 ports available. Skill mix was bad. Doctors skill mix was bad. Communication was bad

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Bed bay x2 and side rooms x2 used for pre and post op patients kept overnight and all day no ward capacity affecting the provision of care for further elective /trauma emergency patients. Inadequate as no shower or wash facilities except for basin,only one toilet with no sink available except clinical basin in department.Lack of medical input as they are in ward and review outlying patients so late pm before seen if at all.Meds and food needs to be sourced daily.Thearres run regardless despite no space left to recover patients.Glasflow system doesn't work.Patient trolleys taken and not enough left to keep service running .

In what ways were patient care or safety compromised, in your opinion?

Lack of staff and support patients able to freely walk around large open area whilst nurses attend to critical situations especially at night.Drugs not all available within our area.Often any nurse help we get feel out of their depth due to variety of specialties.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Patients nursed in clinic rooms that are not designed as inpatient rooms with lack of oxygen,suction , it's basically like an office you are delivering inpatient care,lack of toilet and bathroom facilities,patients can't even have a decent wash,lack of tables for patients to eat their meals,you put water or neals on a chair best their bed . I felt overworked,stressed,a d worried incase there was an emergency how would I deal with it?

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Patients safety not met, looking after an extra patients, complaints from patient and family, patients dignity and privacy not maintained

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Poor care for patient, unable to deliver care carry out examination.

In what ways were patient care or safety compromised, in your opinion?

Not appropriate placement no care able to be delivered

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

15 plus excess patients across floor. Patients pushed up from a&e, gp referrals and admissions from home. All acute and potentially very unwell. Requiring flu swabs. Bloods, obs and triaging in corridors, in middle of ward. Iv fluids, iv antibiotics and analgesia needing to be administered to displaced patients.

In what ways were patient care or safety compromised, in your opinion?

In all areas. Patient safety. Infection control. Lack of dignity. Time to Clinical assessment and commencing treatment.

Wales

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

No rooms available in same day emergency care unit so had to clark in patient and perform assessments in the main waiting room with a curtain around only. Lack of privacy and confidentiality made me feel uncomfortable and not ethically correct but was needed due to high demand and pressures to meet service needs.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

We have to give care daily in our corridors as there are simply not enough bays/cubicles to see all of our patients. It makes it extremely undignified for the patients and their carers and as nursing staff we don't want to have to be in the position of providing care in areas such as corridors.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Occupied examination room and no other bed spaces available

In what ways were patient care or safety compromised, in your opinion?

No privacy for an intimate examination No access to resuscitation equipment

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

It is mortifying every time I see patients in corridors. The lady had been in a chair for 2 days in ED. She was exhausted. I was so upset for her.

In what ways were patient care or safety compromised, in your opinion?

Inappropriate place of care. Uncomfortable for patient hindering her recovery. Lack of space and privacy to assess & treat the patient.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Feelings of guilt as not able to care for person properly.

In what ways were patient care or safety compromised, in your opinion?

No dignity. Patients sat so close that their chairs touch.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Low morale amongst staff, unable to have appropriate equipment in room, such as oxygen. No windows for patients..

In what ways were patient care or safety compromised, in your opinion?

How can we have conversations and expect the patient to be open and honest without the privacy and dignity.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Trolleys full with patients on. They are then transferred to a hospital bed and their frees up trolleys to put in any space in the department

In what ways were patient care or safety compromised, in your opinion?

Nurse pt ratio is no longer safe. X1 nurse can look after however many pts come into the dept. One dept I work in now has a nurse looking after the waiting room pts due to incidents of collapsed pts in the WR and pts in pain with no one looking after them. I have looked after 50 pts on the WR.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

It's becoming normality to nurse patients for days sat in a chair in a corridor and it's upsetting to see. I don't feel it is dignified and it's sad that this is becoming normality.

In what ways were patient care or safety compromised, in your opinion?

You cannot thoroughly assess as you would in a bed area, there is no privacy or dignity as much as we try.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Most recently, as an extra patient in a bay which not only poses a safety risk due to lack of space, no access to equipment like oxygen, suction, Call bell but also exceeds the nurse to patient ratio, diminishing the quality of care a single nurse is able to provide. The patient also has no privacy, as the extra space has no curtains. This happens on a daily basis. As well as the ward's treatment room, being utilised as an extra bed space, so invasive procedures that should be carried out in private, are happening in the ward area, behind a curtain or screen, where others in the area can hear sensitive conversations.

In what ways were patient care or safety compromised, in your opinion?

Nurse not being able to provide appropriate quality of care due to volume of patients, no privacy for patients squeezed in between others, increased falls risk due to lack of space, no access to lifesaving equipment at the extra bed space

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Patient care was not acceptable

In what ways were patient care or safety compromised, in your opinion?

Unsafe – no call bells near, lack of dignity and privacy, difficult to monitor.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

I have had to provide full personal care to patients in public areas within a&e

In what ways were patient care or safety compromised, in your opinion?

Completely undignified

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Happens on a daily basis. It is an effort/fight to find an area to see patients or if they are in the corridor there is no privacy/dignity for patients

In what ways were patient care or safety compromised, in your opinion?

Unwell patient in corridors and waiting rooms-unable to give intimate care or basic care including giving medication including IV antibiotics

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Overcrowding within the department high acuity of patients no flow out of department.

In what ways were patient care or safety compromised, in your opinion?

Unable to provide fundamental of care to all patients, unable to get to patients when they are deteriorating due to patients and objects in the way

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

It feels like you can't focus on your patients in the corridor because they're outside the bay you're in, it's awful and you feel like you can't give any of your patients the full care they need and deserve. Its undignified, there's no privacy, sometimes patients are put there without a handover, it makes me really sad to be a nurse in these times when all I wanted to do was be a support system, confidant, advocate and it feels like I'm failing at my job because I can't physically provide the adequate care and time to each patient as an individual.

In what ways were patient care or safety compromised, in your opinion?

Patients are not monitored as closely as they should be, there's so many patients to look after it's impossible to provide adequate care, especially when there is a critically poorly patient and the lack of staffing correlating to patient load is not sufficient to meet the needs of all patients

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Inappropriate patient sent up for corridor care, no planned discharges so they call it reverse boarding.

In what ways were patient care or safety compromised, in your opinion?

Unable to provide dignity to a patient in the corridor, continence care, pressure area checks

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Patients usually on a bed in the corridor, unsafe if arrest trolley needed or patient on oxygen etc

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Boarding daily on all medical wards . Can be up to 3 additional patients , cared for in temporary bed spaces, corridors . No privacy, o2 supply or call bell

In what ways were patient care or safety compromised, in your opinion?

No call bell No emergency equipment Additional to patient number on ward increases demands on already burned out workforce

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Happens daily. No oxygen, no suction, no call bell. Patients dignity covered with a screen. It's become the norm.... When did this become the norm. Forced to care for patients in the corridor. We apologise all the time. It's horrible and not what should be done.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

I don't directly provide patient care but manage nurses that do and regularly see the incidents reported as a result of corridor care or boarding. The inability to maintain patients dignity and ensure the delivery of safe care due to lack of privacy, inaccessible oxygen piping, lack of screens, no room to safely perform CPR are frequently reported to me

In what ways were patient care or safety compromised, in your opinion?

Lack of dignity. Inaccessible o2 piping. Cramped spaces limiting cardiac resuscitation, Patients not receiving medications or treatments on time due to high excess patient numbers Acute deteriorations not noticed

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Admission through triage system whereby the patients just come straight to ward often when there has been no bed allocated or waiting for discharges to go ahead

In what ways were patient care or safety compromised, in your opinion?

No privacy to ask admission questions

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Very inappropriate for patients sat waiting for Covid swabs to come back with IV fluids running. No privacy for patients or their relatives.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Unable to safely and with dignity attend to patient who required personal care as no curtains or screens available. Happened during night shift and had to move the patient into the corridor away from other patients. All staff upset this is no way to treat people, bit what I came into nursing for

In what ways were patient care or safety compromised, in your opinion?

No dignity for the patient. Safety issues attending to other patients who required oxygen therapy compromised by having only two outlets for three patients, having to use cylinders

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

It's not appropriate to look after a patient on the corridor, very undignified, patient was double incontinent, unable to deliver standard care due space and crowded. It was unbearable to see patients staying on corridors on hard chair. It is disgraceful that we reached on that level. I felt very ashamed, uncomfortable, care compromised. It is sad to see all these poor patients suffering this way. I am speechless to describe the situation we are at the moment.

In what ways were patient care or safety compromised, in your opinion?

No dignity , privacy pressure sores

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

I had a patient in a corridor in A&E who had a stroke. She couldn't walk and I had to find a wheelchair and take her to the plaster room so there was somewhere to talk, although it was not completely private as other people were in the room behind a curtain.

In what ways were patient care or safety compromised, in your opinion?

A stroke patient should have been in a stroke ward within the 4 hr target and being monitored closely. If she dropped her GCS I don't know how quickly it would have been acted on.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

I was expected to complete a psychiatric assessment of a suicidal elderly person in an ED corridor. There were no private rooms available. The person's assessment was delayed past the allowable time due to this situation.

In what ways were patient care or safety compromised, in your opinion?

Risk of absconding. Poor confidentiality.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

A patient with acute inflammatory bowel disease managed in a chair by the nurses station, whilst waiting for a bed. Very poorly with bowel frequency, loose stool and abdominal pain.

In what ways were patient care or safety compromised, in your opinion?

Inappropriate area for patients to be managed, they need a bed, near a toilet somewhere peaceful, not on the ward concourse!

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Bed in middle of bay due to pressures from ED. Regular occurrence. Felt very unsafe, patient needed cardiac monitoring. If personal care was needed how could it be done?

In what ways were patient care or safety compromised, in your opinion?

No cardiac monitoring possible. Nowhere safe for personal care

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

upsetting. Taking extra patients on without the facilities or staff to care for them. nowhere for them to sit or lie comfortably.

In what ways were patient care or safety compromised, in your opinion?

overcrowded. no patient area. no designated nurse.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

I had to wheel each patient into a drs office to undertake personal care, also because of how narrow the corridor is patients have to stay on trolleys which is causing pressure sores. At times Drs are reviewing patients in the presence of others because there is no room available. Patients have very little rest due to being in an area which has high foot fall. For any confused patients their distress which may include removing their own clothes is in full view of a wide audience. The list goes on unfortunately.

In what ways were patient care or safety compromised, in your opinion?

In addition to other page safety is further compromised as there is no available equipment, for example we are using portable oxygen which run out without staff noticing (not the staffs fault) for patients requiring monitoring such as cardiac there is little spare equipment and due to no available plugs these too have been known to run out of charge, the same with infusion pumps.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

In our hospital it's called 'onboarding' and an extra patient is admitted to the ward in the hope a 'potential' discharge happens later and the extra patient can then move into that bed. The extra patient admitted to the ward should be clinically stable and not acutely unwell, and not scoring on the MEWS chart. The last 3 patients we have received as 'onboarding' have become very acutely unwell after being admitted to the ward, and two have deteriorated so much they required an ITU admission. The patient who is admitted under the 'onboarding' policy is put in a chair or bed in the middle of a bay of 4 patients so there is no curtains for privacy, no access to permanent oxygen or suction (an O2 canister is expected to be used when required – even though there is a shortage of full O2 canisters across the hospital).

In what ways were patient care or safety compromised, in your opinion?

As previously mentioned, the patient who is 'onboarded' should be clinically stable and not acutely unwell but this often isn't the case. If these patients had remained in their previous setting they would have continued to be monitored more closely, they would have fast access to the medical team who had admitted them and would be informed of their clinical condition.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Patients in chairs in corridor in ED, due to no capacity within hospital and ED being saturated with sick patients lost of dignity and respect no confidentiality, having to kneel floor to deliver medications

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Looking after 6 patients on a corridor, some of them not mobile and on trolleys. Having to inform them that I can't take them to the toilet yet (especially if there not mobile) because the only way I can put them on a bed pan is in one of the doctors rooms which is constantly being used by people and having to wait for it to be free to use

In what ways were patient care or safety compromised, in your opinion?

Patient care is compromised because you can not deliver efficient care to your patient and it's not dignified

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

It's not safe for patients and the nurses. Unable to provide proper care and assessment

In what ways were patient care or safety compromised, in your opinion?

Unable to provide personal information, care

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

The hospital has introduced 'Boardind', where if a bed is not yet ready, e.g. the patient is still in it, the new patient from A&E, can be left in the corridor until the bed can be used. Also we have a room designed for Ambulatory Care Patients, that is beyond locked fire doors on the Ward, that is being used for inpatients, up to five, in chairs. Patients can be in these chairs for up to four or five days. These are acute patients, predominantly elderly, with any condition. Occasionally, if the patients there have been there for several days, we are told to put them on hospital trolleys. Infection Control, Manual Handling and after an inspection, I believe it was the Hospital Inspectorate have all raised concerns about how the area was used, but the practice continues.

In what ways were patient care or safety compromised, in your opinion?

The Unit is already overstretched, usually working well below the designated staffing levels.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

No capacity in the hospital therefore patients waited over 24 hours on a hard metal chair in a waiting room. Delays for everything from analgesia and basic meals.

In what ways were patient care or safety compromised, in your opinion?

Delays to treatment, cohosting of potentially infective patients in a waiting room as no isolation cubicles, too high a patient to nurse ratio to deliver safe effective care. Increased falls and pressure ulcers. Basically everything.....

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Patient almost ran out of oxygen.

In what ways were patient care or safety compromised, in your opinion?

Dignity and privacy massively impaired. Delayed treatment times.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Patients have had to have personal care in the corridor behind a screen.

In what ways were patient care or safety compromised, in your opinion?

In the way of other people which is unsafe

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Patients eating and sleeping on the corridor and personal consultations

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

It made me feel sad to see the patient so upset, also angry that he'd been placed by a toilet and outside door that kept on being left open during the night.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

The added pressures to our workload has also had an affect on my mental health. I struggle to sleep at night after and before my next shift. I did not go into nursing to deliver below standard care, this goes against my morals. I feel under valued by management, my concerns are not listened to. So sad to see how low the NHS has gone.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

I work in Emergency department, we care for patients in front of fire doors, in walk ways, corridors or any space they can squeeze a person in without considering patients safety.

In what ways were patient care or safety compromised, in your opinion?

Unsafe staffing levels, lack of basic equipment and facilities to care for the extra patients, no infection control measures for the extra patient's

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Nursing pts in corridors was a daily task during day shifts and night in corridors over a number of years now. These areas are traffic routes for all services to and from the department and visitors visiting relatives. Families are expected to sit in corridors during visiting times seeing and hearing all passers by with relatives, there is a family room but this is used for waiting relatives for resus and majors. Patients are bedded for many days/weeks for over night stays regardless of age on either hospital beds many remaining on Ed trolleys. Provided the high standard of care expected for all individual patients working in the environment and trying to deliver equal care to all patients under our care was impossible.

In what ways were patient care or safety compromised, in your opinion?

no monitors for continual monitoring, blood transfusion in corridors, dementia patients bedded in corridors for length of stays in department. Missed /Delay in seeing medics as severity of occupancy in dept

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Not only corridor care in ED but corridor care on a ward. No bed space for elderly patients who are in need of all care, being dropped off in the corridor whilst health professionals continue their busy workloads, unable to check their pressure areas without having to move the whole bed into a storage room or temporary curtains around them. Disgraceful for the elderly and not the care profession I choose to work in.

In what ways were patient care or safety compromised, in your opinion?

An extra patient is outside safe numbers, in addition patient numbers do not account for patient dependency. Higher risk of falls and increase pressure sores just 2 issues to highlight

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

No capacity, doing observations on a patient sat in hard plastic chair. Giving out medication and they had their meals there- not much hot food in winter. Consultant round, patient brought into storage room to be reviewed. Slept in that chair in waiting room too.

In what ways were patient care or safety compromised, in your opinion?

Communication poor, unable to provide comfort, dignity, and holistic care. Easy to make mistakes. Little confidentiality

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

It is a daily occurrence in the emergency department that we are expected to nurse patients in corridors delivering their treatment and trying our best to keep them comfortable whilst most sit there for 24-48 hours waiting for a bed. These patients are often very frail and elderly. It makes me frustrated that I cannot deliver the care these patients need or deserve. People are having to spend days in these uncomfortable chairs on cardiac monitors, infusions etc with no sleep from the noise and no privacy or dignity. The corridor patients also make a very narrow space for trolleys to get to the only route to CT and Xray, meaning again there is no dignity for the patient in the trolley going past with everyone looking and makes it a risk in emergencies they cannot get through the corridor, also making it a fire hazard.

In what ways were patient care or safety compromised, in your opinion?

There is no privacy or dignity for these patients sitting closely to another patient who can hear all about the treatment they are receiving. Being so close to other patients it is also a massive infection control risk to which we as nurses can only control as best as we can in these circumstances. People with flu having no where else to be monitored but being next to other vulnerable patients with them wearing a mask will only do so much. It is a safety risk for the frail elderly patients who are at risk of developing pressure sores, or a falls risk being out of direct sight with no call bell to press when in need. Having experienced emergency situations with patients sat in the corridor on a chair, their safety is compromised as there is no emergency bell, no appropriate space to give adequate care and blocking the only route to CT which if a patient needed to get through would compromise their care also.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Was told pt was stable but when he came was newsing 6 we had to put him on O2 via almost empty cylinder as had no bed pt had to wait in chair 7hrs as no bed

In what ways were patient care or safety compromised, in your opinion?

All of the care

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Corridor care is standard and happens regularly every shift. Someone's one patient sometimes up to four. There is no oxygen ports, no access to call bells, toilet facilities, there is no privacy or dignity for those being cared for in the corridor. A lot of patients are not pre warned that they are being transferred from A&E or SAU to a corridor space on a ward and are often nursed on trolleys. It's not good enough. The patients do not receive the care they deserve, it's extra pressure on ward staff and extremely unsafe and undignified for the corridor patients. I hate being a nurse under these circumstances... I try to do my best to ensure that the care delivered to corridor patients AKA 'Boarders' is of the highest standards but lack of resources and the experience is already tarnished in the patients eyes because they are unforgivingly being nursed in the corridor. This used to happen many years ago and there would be one patient nursed in the corridor in a month. Now every night there is 1 boarder and up to a maximum of 4.

In what ways were patient care or safety compromised, in your opinion?

Patient care is not dignified, safety and risk is higher with corridor patients and on an acute surgical ward, if the patient is young and mobile then they are put in corridors by bed management as they can mobilise to the nearest toilet.... but often they are the most unstable and sickest with pancreatitis and are at risk of a quick and serious deterioration.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

It is very usual in our hospital that giving care in the corridor due to lack of space. Last time I have got 7 patients at a time. We couldn't give appropriate care.

In what ways were patient care or safety compromised, in your opinion?

No comment

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

There is rarely enough room on the ward for patients coming from A&E

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Delivering care in the middle of majors. A space designed for 9 patients with 6 extra patients in the middle of the area, with the same amount of nurses. No healthcare workers were assigned to the area due to low staffing, so three nurses to 15 unwell patients. These patients were from resus and were deemed the safest patients to step down into majors however there were two end of life patients, peg fed patients, confused patients, very unwell high news score patients. It was unsafe, there was no dignity or privacy for these extra patients and there were leads and monitors everywhere causing trip hazards. Beds were in front of other patients so if there had been an emergency then getting to the patient quickly would have been difficult. One patient started projectile vomiting coffee ground substance and it became a scary situation. Escalated to senior management and told that we were short staffed, they had put out to agency but it was too late in the day by the time this had happened.

In what ways were patient care or safety compromised, in your opinion?

Extra patients, less staff, no time to spend with patients and they had to wait longer to use the toilet or be changed as we didn't have the staff to be able to do this.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Patient became unwell, no call bell or emergency bell. No appropriate equipment. Had to shout for help. Made me feel like a failure and had let the patient down. They are making patients even more vulnerable than they already are. There is no privacy. Boarding spaces or corridor beds were meant for mobile stable patients. I have looked after pre and post op patients in the corridor. Including a 93 year old woman with Dementia. It's heartbreaking, families and patients blame you and not the system you work for.

In what ways were patient care or safety compromised, in your opinion?

Lack of equipment, no means of raising an alarm apart from shouting. No call bell for patients. Patients forgotten about by the tea trolley or meals. No privacy or means of maintaining patient dignity. No easy access to a bathroom or sink.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

I work in an A & E department. Unlike wards we have no capacity as such, people turn up and we must treat them. We are over subscribed and simply don't have enough spaces for the volume of patients needing treatment. We are nursing patients in beds and recliners around the nursing station and our single occupancy cubicles are all doubled up. No one in the department is happy about it, and management are constantly datixing the situation but it is ongoing and worse during winter.

In what ways were patient care or safety compromised, in your opinion?

Lack of dignity, no privacy. Patients are unable to rest properly as they are not in proper cubicles. The conditions are cramped as they are doubled up in single occupancy rooms or not being nursed in areas designed for nursing care. Patients nursed around the nursing station have no oxygen on the wall or suction which would be required if they deteriorated suddenly.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

No privacy or dignity for patients.

In what ways were patient care or safety compromised, in your opinion?

Being unwell and vulnerable as people constantly walk past you on the corridor. No beds available, patients sitting in chairs for 24 hours plus. It makes me ashamed.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Caring patient in a corridor is very hard because of

- 1.limited space cant keep iv stand infusion o2cylinders with making trouble to patient and others
- 2.lack of call bell =lack of immediate assistance
- 3.patient is not comfortable on chair in a very busy and loud area
- 4.patient ratio will increase for the staff, sometimes they need to wait longer for the bed

In what ways were patient care or safety compromised, in your opinion?

I don't see anything as safe rather than they are just in a hospital

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Due to the department acquity and high number of patient, I have to deliver care in the corridors, waiting rooms and ambulances. I felt that is not safe for either patients and myself. Those patients need high level care or oxygen requirements, or high risk of fall been cared on corridors. Which increase the risks and spreading infections. Unable to provide safety and privacy.

In what ways were patient care or safety compromised, in your opinion?

In order to give quality care patient required proper, clean and safe environment

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Have had to care for a confused and wandersome patient in a pre-empt space, another patient with multiple IVs, and another blocking a cardiac arrest call. Staff, patients and relatives affected emotionally and also impacting on patient care due to the incese in case load. Also have had a patient admitted to a ward with a cuffed tracheostomy when staff have not been fully trained and no additional staff were provided. It has now become normality.

In what ways were patient care or safety compromised, in your opinion?

Increase of patient: staff ratio, NSA not met, staff feeling stressed and not always getting breaks,

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Forward waiting has patients there for hours waiting. Sometimes on a bed or on a chair. It makes staff feel horrendous for leaving patients out like that

In what ways were patient care or safety compromised, in your opinion?

Emotional

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

I am a nurse in an emergency department and The bed situation within hospital settings is dire, which leads to patients having to spend hours in chairs along the corridor. This is not dignified at all and leads to patients getting very frustrated and upset. This should not be happening in 2024. There are shifts where I have over 20 patients in the corridor throughout the day/night.

In what ways were patient care or safety compromised, in your opinion?

Unable to observe the patients appropriately. Too many patients to nursing staff

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

We have to provide care for around 20 corridor patients a day. Our SDEC has been 'escalated' with inpatients for the past 2 years- with only 6 weeks not escalated in total. No privacy/dignity or quality. I feel ashamed

In what ways were patient care or safety compromised, in your opinion?

Unable to afford dignity or privacy. IVs given, patients change into gowns in toilet for theatre. Rushed examinations in one assessment trolley.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Patient got upset as no call bell and felt like they had been dumped because there was something wrong with them and they weren't being told.

In what ways were patient care or safety compromised, in your opinion?

No curtains, instead using screens, therefore no proper privacy and dignity. No oxygen port when needed, instead using cannisters which carries several risks.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

There are no curtains or call bells. We use flimsy screens which risk toppling over. No oxygen ports so we use cannisters when needed, which again is a risk. Relatives also complain, so time is wasted explaining and it makes you feel it's your fault. The ward also becomes cluttered and cramped in areas which impacts when giving care. It's horrible for both patients and staff.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

There was no beds so the employer said it was a short term holding pace but seems it's still going on daily and we keep patients there with a shield cover.

In what ways were patient care or safety compromised, in your opinion?

No oxygen in the corridor, no toilet for the patient they have to go in one of the bays to share. No patient tables, no privacy have to get a temporary cover for them.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

It has become the norm to have a patient bedded down in the treatment room

In what ways were patient care or safety compromised, in your opinion?

No privacy in the corridor, not afforded the same nursing care as other patients on the ward, comfort compromised and not observed at the correct level

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

With no window or toilet facilities 24/7 despite any level the hospital is on. This is an unfounded bed and often has inappropriate patients nurses in there who need to walk to a patient bay for shower/toilet facilities. On top of this we receive reverse boarder patients against a no confirmed discharge profile who sit in a chair or trolley on the ward corridor with no privacy, and have been unwell or on portable oxygen

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Recently had to nurse two patients on separate occasions in a bottom bathroom facility/storage area with no access to a patient call bell and instead being replaced with a 'home plug in door bell', no access to handwashing facilities or access to behind the bed emergency oxygen and suctioning supplies.

In what ways were patient care or safety compromised, in your opinion?

No access to bedside oxygen/suctioning supplies, emergency call bell due to being isolated at the bottom of the ward.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

I work as a Nurse practitioner and on a daily basis we are having to assess patients, exam, deliver diagnosis and treat patients in inappropriate areas. This impacts on my mental health as unable to deliver safe care and give patients dignity and privacy.

In what ways were patient care or safety compromised, in your opinion?

Patients are significantly being compromised with delays in delivery of care and treatment. This can impact on mortality

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Patients are expected to sit in chairs for over 72 hours with significant injuries within a ward setting.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

The surge beds have been happening for quite a while now in our workplace. Eventhough I am speaking for my own experience, I know that my colleagues feel the same as me. This has a negative impact on us as we wanted to deliver safe care to patients and we can only do that by making the sure the environment they are in will have the basic things they need.

In what ways were patient care or safety compromised, in your opinion?

The additional bed in a bay is not equipped with emergency equipments as simple as an oxygen and suction. Not even a call bell so patients have means to call for help when they need us.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Unable to meet basic needs of patients requiring assistance as unable to draw curtains etc. no dignity for confused patients

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

It was chaotic in ED and unwell pt being nurse in the corridor

In what ways were patient care or safety compromised, in your opinion?

Pts lost their dignity. There were In so much pain and only nurse in a chair. This is really disgusting

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

1 x patients boarded in corridor and additional beds put in 2 bays at the same time. 3 patients above safe staffing levels. No oxygen access, no call bell and no privacy. When the issue is raised the bed management don't care.

In what ways were patient care or safety compromised, in your opinion?

This particular acute ward had very poorly patients. The extra boarded patients meant the nurse would be further stretched and unable to provide the care they wanted. For the boarded patients no safety features like oxygen, call bell or power for the bed.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

I work on acute ward for 24 patients. Every shift there is an escalation patient in the treatment room. More recently we are having to board patients in the corridor. We have had a patient brought up to board who had a cardiac arrest in the corridor. Also we had a frail older lady who was all care left on a bed in the corridor. Unable to carry out personal care. It is so unsafe and undignified.

In what ways were patient care or safety compromised, in your opinion?

Patient who had a cardiac arrest in the corridor, was difficult to get the crash trolley to him and all the arrest team.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

In the A&E Department that I work this kind of care if it can be named as such is a regular, meaning that every shift day or night nurse are looking after far too many patients and and inappropriate conditions. Such as middle of majors area as +++middle or Resus area as ++ and Minors area as +++ where patients have to ait there for hours and hours on chairs being connected to cardiac monitors or having blood transfusions or treated as DKA. It is a horrible place to work and a horrible thought that you have to come to work and not that you like it just because you have to pay the bills and put food on the table for your family. And on top of that we are short staffed every shift and you find yourself in the position of looking after far too many patients with many complicated medical conditions and you have to split yourself between those patients and the others in your care. And very often there are patients that need 1:1 care and nobody is there to provide that because of the staffing numbers. And therefore those patients and not juust those patients are at risk not to mention us nurses and our mental health working under high stres every shift. Thank you!

In what ways were patient care or safety compromised, in your opinion?

Having a huge number of patients coming in and not enough medical staff or aproprate spaces to treat those patients very often the care provided by the Department is under the level that should be for this era.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

as a manager I have to make very difficult decisions, trying to balance the demand and capacity of community/WAST/ED and in patients. I know we are not delivering the best or safe care at present. I breaks my heart seeing the NHS like this.

In what ways were patient care or safety compromised, in your opinion?

patients are not being cared for in the right bed, the right team and the right time.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Regular occurrence but most recently : Elderly frail bed bound patient who needed phlebotomy, had dementia, really confused and I had to do it in the corridor in AMAU was undignified. She was there for hours and there was no where to move her to provide personal care. Eventually did but had to wait and no one should be left even for a short period. Broke my heart. Fed up of seeing it happen all the time. Makes me feel like I can't do my job properly. Makes me feel upset and guilty daily that our patients are being treated with a lack of dignity due to surge beds/bays and corridor care

In what ways were patient care or safety compromised, in your opinion?

Lacked dignity and privacy for the patient Delayed personal care Basics of care delayed

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

The hospital was at capacity with surg through out the hospital only places was the nurses station this undignified patient feel they have done something wrong. Also for the nursing team it causes additional stress and work load.

In what ways were patient care or safety compromised, in your opinion?

Dignity privacy higher risk of infections

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Honestly I want to give my pin up, I feel nothing, is ever good enough anymore, extra pressures keep getting placed on us, more patients than the safe staffing levels. I am a stroke ward, heavy and a lot of Pegs, NG's 10 patient's too look after like this is too much than I can manage, and I walk away feeling that I haven't given high standard of care. I have given the best I can on that day (I always do) but the demands placed on nurses right now is too much. and often they take from our ward to staff another. Leaving us short almost all the time

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

I have worked for my trust for 14yrs (hcsw before qualify) And this was the first Christmas I sat and cried on Christmas Eve not wanting to work my Christmas Day shift, due to how chaotic the Christmas Eve late was.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Asked to board a patient due to pressure in ED.

In what ways were patient care or safety compromised, in your opinion?

Unable to get to patients in a timely manner. Had there been an emergency with one of the patients there would have been a delay as staff would have to move a bed to gain access.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

We are a stroke ward so unable to use the necessary equipment to move patients.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Patient care in a day room with no fixed oxygen! No curtains! Not staff within the day room only popping in and out.

In what ways were patient care or safety compromised, in your opinion?

No staff in a high risk of falls area. Unwell patient not safe to be left.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Patient was high NEWS, triggering sepsis and needed to have all sepsis treatment on a corridor while awaiting a trolley space

In what ways were patient care or safety compromised, in your opinion?

Lack of monitoring If patient deteriorated not in an appropriate place. Lack of other staff member around

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

You cannot deliver personal care to a patient in a corridor. We don't have trollies in the corridor so patients sit in chairs, sometimes for days waiting for a bed

In what ways were patient care or safety compromised, in your opinion?

Unable to provide personal care. Cardiac patients sat in chairs in corridors on monitors. Elderly patients sat in chairs for long periods, unable to provide pressure relief

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

It makes me feel extremely deflated. I feel like I'm unable to deliver appropriate care. many patients in beds around the bay are confused bedbound and incontinent and find it difficult to then have to move a patient to an appropriate room when you can find one. Every shift this is happening having up to 13 beds in the bay/corridor and there is no physical room for anymore in the department I work at. Patients are sat in the waiting room for days on end as there is no beds. Elderly frail patients sat in chairs for days. It's not appropriate and many members of my team feel they have had enough of nursing and don't feel like their concerns are being heard by very senior staff

In what ways were patient care or safety compromised, in your opinion?

Unable to change patients often enough, not having suction or oxygen for patients, oxygen canisters running out leaving patients under oxygenated. Having to move a bed to find a plug just to sit a patient up to eat

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Patient stays on corridor staffing ratio same as normal unable to provide dignified care to patients

In what ways were patient care or safety compromised, in your opinion?

6 patients on corridor normally no patient should be treated in corridor unable charge pads personal care etc

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Clinic lists overbooked, all hands on deck to cope but no facilities

In what ways were patient care or safety compromised, in your opinion?

No access to results from computers, so only have half the story and rushed as rooms needed by others, observations often missed

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

IV antibiotics delivered to patients regularly, not appropriate.

In what ways were patient care or safety compromised, in your opinion?

Patient received care but very sub standard

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Worried about registration.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

We have had to review patients and break bad news in the A&E corridor. We told a patient he was dying as patients were wheeled past and orders shouted across the unit.

In what ways were patient care or safety compromised, in your opinion?

How is it fair to tell someone they are dying in a corridor?

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

A elderly gentleman was placed in a wheel chair in the corridor on the ward . We were waiting for patients to be discharged and had nowhere else for him to go! He was left in his wheel chair in the corridor for 3 hours! Until a bed became available. I felt that this patient dignity was not given at all and he was made to feel that he was in the way , I felt so upset that he was just left there when he was at his most vulnerable. How can this be okay to deliver patient care

In what ways were patient care or safety compromised, in your opinion?

The patient who was in a wheelchair could not just walk to the toilet, we had to give him a bell to ring!! He was placed in the corridor where people were passing him , it was a safety issue as the corridor is narrow and he could have been hit by a trolley or a person. He was placed where he could hear private and confidential information being discussed by health care professionals. Thank goodness the patients was not too unwell but that could have easily changed and we were not in a position to move him to a clinical area.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

And most importantly how can we treat patients like this . It is drilled into us to know are values of NHS uhb however we are not upholding them as we can't ! It happening to often and it is so sad for patients and staff to be expected to work like this.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Lack of privacy for patients, extra patients mean we are understaffed. Terrible experience all round

In what ways were patient care or safety compromised, in your opinion?

Staff overstretched so things get missed, difficult to do patient care in this setting

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

It's daily! Inappropriate and dangerous. Patient are stripped of their dignity and patients are shoved in places to die then families unable to grieve as bed management need the trolley for another patient nurses are unable to do jobs properly as their are far to many patients per nurse. I've been forced to do ecgs, canulate, insert nasal tubes up noses and catheterise patients frequently in corridors, halls and inappropriate places

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

A patient who required to be barrier nursed was put in a procedure / pleural room despite explaining to site managers that the equipments inside will be cross contaminated and in turn being wasted. Also there were occasions that a deceased patient(waiting yo be verified and waiting for family to come in) had to be put in the pleural room to accomodate another patient that had been sent straight away to the ward. These incidents made us nurses feel that we dont have a voice and we dont have a choice because they give us the senior management decision phrase , (which is similar to pulling ranks) and that we have to oblige.

In what ways were patient care or safety compromised, in your opinion?

The said area definitely is not the most appropriate to deliver patient care

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

There was limited space in the department to assess a Stroke patient. We had to bring a Stroke patient in the a bay where 2 beds are there, it is not confidential and inappriorriate

In what ways were patient care or safety compromised, in your opinion?

Im not sure because it was an emergency situation it seemed appropriate that the care should be delivered there due to lack of space

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

It was difficult to maintain ANTT in a confined space with the equipment I use. Hard to maintain privacy and dignity when there are no curtains to use at the bedspace. There was poor lighting as the bed was in front of a fire exit with no bedside lighting. There was no bedside oxygen or suction.

In what ways were patient care or safety compromised, in your opinion?

no oxygen or suction should there have been an issue during the procedure. bed was in front of fire doors. Not enough lighting to safely undertake the procedure. Difficult to maintain ANTT during procedure due to cramped space.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

I have worked in a&e since I qualified 1 year ago and there hasn't been 1 shift where I haven't delivered care in an inappropriate setting.

In what ways were patient care or safety compromised, in your opinion?

Many times patients have high news,are having treatment on the corridor, (o2, blood transfusions, antibiotics) should be monitoring, having less obs done than they should be

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Beds/ chairs full

In what ways were patient care or safety compromised, in your opinion?

Couldn't see pt easily

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

I came into work to work in the trolley bay area there was 5 offloads in the middle of the bay, out management has said this needs to happen so we can get the ambulances back out into the community. The first bed at the front was a confused man who had assaulted 2 members of staff prior to my shift, he was constantly trying to climb out of the bed then when you went over to help he would start kicking and punching and swearing at you, this made it extremely difficult to get to any of the other patients. It's supposed to be a 7 bed area and now it's a 13 as we also have an extra cube. We can't do 4 hourly turns on vulnerable patients, they area is unable to be cleaned properly by the domestics, it's a fire hazard because they go right up to the fire door, when someone arrests in there it's difficult to get to the patient and get the patient to resus but also to provide dignity and respect to the patients. If the patients in the middle need the toilet and are unable to mobilise to the toilet we push them into the plaster room so they can be toileted. It's physically and mentally draining. This is not what I joined the NHS for.

In what ways were patient care or safety compromised, in your opinion?

In every way, one shift i went in and there was 7 beds all in the middle the beds were touching eachother yet the patients were asked to wear masks to prevent influenza from spreading and later that day 2 were confirmed positive.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

We have had to deliver patient care around the nursing desk with only curtains separating the patient from the busy A&E department as there are no rooms available. It really emotionally effects as all as we know it is not up to the standard of care we want to provide.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Bed pressures. Unable to move pstirnts on to more appropriate environments to meet needs due to limited resources post discharge. Funding debate takes too long and impacts on patient care

In what ways were patient care or safety compromised, in your opinion?

Patients mental health deteriorates they feel services let them down. Breaks fown therapeutic relationships

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Cluttered area, no bedside locked medication drawer, privacy provided by small screens, increased workload with no extra staffing

In what ways were patient care or safety compromised, in your opinion?

Unsafe area and stretched staffing

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

We had 5 armchairs in a corridor full of patients receiving medications, having observations and investigations or procedures.

In what ways were patient care or safety compromised, in your opinion?

Care was compromised, the patient was safer in this area than in a waiting room. No dignity. Little space More chance of delivering care to the wrong person

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

The decision was made to ease patient flow in AMU, this was not safe as the patient was nurse on the fire exit, on the middle of the ward, no privacy, no emergency equipment and this also affected the nurse patient ratio to 1:8

In what ways were patient care or safety compromised, in your opinion?

No emergency equipment, patient nursed on the fire exit, patient nursed on the middle of the ward, no privacy as no curtains

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Lack of privacy,

In what ways were patient care or safety compromised, in your opinion?

Lack of dignity

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Feel overwhelmed and fatigued

In what ways were patient care or safety compromised, in your opinion?

Inhumane

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

It's not fair on the patient who is put in the 'pre empt bed/trolley. If it's a bed it's placed next to the bathroom at the end of the bay, with a set of double doors behind them. These doors will be out of use while patient is there. However the patient won't have access to a nurse call button or oxygen/suction equipment. Obviously the patient is usually independently mobile and alert, but it still feels as if these patients don't get the attention they deserve because they're extra to the bay.

In what ways were patient care or safety compromised, in your opinion?

I just think that all patients deserve to be nursed in an area that is designated for patients with the appropriate equipment available. It appears that managers are happy to put patients in these areas to free up space elsewhere.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Patient was being cared for in a room designated for out patients. There is no call bell or oxygen point or suction in this room. Despite the room being used as an in patient accommodation there were still out patients having to share this space. Catering staff told me they have no capacity to provide hot food to these patients, despite the fact that we're a hepatology ward and nutrition is an essential for these patients.

In what ways were patient care or safety compromised, in your opinion?

No call bell. No oxygen. No suction. No emergency buzzer. Compromises nurse to patient ratio.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Very stressful, no call bells etc, no privacy for patient. Relatives cross

In what ways were patient care or safety compromised, in your opinion?

No extra staff, no ability to give appropriate care. Relying on a potential discharge yo provide bed to patient, which can fall through.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Multiple patients nursed in extra areas. Running out of oxygen cylinders. Having to pipe oxygen from another patients bay wall to the corridor. Patients having seizures with no safety equipment such as suction. Having to climb over trolleys to get to emergencies. No dignity. Doctors assessing patients in the corridor and delivering news. Infectious patients nursed in corridors. No extra staffing for extra patients. ITU/Trauma/Intubated patients struggling to get past all the extra patients on trolleys.

In what ways were patient care or safety compromised, in your opinion?

Not enough staff to care for patients. No safety equipment such as oxygen or suction in emergencies. Some patients deteriorating as extras and needing to be transferred to resus.

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

Looking after criticality unwell patients doubled up within one resus space or looking after critically unwell patients in the triage area or trying to manage really sick hypoxic flu patients in a chair in the corridor

In what ways were patient care or safety compromised, in your opinion?

I could not give the care they needed. I could not gave dignified care. I felt I was failing my patients

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

I had a patient in the middle of the bay who was incontinent, assistance if 2 staff with a steady and was blind

In what ways were patient care or safety compromised, in your opinion?

Blind,incontinent and assistance of 2 staff. Personal care was screens around his bedand curtains pulled around other patients who were on rounding charts

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

There is no privacy for the patient. Everything was said out loud, and areas that are not suitable for patient care. Extra beds in areas that are only suitable for 5 or 6 patients then you get an extra 5 in the middle... totally not acceptable.... this is not what nursing is about...

In what ways were patient care or safety compromised, in your opinion?

Patients not suitable for these areas? As in confused, emergency cases that should have been in priority beds etc...

Thinking again about the last time you had to deliver care in an inappropriate setting, what happened and why? How did it impact you? What else would you like to tell us about it?

There are now patients receiving care in an inappropriate setting 24 hours a day all year around, not just in winter. Some are left for days, sleeping in hard reclining areas in areas where the lights are always on, where new patients are next to them being assessed, and in an emergency department with not enough toilets, not a single shower, and inadequate kitchen and housekeeping services. It is not uncommon for a patient to have enough and leave before completing their treatment, for patients to get forgotten after their first post-take review, and for delays in procedures and treatments. I and other staff looking after know we are doing the best we can but it is soul destroying to see patients received this poorer level of care than they should get in their NHS.

In what ways were patient care or safety compromised, in your opinion?

Delays in medication given, delays in investigations such as lumbar punctures, infrequent repeat observations, not being reviewed regularly by their admitting teams, lack of sleep and nutrition, and patients leaving before they are well enough to be discharged. We have had patients fall and sustain serious injuries, patients deteriorate and it not be noticed, and even cardiac arrests in inappropriate areas.

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