The Impact of Non-Clinical Staff Members on Patient Experience

An analysis of stories from Care Opinion

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# About this report

This report is the outcome of a study carried out by Sarah Parker and Daniel Mckay, medical students at Sheffield Medical School, during November-December 2016.

The report is published by Care Opinion CIC, a non-profit social enterprise based in Sheffield, UK.

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## Stories cited in this report

All of the patient stories cited in this report are available online at the Care Opinion web site ([www.careopinion.org.uk](http://www.patientopinion.org.uk)).

Each story cited is identified in the text with a number, such as [91644]. To read this story and any responses to it online, you would visit the following address:

[www.careopinion.org.uk/opinions/91644](http://www.patientopinion.org.uk/opinions/91644)

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# About this study

This report examines the significant impact which non-clinical staff make, for good or ill, on the experiences of patients in hospital. To date, there has been little research on this topic, and we hope this report makes a worthwhile contribution to our knowledge.

This study is based entirely on stories posted by patients and carers to a public website ([www.careopinion.org.uk](http://www.careopinion.org.uk)). Thus, the data on which this analysis is based is already in the public domain, and freely available. This substantially reduces the cost of research.

Although this report is based on 497 stories, on the Care Opinion web site over 260,000 stories are now available, accessible and searchable, covering a wide range of NHS and other services across much of the UK. Using this report as a model, the kind of analysis reported here could, relatively easily and cheaply, be replicated for other geographies, conditions, or kinds of service.

Of course, this data is not in any sense “representative”. A self-selected sample of people have posted their experiences, and in doing so had goals in mind other than research. Nonetheless, it is remarkable that the findings reported here are consistent with those from more rigorous (and expensive) studies.

These stories were originally posted by people not as “data” but as active contributions to improving local health care services. Their authors intended them as interventions and, long before this analysis was undertaken, these individual stories were having an impact on people and services in particular places. Many have responses from staff, and some will have contributed to changes to services, systems or even culture.

If you wish, you can read all the stories included in this analysis yourself, online, allowing you to come to your own conclusions about what matters most to people using health/care services. You can also see for yourself where the experiences shared have been heard and acted on, and where they have not.

I hope you will find this report interesting and helpful in your own work, and perhaps you will be inspired either to share your own story online, or to conduct your own research – national or local – using the stories others have already told.

James Munro, chief executive, Care Opinion

Sheffield

# Executive summary

All healthcare relies on the contribution of staff who have direct contact with patients, but who are not members of clinical professions. Although it is widely acknowledged that such staff may have a significant impact on how patients and carers experience health services, there is little research on this topic. Nor do most health service organisations routinely attempt to record or improve the contributions that non-clinical staff make to patient experience.

In this study we have used 497 stories posted on Care Opinion to illuminate in more detail how six staff groups impact on people’s experiences of hospital care. The staff we included in this study were: receptionists, parking staff, catering staff, cleaning staff, security staff and porters.

## Overall findings

As expected, patients reported important positive experiences with all staff, which were sometimes the most significant experience of their episode of care. But they also reported important and sometimes distressing negative experiences.

Patients and carers remarked positively on the kindness, friendliness, helpfulness, competence and caring shown by non-clinical staff. They also noted when clinical and non-clinical staff worked effectively together as a team, sharing information, communicating well among themselves, and treating one another, as well as patients, with warmth and respect. Conversely, in some of the stories we read, patients noted that such teamwork was absent and how that adversely affected their own healthcare episode.

Catering and portering staff were praised for the personal, individualised service they often provided, which itself was seen as a form of care. To provide this level of service, catering and portering staff had to be aware of how each individual patient was affected by their condition.

By contrast, security and cleaning staff were not expected to provide a service which was individual to a patient. Instead, they were seen to be ensuring the safety of the unfamiliar, sometimes threatening environment in which patients found themselves. Thus, for these staff, the main concern of patients was their willingness and ability to do their jobs effectively.

Reception staff occupied a vital role for patients, since they were the conduit for information flows to or from the patient, and the route through which the patient became able to access care in the first place. An overriding concern for patients was that their information flowed back and forth in ways which were accurate, timely and confidential. This did not always happen, causing distress and sometimes risking the patient’s health.

Parking staff are perhaps the staff group most familiar to patients from their everyday experiences, and in a healthcare setting such staff occupy a place which is neither clearly within the hospital or apart from it. Patients seemed to have higher expectations of hospital parking staff than they might of similar staff in other settings. They were upset by those who displayed an uncaring attitude, or a lack of awareness of how a person’s condition might affect their ability to use the car park.

All non-clinical staff groups were able to hold a particular value for patients precisely because they were non-clinical. They often seemed to represent “people like me”, who through news, conversation and humour were able to connect the patient to their everyday life outside the hospital, and perhaps to a previous life without illness or injury. Staff who were able to do this seemed to have a profound effect on the morale of patients.

Overall, it was clear that, just like their clinical colleagues, non-clinical staff were vital in either building or corroding the relationship of trust which is essential for high quality healthcare to be possible.

## Improving patient experience of non-clinical staff

Increasingly, the clinical professions are recognising the importance of patient feedback as a stimulus to quality improvement, whether at the level of the service or the practitioner. For example, the medical and nursing professions now require practitioners periodically to “revalidate” in order to continue practicing. Such revalidation will almost always include patient feedback.

Yet despite the importance of non-clinical staff to patient experience, it is rare for these staff to see specific feedback about the service they provide, except perhaps within the context of a formal complaint. Nor is it common for such staff to be included in quality improvement programmes.

Given how much feedback is now available, through Care Opinion or other systems, it would be a missed opportunity if this was not routinely shared with the staff it relates to, including non-clinical staff. Increasingly, local service managers and clinicians are responding directly to the authors of posts on Care Opinion. There is no reason why appropriate non-clinical staff should not have the opportunity to do the same, owning and acting on feedback about the service they provide.

# Introduction

In 2015/16 there were over 16 million admissions to NHS hospitals in England.1 64% of these admissions required overnight care with a five-day average stay.2 Therefore, it may be considered that for a patient to be as comfortable as possible during their stay, the domestic services provided in hospital should mirror those displayed by hotel services.

This idea of the provision of hotel benefits in a healthcare environment was proposed by Randall and Senior in 1994: "The standards of these [non-clinical] services are a key determinant of the overall perception that patients have of the quality of their experience while in the care of the NHS".3 This non-clinical provision of care involves catering, cleaning, security as well as many other aspects, all of which are provided by non-clinically trained professionals. In fact, around a quarter of all staff employed by the NHS operate in non-clinical roles,4 making it almost inevitable that patients will encounter a range of non-clinical staff while in hospital. It follows that it is likely that the actions of such staff will affect a patient's healthcare experience. This report aims to identify exactly how non-clinical staff impact on a patient's experience of care.

Herrera-Espiñeira *et al* found that patient satisfaction appeared to influence health outcomes.5 Satisfaction surveys that patients are asked to complete can help bring to light the shortcomings within a service, but offer little or no indication of whether these shortcomings are important to the patient, or why they are.3This report aims to explore which aspects of the care provided by non-clinical staff are valued most highly by the patient. In order to improve patient satisfaction, it is fundamental to understand what patients expect from their care.6 Patient feedback is therefore becoming increasingly important in the maintenance and improvement of quality within the NHS.

Hospital managers are required to address quality at the same time as dealing with challenges such as tight financial constraints, external criticism of standards, legislative changes and political tensions regarding privatisation.3 Any approach to improving patient experience without additional cost should therefore be taken seriously. There has been very limited research into the influence of non-clinical staff on patient experience, yet this is an area where there may be significant gains to be made.

Care Opinion is a public website which offers a platform for patients and others to share their healthcare experiences. Members of staff can reflect on and respond to this feedback, enabling the resolution of issues and the opportunity to improve services.

Our report is based on a thematic analysis of 497 stories on Care Opinion which include patient experiences of six staff groups in hospitals across UK. Our starting point is the perspective of those who have experienced non-clinical healthcare staff. The analysis is limited to experiences in the hospital setting; community provided healthcare is outside the scope of the study.

# Method

This study is thematic analysis of 497 posts concerning six non-clinical staff groups on the Care Opinion website ([www.careopinion.org.uk](http://www.patientopinion.org.uk)). The staff groups we included were receptionists, parking attendants, catering staff, cleaners, security staff and porters. To find the stories we searched for each staff group individually and generated data extracts containing all stories tagged or referencing each staff group.

Stories on Care Opinion are often “tagged” with relevant keywords. Initially we searched using these tags. If there were few stories with the sought tag, we additionally searched using “phrase search”, which examines all the text of the story. For example, for security staff only 19 posts that were tagged with “security staff” were relevant, so we also searched for all stories that contained the phrase “security staff”. This produced a set of 788 stories. We used the first 51 relevant stories from this set, in addition to the relevant tagged stories.

From the stories that we identified on the Care Opinion website, 497 were relevant to the aims of our study and a selection of these have been included in this report. We identified a number of themes that were common to all staff groups, and some that were specific to particular groups.

All of the stories cited in this report are freely accessible online at the Care Opinion website ([www.careopinion.org.uk](http://www.patientopinion.org.uk)).

Each story cited here is identified in the text with a number, such as [9710]. To read this story and any responses to it online, you can visit the following address:

[www.careopinion.org.uk/opinions/9710](http://www.patientopinion.org.uk/opinions/9710)

# Receptionists

For most NHS patients, receptionists are the first point of contact with the service, the route through which access to care must pass.7 The actions and attitudes of reception staff can therefore significantly impact on the impression a patient has of the care they received. Interaction with reception staff is a very important component of patient satisfaction. One study investigating patient satisfaction in a preoperative clinic found that one of the lowest satisfaction domains was the interaction between the receptionist and the patient.8

Receptionists are most frequently mentioned in stories posted on Care Opinion in relation to the emergency department. This could suggest that A&E is the area in which patients encounter reception staff the most or, that due to the nature of the department, reception staff have the most significant impact on a patient’s experience when here. Visiting A&E can be a stressful time for many people and for some it is when they are most vulnerable, so reception staff may have a greater impact on person’s experience than they would in a non-emergency situation.

A wide range of experiences of reception staff were described on Care Opinion, both positive and negative. Aspects frequently commented on included communication (both with the patient and the wider care team), efficiency and patient confidentiality.

## Communication

### Receptionists as part of a wider care team

Receptionists are frequently mentioned in patient stories alongside clinical members of the team, particularly in the context of communication. Effective communication between healthcare professionals is a vital component in ensuring patient safety and co-ordinated care. It is estimated that up to one-third of adverse events in hospital settings are due to human error and system errors.9

When members of healthcare teams worked well with one another to provide patient-centred care, there was a significant positive impact on overall patient experience.

“While in the clinic itself I've found every member of staff, from the front-line receptionist to the doctors and nurses, to be most helpful, efficient and highly courteous. I've had full clarity on test results and available appointments, and a very comprehensive level of medical service and of attentiveness to my needs. The roles of the staff are very well-coordinated.” [9710]

Conversely, some patients highlighted a lack of cooperation between different teams involved in patient care. Reception staff failing to pass on relevant information to other staff members was raised in a number of stories. Potentially fatal consequences can arise as a result of communication errors, emphasizing the importance of efficient transmission of information by reception staff.10 In several accounts, poor communication between staff resulted in extended waiting times for the patient. Patient satisfaction is reduced by longer waiting times and unhappiness with the receptionist.8

“I asked what was going on at reception and was told “I don't know, you'll have to ask the triage nurse”, but that was impossible because she was ALWAYS with another patient. Despite everybody behind that desk being fully aware of my circumstances, nobody did anything. Nobody checked up on me. Nobody could answer my questions. I could NOT get any idea of when I would be seen. There was a complete and utter communication breakdown.” [12726]

“We arrived in clinic 13:40. I approached the nurse on her arrival only to be told we would have to wait for the doctor to sign the X-ray request form. At 14:10 I again contacted the nurse who informed me that reception had not passed over my wife's file.” [9486]

“Ended up phoning in excess of 20 times, as the receptionist didn't know where to direct my call, and the people she passed me to were equally clueless. Finally got my appointment to Northwick Park and waited for an hour for my appointment, and found out the receptionist I had given my referral letter to hadn't passed it to the nurse, so I nearly missed the appointment.” [9841]

### Communication with the patient

Communication issues between staff were not the only communication concerns identified by patients. Several patients felt ill-informed by reception staff.

“Over the last few months I have had to wait an average of forty-five minutes to see a doctor. The receptionist does not bother to keep you informed.” [19453]

“The receptionist and their team who's looking after appointments were very rude, cancelling my appointments without informing me. It was a very rude shock to me.” [18547]

Some research in specialist clinics has found an association between the communicative behaviour of receptionists and outcomes for patients.11 In addition, lack of communication with the patient can lead to increased anxiety, particularly surrounding planned investigations or treatment and thus negatively impact the overall experience. A relationship has already been found between patient satisfaction and anxiety levels. Studies that have related anxiety to patient satisfaction through focussing on the information received by the patient from staff find an inverse relationship, i.e. the greater the anxiety of patients, the lower their satisfaction.12 This may indicate a need for more effective communication practices between patients and reception staff in order to ensure a patient's care is as comfortable and stress-free as possible.

### Transfer of information by reception staff

Another reported communication problem was the transfer of inaccurate information by reception staff to patients. As described in the following story, this can have dangerous consequences.

“Receptionists not to give out medical information. I was given my cholesterol as being ‘alright’ when, in fact, this was not the present situation (the receptionist had read from last year’s report). As I needed the correct information to give to my heart specialist, I would not have received this had I not requested it from the nurse as well.” [1315]

This may highlight a need for either stricter policies to be implemented on the nature of information reception staff can disclose to patients, or the provision of training for reception staff on accurate interpretation of patient data.

### Communication style adopted by reception staff

Receptionists have been found to display a range of behavioural approaches to their role. One study concluded that when different ways of carrying out the same action were compared, individual receptionists were found to have three dominant communicative approaches. These can be described as task centred, conventionally polite, and rapport building. The former was factual with no direct verbal expression of interpersonal awareness, the second was exemplified by the use of formally polite language, and the third was characterised by language in which attempts were made to show friendliness or to build rapport with patients.7

Similarly, receptionists’ approaches towards patients appeared to vary across the stories posted on Care Opinion. Many patients indicated that being greeted by a ‘friendly’, ‘helpful’, ‘smiling’ receptionist helped to put them at ease. This communication style is in line with the rapport building approach. This pleasant attitude demonstrated by many receptionists appeared to leave a positive first impression on patients.

“Thank you to the fracture clinic receptionist, she deserves a mention. As the first point of contact, she was friendly, helpful and service with a smile.” [1777]

“On entering the hospital I was greeted by a really friendly receptionist who booked me in and told me to go to a clean comfy waiting room.” [9553]

“However when I got there I was met by a lovely receptionist who took all my details, she was so friendly I was put at my ease.” [20996]

The conventionally polite approach described above was also central to many stories posted regarding receptionist behaviour. When this communication style was adopted, it was often recognised using positive terms such as ‘professional’ and ‘patient’. Reception staff taking time to listen to patients was highly valued in numerous stories posted.

“The receptionist who took my details was very professional.” [9866]

“Receptionist was patient.” [10155]

“The receptionist was however customer care personified as he answered any questions politely and was very patient and never lost his temper. He was to be congratulated.” [17296]

Unfortunately, for some patients the experience of reception staff provided a negative first impression of the hospital.

“The first time I had called the hospital and the receptionist was hostile to say the least!” [9422]

“Ask receptionist in one dept about how to get to some other dept and you get a very rude approach - its more than their job is worth.” [10030]

“The receptionist had an awful attitude and didn't really want to refer on my wife to a doctor but we persevered and eventually got appointment. During a one and half hour wait several people came in for treatment and had to wait several minutes for the receptionist to sort them out.” [10105]

“Where do the receptionists learn their people handling skills? A smile and a nice word wouldn't go amiss!” [12848]

“I found reception staff to be very unhelpful” [18569]

“The receptionist was quite abrupt and not very welcoming at all.” [18640]

Hewitt *et al* argued that previous studies have shown that, while receptionists assert that they wish to help patients, they are often perceived as rude, impersonal, insensitive, or officious.7 This finding was illustrated in a number of the stories in this study. A few patients reported that the reception staff dealing with them showed a lack of empathy and understanding towards their situation with some claiming they felt ‘ignored’ or treated with a ‘lack of respect’. In many of these cases, this negatively impacted patient experience by heightening the stress and anxiety attending hospital can bring.

“On attendance I was obviously suffering from a miscarriage and was covered in blood only to be met by a receptionist reading a magazine and eating chocolate who abruptly asked why I hadn’t made an appointment and to take a seat in reception.” [11752]

“Upon arrival I was in intense discomfort and was told by a very cold and distant receptionist that I would have to take a ticket and wait. After about 15 minutes my ticket was finally called and the receptionist took down all of my details. When I asked for some form of painkillers, the receptionist dismissed the request, saying that a nurse would be along soon and everything would be dealt with. Why were the staff at reception so unhelpful, callous & totally lacking in any sort of empathy?” [18648]

“On attending my sigmoidoscopy appointment I was ignored and not treated with respect by the clinic receptionist. She did not believe my appointment time that had been changed after refusing my good morning salutation and giving me a blank stare. This made me feel upset and worried about my treatment having spent three hours travelling from Bath. I think she doesn't like people and clearly this had not been addressed in her training.” [19600]

“I would like to share how disgusted I was that the receptionist didn't take into account how distressed my mother and my family were. She harshly told us that we couldn't wait with my father - we were told that EMU had restrictions that patients only were allowed, and that relatives had to go home until he had a bed. Why couldn't she have explained this to us sensitively? She told us that we could visit one at a time when he has a bed but then didn't say how we would find out when he got a bed.” [19777]

“Around an hour later I called and spoke to a receptionist in A&E. I gave my husband's name and date of birth and explained the paramedic had asked me to call for an update. The receptionist replied: ‘He's only been here 18 minutes so what can we tell you?’ I was taken aback by this attitude, I was anxious and upset and had no idea what was happening with my husband. I explained to the receptionist that I live more than 4 hours away from the hospital and was anxious as to my husband's condition. Her reply was: ‘I've told you he's only been here 18 minutes.’ I find this attitude unacceptable and asked for the receptionist's name, which she refused to give and asked why. I explained to her that I wanted to make a complaint to which unbelievably she sighed (I could hear it) and said ‘My God’. I asked her to repeat what she had said and she kept putting me on hold, when she came back she kept saying the line was busy and wouldn't let me speak. Eventually I spoke to a staff nurse, and at this point I was so upset at the treatment received by the receptionist, I began to cry and hung up.” [17750]

## Efficiency of reception staff

Efficiency of reception staff appeared to positively affect patient experience significantly. Examples of efficient practice by receptionists include fast processing of paper work and prompt appointment booking and addressing of phone enquiries. This level of efficiency demonstrated by many reception staff may be the result of adopting the task-centred communication style described above.

“the X-ray receptionist was very helpful in explaining about the different tests I needed, and that my CT scan would have to be done at either Heatherwood or Wexham Park Hospital so I was given a choice, she processed that scan for me so I didn’t have to do it when I got home, the other x rays were booked quickly and efficiently” [9419]

“After reading a previous comment I was reluctant to telephone the hospital to enquire about my sister who is a patient on the Henry Tudor ward. I was greeted with a pleasant receptionist who put me through immediately” [9421]

“The receptionist was exceptional, as I had to change my appointment previously, which she did effortlessly.” [9971]

Contrasting this, some patients felt the reception staff they encountered lacked efficiency. A common complaint described in stories was reception staff demonstrating unprofessional behaviour engaging in activities other than working, for example, eating chocolate and reading magazines. For many, visiting hospital or any other healthcare setting is a significant time in life. So encountering staff who do not appear attentive to their role can negatively impact a patient’s experience.

“I was met by a receptionist reading a magazine and eating chocolate who abruptly asked why I hadn’t made an appointment and to take a seat in reception.” [11752]

“Today after waiting at the counter for several minutes, I had to insist to the receptionist staff in Pilot Wing - who were chatting amongst themselves and playing with a battery driven toy dog on their counter - that one of them actually do their job and book me an appointment for my next visit to the Dressings clinic.” [20220]

A number of stories commented on the absence of receptionists. This may be due to understaffing within the hospital, poor organisation within the administration department or a fault in the efficiency of the individual receptionist. This may create an impression of disorganisation causing concern for patients regarding planned investigations or treatment.

“I arrived at the hospital early, to find the reception desk empty. I waited about a while for the receptionist to arrive.” [8872]

“Lost records, no one was prepared to accept responsibility; almost impossible to get a civil response. e.g. At one outpatient clinic there was no receptionist.” [12493]

## Training of receptionists

The level of training of reception staff was deemed unsatisfactory by some patients. Poor customer service was described in a small number of stories with several people advising that more training is needed. This substandard quality of care can negatively impact patient experience and can lead to patients questioning the efficiency of other areas of their care.

“Maybe they would benefit from some customer service skills training and could be reminded that someone calling for the doctor is most likely unwell and needs help not hostility.” [9422]

“Having to attend a hospital is a stressful enough thing to do, without having someone who sounds like you're trying their patience when you've only just started speaking. A little training on customer service would be good!” [9681]

“MAKE all staff go in customer service courses so that receptionists are polite and handle enquiries ‘outside of their dept’ politely and helpfully.” [10030]

Some patients commented on poor training of reception staff in using the computer system to book appointments correctly. Incorrect booking by a receptionist had a significant impact on one particular patient as it resulted in them having to wait a longer period of time for an appointment

“Receptionist should be taught how booking system work properly. My second visit was not booked properly so now god knows how long I have to wait until I get next appointment when I have so much pain.” [9422]

“This poor service proves that the hospital reception/ computer system has not improved and I do not think that the so called new computer is a valid excuse for human error or bad administration procedures.” [19424]

These experiences described by patients mirrored the findings of a study conducted by [Eisner](https://www.ncbi.nlm.nih.gov/pubmed/?term=Eisner%20M%5BAuthor%5D&cauthor=true&cauthor_uid=10326260) and Britten. The aim of the study was to explore general practice receptionists’ ideas and feelings about their work; it suggested that there is a strong need for more training for reception staff and better appointment systems in order to create a more efficient healthcare environment with higher levels of patient satisfaction.13

## Receptionists going above and beyond

A small number stories detailed the great lengths to which certain receptionists went to ensure the patient was comfortable. Patients who experienced this spoke highly of reception staff indicating that their actions significantly impacted overall patient experience with one claiming that the service receptionists provided ‘exceeded expectations’.

“Even the receptionist made me tea and toast, having been up all night during my daughter's labour. We could not have asked for anything more.” [10273]

“The receptionist went out of her way to contact me when I appeared on the list which exceeded my expectations!” [20171]

## Patient confidentiality

Patient confidentiality is paramount within the healthcare setting. Reception staff have a duty to maintain patient confidentiality at all times, but in a number of accounts this duty appears to have been breached. Numerous stories recounted witnessing reception staff loudly repeating confidential patient details within earshot of other patients.

“At this point, a very distressed woman arrived and went to one of the A and E receptionists, who stopped gossiping and started taking details. In spite of deliberately turning my back to the distressed woman, to give her some privacy, the layout of the desk meant that I could hear most of the details of her personal trauma. Once the nature of her visit became apparent, the receptionist should have taken the woman to a quiet, private room to take her details - instead the receptionist loudly asked her colleagues how she should code the entry: ‘Is this assault, or should I put victim?’ I was appalled at the care that this woman got, which was even more insensitive than I can describe here.” [19571]

“I found the receptionist on Floor 15 to be rude, ignorant and discourteous. She insisted that I signed a form saying I'd pay for the appointment. When I said that she was mistaken, and she should check with the consultants, she then started saying loudly and rudely ‘Well if you won't sign I don't know what to do with you. They won't see you’. Then loudly consulting her colleagues: ‘I've got a patient here who won't sign the form and says she's not paying for the appointment as she's here as an NHS patient, what should I do?’ The response, equally loudly, was ‘Oh they give free appointments in their private appointment time to patients who are seriously ill’. As you can imagine, this was a distressing way to find out that I was seriously ill, given that the two consultants had not yet had the opportunity to discuss this with me.” [20009]

“More privacy needed in the reception area, so that confidentiality is upheld.” [13153]

These incidents may occur as a result of a lack of awareness of hospital policy regarding patient confidentiality or due to negligence of policy by staff. Breach of a patient’s confidentiality can greatly impact a patient’s experience, and damage trust in the healthcare provider.

One patient relative described a negative experience involving a breach of patient confidentiality. In this case, reception staff disclosed personal patient information to a family member without confirming who they were speaking to by requesting address or date of birth. This violation of hospital policy caused the patient’s relative ‘great distress’ damaging their overall experience.

“My partner went to A&E around 10am with a painful hand. After an hour and a half had passed I contacted the hospital to get an update. The receptionist asked for my partner’s name, asked what my relationship was with the patient and then proceeded to tell me that they would be admitting him and would not tell me why. So as you can imagine I was panic stricken, so I drove to the hospital to discover that he was awaiting the results of an x-ray and was not being admitted at all. When I questioned the reception about this they said they didn't know what had happened and weren't very helpful. This has caused me great distress and has also broken the rules of giving out people’s information without even confirming an address or a date of birth. I don't think untrained people should answer the phones if they do not know how to handle the call properly and give out the correct information.” [12635]

Another story concerning the maintenance of patient confidentiality in the general practice setting criticized the practice of patients having to disclose personal details regarding their health to receptionists. Some patients may not feel comfortable revealing private information to a non-medically trained member of staff. This presents conflicting issues; patient confidentiality and time efficiency in the general practice environment.

“The receptionist then asked "what is your problem" so I had to give my personal details to a receptionist who would then pass it on to a triage team who then decided whether I needed to see a GP! It was quite personal and I felt very embarrassed telling the receptionist my problem, and she had taken my name etc so she knew who I was. What would happen if a very frightened teenage girl was afraid she was pregnant, or been abused, would they tell the receptionist their problem? Of course not.” [18764]

# Parking attendants

From a patient’s point of view, the role of parking attendants appeared to be to ensure vehicles are not parked in inappropriate places, to ensure people have bought their parking tickets and to assist drivers with manoeuvres and the rules of the car park. The main elements that seemed to have the most significant impact on patient experience were the attitude, helpfulness and competence of the staff. The physical design of the car park and the parking policies in place were also often commented on.

## Behaviour of parking staff

### Attitude of parking attendants

The attitude of parking attendants in hospital car parks was commented on in both positive and negative ways. Often, the parking attendant will be the first point of contact for a patient in a hospital and this can leave a lasting first impression of the hospital and its staff.

Words such as “friendly”, “polite” and “cheerful” were often used in positive comments on the attitude of parking attendants.

“Though I must say the parking attendant in the car park in front of the tower is the most cheerful and helpful person you could ever wish to meet.” [16065]

“They are down to earth, helpful and caring.” [120660]

“Everyone - from the parking attendant to the receptionist and nurses and doctor - was very nice, patient, and polite!” [178632]

Several patients commented how parking attendants made them ‘feel at ease’. Often patients are under a large amount of stress whilst visiting a hospital and therefore they may feel that the demeanour of the parking attendants should be the least of their worries.

“He was very friendly and helpful, he made me feel at ease when I approached him during a difficult morning!” [204505]

In addition to making patients feel at ease, parking attendants can also have a negative impact on patient’s experience, particularly as they are often the first members of staff that they meet on what might be a difficult day.

“I have recently been in hospital myself after being treated for breast cancer and found the stretch difficult. What a pity that these people who are usually the first port of call at the hospital really let down your experience. I feel extremely sorry and concerned for the very elderly if this is how they are also treated as well? To say that at least one of them was uncouth, obstructive and ill-mannered would be an understatement.” [140499]

Patients appeared to have very diverse experiences with parking attendants. Negative reports of the attitude of parking attendants highlighted recurring incidents of inappropriate behaviour or negative attitudes such as bullying and arrogance. This could leave a poor impression of the hospital from the beginning of the experience and may determine how the patient feels about the rest of the service that they receive.

“Arrogant parking attendant” [50990]

“I have no issues with the QE itself or the standard of care but feel the hospital is badly let down by the car parking attendants. I drove up to the barrier to obtain my ticket but manoeuvred in awkwardly so that I had great difficulty reaching out to press and collect my ticket. Two car parking attendants stood at the front and rear of my car (there seemed to be a problem with the exit barrier?). The one facing me rolled his eyes and shook his head, clearly making a statement that I was a woman whilst I struggled to obtain the ticket, making no effort to assist me. It would only have taken a second to reach with his arm to pull the ticket out and let me on my way.” [140499]

“I feel compelled to enlighten you regarding the shameful & cynical behaviour of the car park attendants at the WHH. I feel they are systematically attempting to issue tickets to nurses who have worked a night shift and are clearly not blocking spaces at this time in the morning. One attendant was seen (& filmed by patients) thrusting their fist into the air in a triumphant manner, once they had ticketed a staff member. I feel this represents a culture of working which is not in the best interests of our hospital or indeed the values of the NHS. I hope that this behaviour will be admonished, compassion begins with staff. Cynically starting to ticket staff, before 7am, is repugnant.” [222874]

“The staff generally are excellent but a few gang up in a particularly nasty fashion with car parking attendants bullying” [170642]

“A parking attendant asked me where I was going and when I explained I was going to Ward 1 oncology he told me to "just drive on"... When I told him this was my usual car park he shouted join the queue down the road. It's not rocket science! When I asked him to repeat what he said his reply was, some people just don't get it. Go and do a U turn. His manner was rude and intimidating and not the way the others in that department go about their jobs.” [207037]

Comments on unhelpfulness and lack of cooperation were frequently noted on Care Opinion and the lack of desire to help the patients or their families shown by parking attendants had a negative impact on their experience.

“I asked the parking attendant to remove the cones but he was uncooperative and I had to park some distance away.” [1141]

“There were a lot of others that were trying to use your machines and getting very confused and when one older lady asked for help the parking attendant told her she wasn't allowed to leave her booth and shut the window on her when there were actually 4 workers sitting in the cabin.” [144334]

“The parking attendant is seen lounging by the barrier and not helping visitors, it takes about 20 minutes (if you are lucky) to be able to park at all.” [102804]

The word ‘rude’ to negatively describe the attitudes of parking staff. In many cases ‘rude’ and ‘unhelpful’ were used together when documenting the attitude of the attendants.

“The parking attendants were very unhelpful and very rude.” [223534]

“The parking attendants are often rude and unhelpful, the ticket machines are not easy to use, you cannot read the letters or numbers when it drops dark and to make matters worse you get soaked using the machines when it’s raining. All very annoying!” [23953]

“The parking is horrendous and the parking attendant was unbelievably rude” [142513]

There appeared to be wide variation in the level of help offered by parking attendants in hospital car parks. As demonstrated by the quotes above, some patients complained about the lack of help they received, however conversely many patients commented on the kind and helpful nature of parking attendants.

The helpfulness of car parking attendants was the most common positive comment in the stories mentioning this topic. It could be inferred that a helpful car parking attendant may be considered competent, this is because they are fulfilling their duty in aiding patients to find a space, or directing them around the car park to assist in avoiding inconveniences during their visit.

“We were directed to a parking space immediately with no waiting. Previously at other hospitals the disabled parking has been a nightmare and has delayed previous appointments, but the car parking attendants were very helpful and there was lots of space for wheelchair users. This was a big relief and helped make the entrance a swift one!” [32294]

“They are down to earth, helpful and caring.” [120660]

“Cannot thank every member of staff enough for all their care...including the parking attendants who ensured a place for me!” [162697]

“Parking attendant very helpful in squeezing us in.” [186496]

“I also wish to praise the main reception staff, security staff and parking staff for their help and assistance over my 37 days.” [198789]

“I was really impressed by the fantastic, helpful attitude of the car parking and security staff. Genuinely helpful, and great advocates for the hospital.” [99151]

“Even the parking attendant” and similar phrases were often used to describe car parking attendants in a positive light, suggesting that some patients appeared to be surprised by the helpfulness and attitude of car parking attendants. Perhaps patients did not expect car parking attendants to have an influence on their experience at hospital, and some may have preconceived ideas that parking attendants are not always “polite and helpful”.

“Even the car parking attendants were polite and helpful”. [81013]

“Even the parking staff were really helpful - my car having been unexpectedly stuck in the car park for 5 days.” [86679]

“Even the parking attendant was very attentive and helpful” [180912]

Patients appeared to particularly appreciate it when parking attendants went out of their way or ‘above and beyond’ to help them on what was a worrying day for them.

“I was told that the main guy was finishing his shift soon but would wait for us to leave. He was kind enough to stay and do that, then when I went to the pay station window and said who we were, he let me pay for just 1 day due to the unforeseen circumstances. He also helped me find my car in the dark multi-storey section as I forgot where I'd put it. This alongside a tired and fed up 3 yr old who just wanted his bed. I'm not sure if he was right to charge this little for parking for a week, or even to stay and help. But I am very grateful for the help he gave at a worrying time.” [212476]

The understanding nature of this parking attendant was greatly appreciated by this person and demonstrates how an appreciation of the circumstances of people visiting hospital is an important factor.

By contrast, a recurring theme in encounters with parking attendants was a lack of understanding of a patient’s situation. It could be considered that a competent parking attendant may have a greater understanding of patients’ situations.

“It was a cold windy wet night and after paying for my parking ticket I drove to the barrier but it would not operate. I had to park the car and go to the attendant’s office. He told me the reason the barrier would not open was because I hadn't paid. I asked him how I had a ticket if I hadn't paid but he just kept on saying that I hadn't paid. I ended up paying again for a ticket just to get me out. I was worried about my husband and felt vulnerable driving home at this time of the morning. If this attendant had any decency in him he would have looked at the facts and let me through the barrier.

Did this man really think that a seventy-two-year-old woman was trying to get free parking when all I wanted was to get out of the wind and rain and get home?” [223799]

“The attendant was most unhelpful. This attitude was disgusting, and the attendant even went on to say if we had to be called up in the night in an emergency make sure we had money on us to get out of the car park. I think that comment was totally uncalled for seeing as are relative is extremely poorly in hospital at this present time. I would like this complaint to be taken seriously as it is a stressful time at the moment with our relative being very poorly Without having to deal with insensitive parking attendance.” [221475]

The comments made by these patients or their families show that the attitude of parking attendants did in fact have a significant impact on their healthcare experience. It may be inferred that the reason behind patients praising or complaining about the attitude of parking attendants could be that these people have undergone or are undergoing a stressful day and do not want to have to worry about parking. Therefore, when they have a helpful and friendly parking attendant this can help them feel less stressed whereas encountering a rude and unhelpful parking attendant may increase stress levels and negatively impact their experience.

## Car park design, policies and enforcement

### Physical design of hospital car parks

In addition to the actions and attitude of the parking staff, the physical design of car parks and the communication of information within them appeared to have an impact on patient experience.

One frequently mentioned problem with hospital parking was the restricted number of disabled parking bays.

“Disabled parking is very restricted.” [16065]

“There just aren't enough disabled spaces for a hospital this size and the car parking attendants have been instructed to be intolerant of disabled people parking in the main car park.” [59711]

“The parking attendant told us we had to pay if we couldn't park in the allocated area for blue badges (which was full). Nice welcome.” [293046]

In addition to restricted disabled car parking spaces, patients commented on the distance of the car park from the hospital.

“Nightmare arriving with officious parking attendant at hospital entrance who wouldn't let you stop even for putting down, had to ignore him in the end as no way could patient walk from car park!! Parking is a nightmare and looks so badly organised.” [150365]

Hospitals should be easily accessible for those who need medical help and it is highly likely that many of those visiting hospital will have reduced mobility.

### Cost

Parking attendants do not determine the cost of hospital parking so complaints made regarding the cost are not the fault of parking attendants but was highlighted so frequently in patient stories that it appeared to have an impact on the overall healthcare experience. Most the stories commenting on the cost of hospital car parking were negative, stating that they felt the price of parking was “expensive” or “extortionate”. In one case a patient felt the parking fee was so high they questioned whether it was worth attending the hospital.

“My son and I drove for 4 hours to get to Leeds general infirmary hospital. When arrived, we found the parking charges extortionate!” [79871]

“The cost to park in itself is beyond belief” [148311]

“I was only there around 40 minutes and it not only cost me £2.50 but as it did not give change it was actually £3 which I find a very expensive experience” [144334]

“Car parking charges are outrageous (£3.50 for an hour and a quarter) but I gather this is a Trust issue rather than determined by the Hospital.” [23599]

“Sounds like a money-making system enforced that "only 5 pounds" on top of paying £2. I have a major operation coming up there, makes me wonder whether to cancel” [50990]

### Enforcing car parking policies

Some patients reported cars being parked illegally which were not being controlled by parking attendants. The lack of enforcement resulted in reduced safety in the car park and an inconvenience for some patients.

“Why is the area clearly marked as patient drop/pickup being abused with cars parked there for the duration of visiting hours! And also parked directly opposite thus restricting through traffic-do they not wish to park in the car park?” [232445]

“Cars parked illegally so cars couldn't get up and down rows.” [120155]

“Leaving the hospital at the exit door was very difficult and dangerous due to parked, driverless cars double / treble parked” [290140]

“A large SUV blocking the route around the car park, so not much parking 'management' there.” [136404]

In many patient stories, there were complaints of parking attendants allowing non-blue badge holders to park in disabled bays.

“I attempted to park in disabled car park. I was unable to do so as 50% of cars parked did not have blue badge displayed.” [156354]

“There are disabled spaces outside but they are always either occupied by non-blue badge holders or 'coned off'.” [1141]

This resulted in disabled patients having to park further away from the hospital. In some cases, the lack of availability of disabled parking bays (due either to limited numbers of spaces or from lack of enforcement by attendants) led to disabled patients parking in normal bays. This in turn resulted in an unexpected parking fine as people were often unaware that despite displaying a blue badge, they still had to purchase a parking ticket if not parked in a disabled bay.

“Parked in a normal bay as all disabled bays were full. Displayed disabled badge came back to my car to find I had a warning for non-payment as not using the disabled bays. If I was able to park in a disabled bay I would have but the signs are not clear” [282531]

These experiences highlight a potential shortcoming of car parking attendants in terms of enforcing car parking policies and a lack of clear signposting within hospital car parks.

## Communication

### Poor communication of information

Blue-badge holders often conveyed disappointment in lack of information over parking charges.The outcome of unclear information and signposting sometimes resulted in fines for patients.

“I am disabled and there are disabled bays with a clear sign 'blue badge holders only' which you display blue badge and away you go into appointment, but this occasion when returning to car we had received a parking fine of £85, because we didn't pay and display a parking ticket which would've cost £1.20 for duration of time spent in car park, we went over to the parking attendant and asked why parking regulations have changed so much, and where was the ticket machine and notices explaining this. To our amazement, we were shown the signs which in my opinion are not clear and are up high, so how a disabled or able-bodied person is supposed to read it as the font is tiny is beyond me. The ticket machine was situated so far away and up an embankment in between bike sheds so we couldn't see it.” [39369]

“I was at the hospital for just 2 and 1/2 hours with my son and my disabled husband. We were parked in a disabled bay and had a badge clearly visible. We were unaware that disabled people now have to pay and we came out to a parking ticket on the window.” [58604]

“As a blue badge holder as I'm in a wheelchair due to being an amputee being accosted by the parking attendant because I had not displayed a valid pay and display ticket although I had clearly displayed my blue badge because I had parked in a non-disabled bay due to all the bays being in use made me feel as I was being threatened. If I need to pay, please erect a sign with letters big enough so you can clearly see as you drive in. It is difficult enough for the likes of myself to get to the hospital itself without having to wheel myself up and down steps and hills in order to go and read the terms and conditions of parking.” [148311]

Receiving a parking fine due to lack of information gives a feeling of injustice and appeared to have a negative impact on a patient’s experience of their healthcare.

### Contact with parking attendants and management

Another issue highlighted was the difficulty in finding parking attendants to help patients or their families with parking queries.

“No parking attendants in site.” [120155]

“After doing several circles I parked up in an ambulance space. On asking reception staff (cheerless environment) where the parking was (no parking attendant) I was told “out there”. Trying to get further clarification as to the precise location of parking spaces was impossible.” [152164]

“It says on the hospital web site please ask parking attendants for assistance if needed, if a parking assistant could be found (the best joke I have heard for a long time” [217248]

“The fee was paid - no ticket issued, no contact number for me to ring from my mobile to speak direct to car park staff - was advised by hospital reception staff that car parking staff do not have a hut but I could walk round car park to find car park staff, but reception staff rang porters who passed the message on I believe. On opening the ticket box the car park staff found loads of paid tickets stuck inside .... it took over half an hour to sort out when all I wanted to do was see my ill husband. What could be improved - car park staff hut, visible and so we the public can speak to them if needed.” [24208]

In addition to being difficult to find, some patients found contacting the parking attendants or their management problematic.

“It is impossible to telephone the parking authority in order to better understand the situation.” [300468]

“We were visiting family when the penalty notice was delivered and were unable to reply any quicker as there is no facility to telephone and the only way to communicate is via email” [300468]

# Catering staff

Food is a crucial part of patient care. Patients who are well fed and hydrated during their time in hospital appear to recover more quickly than those who do not receive the advised nutritional requirements.14 According to NHS England, a patient in an NHS hospital can expect nutritious, appetising meals, a varied menu including meals suitable for special dietary needs, access to fresh water at all times (unless this contradicts medical advice), the help required to eat and enjoy meals.15 However, around 30% of all patients in hospital are undernourished. While many may be undernourished on admission, others become further malnourished while in hospital.16 This highlights the importance of catering staff in ensuring patient wellbeing. Many stories posted on Care Opinion comment on care received from catering staff on the ward.

## Communication between staff

Catering staff were commonly mentioned in stories alongside other staff groups involved in patient care. Different care teams are frequently commended on their co-operation with one another, demonstrating the importance of holistic care. The frequency with which teamwork is mentioned by patients suggests that when the different roles work well with together and achieve effective communication, it may impact on the patient more than individual staff functioning well but separately.

“All in all I was hugely impressed by how the whole system works together, no doubt including staff who work behind the scenes, e.g. pharmacists, kitchen staff, admin staff etc.” [11409]

“Almost all the interactions we had with people across the ward were positive – from the medical and nursing to the cleaning and catering staff. It was very clear that there was a consistent culture of professionalism combined with warmth and dedication and that everyone was pulling in the same direction. “[10061]

“I was more impressed with how all the different departments worked together as a team. The cleaners, doctors, nurses and catering staff had the patient’s welfare uppermost.” [9030]

Lack of communication between staff groups can have significant consequences for quality of patient care. Effective communication between catering staff and other staff is essential to protect patient safety. Examples of poor communication described in patient stories included a failure of staff to relay information on e a patient being “nil by mouth”, and patients with special dietary requirements. Occurrences like this can disrupt investigations or treatment, or even be harmful to the patient.

“After the surgery, I was told by every single doctor and nurse to drink water to promote healing - why are the catering staff not informed? It is hard enough to talk after surgery in the mouth, but when you do not remove signage saying 'NBM' of course you are not given water so how can a patient take medicine dry?” [9964]

“No communication between catering staff and nurses which meant pts were still on nil by mouth 3 days later?” [16701]

## Catering staff going above and beyond

Many stories credited catering staff for acting beyond their immediate role. Examples included catering staff sourcing food elsewhere to cater for special dietary needs, or individualising their care to suit each patient. In every story where this was described, it had a positive impact on the patient and demonstrated that going the extra mile can make a significant difference to a patient's overall experience.

“The catering staff went out and bought food specially for me.” [19895]

“All the way through her treatment she has been looked after to the highest standards, as she started to walk again even the cleaners and catering staff cheered her on.” [54620]

“I celebrated my 42nd birthday on ward 15 prior to my baby's birth. A cake was sent from catering and happy birthday was sung to me. Due to gestational diabetes, I was unable to eat the cake, but catering made me a special sugar free trifle.” [111881]

“The catering staff showed most care, thank you to the lovely girl who bought me a cup of tea when I was very upset after a visit from a Dr who got very cross with me for complaining about being left in extreme pain for 11 hours. And to the lady who gave me two cups of coffee every morning and softened the shock of the complete change in culture and levels of control.” [24346]

“My thanks go to the male member of catering staff who hunted the building for a nice veggie meal, sourcing it in the restaurant just so I could eat a proper meal!” [32179]

## Quality of meals

The quality of food served to patients during their hospital stay generated a wide range of opinions, both negative and positive. While some patients could not commend the meals more highly, others found the food to be low quality. There may be significant variation in standards across the UK.

Many patients were satisfied with the quality of the food served. Positive comments regarding quality of food included it being fresh, tasty, varied and served hot.

“The food was excellent which was another surprise after all the bad press about it.” [22911]

“The food was excellent. In fact, I had to leave on a Friday and I did not want to go until I had my lunch.” [47040]

“The food was fresh and good quality” [17944]

“The catering was up to a standard somewhat above acceptable. Especially when you consider this is mass catering!” [21464]

“Food is 5 star with exceptional catering staff.” [60456]

“The food is AMAZING! All freshly prepared on site, plenty of it, such fantastic choice, and served with a smile by the lovely catering staff.” [36567]

Some patients however were less satisfied with the catering they received. The main issues people had with meals were being tasteless, burnt, or lacking in choice.

“The potatoes were okay, but the sausage was like leather and dry, the omelette had no taste at all and the baked beans had been cremated. It's a pity that Medirest's flagship meal was so awful.” [10740]

“The other major problem in this hospital is the food, it is inedible and cold at all times. I have a big, unfussy appetite but only ate yoghurt and cheese and crackers, even a sandwich was disgusting, animals in kennels get better food. One example: one day dinner was broccoli and cheese bake lunch next day was broccoli and cheese soup, this pattern was repeated all week, disgusting re-hashing leftovers.” [62054]

“I have been given very badly mildewed bread for breakfast (which I have photos of). When I complained, I was told it was down to the heat.” [14283]

“The food was tasteless and most of the time inedible.” [46404]

“The food was awful, very poor quality.” [101953]

First Aid for Hospital Food, a report from the Soil Association, suggests some hospitals are falling short of acceptable standards in terms of the food they serve to patients.17 The low standard of food in some hospitals can have a detrimental effect on the wellbeing of patients as it discourages eating, leading to malnourishment. Eastwood conducted a study to identify the extent of the issue of patients missing meals while hospitalised. In the general medical unit at Western General Hospital, Edinburgh, 25 percent of meals were missed, 7.6 percent of these because of clinical investigations but more than 92 percent because of illness or the quality or taste of the food or lack of variety in the meals available.18

A negative relationship has already been found between the duration of hospital stay and satisfaction with the food provided, with the patients staying longest being the most dissatisfied with the food.19 This finding is in line with many of the stories we examined, as it appeared that the longer the duration of a patient’s stay, the less complimentary they were of the food served.

“Initially, my reaction to the Medirest menu was quite positive, following my surgery I tended to eat soup and yoghurt and found both to be very tasty. However, as my appetite and mental ability improved, one or two cracks started to appear in the very comprehensive 'Steamplicity Menu' and its staff.” [10740]

## Catering for special dietary needs

A large variety of stories were posted by patients with special dietary needs regarding the meals they were served while in hospital. Only a small proportion of these stories described a positive experience. A good range of vegetarian options available was a factor valued highly by some patients.

“I was amazed by the choice and quality of your food. I am a vegetarian and there were different choices (as there were for meat eaters) which were well prepared and very enjoyable.” [51975]

“Speaking of catering, I'm a vegetarian and the food was great.” [65355]

But other patients with special dietary needs were less satisfied with the catering provided for them. A lack of variety in meals available was an issue frequently raised.

“I was utterly appalled at the 'food' served to inpatients on the wards. I felt there was a complete lack of variety for those with special dietary needs (myself being a vegetarian) and a lack of quality across all items on the menu.” [54113]

“I am on a kidney machine and the meals I received were very bland and similar every day of my stay. To resolve this, I think that there should be a panel of patients, dieticians and catering staff deciding what meals could be provided for special dietary needs.” [21553]

“I'm coeliac and explained this during my pre-op assessment but the ward was not informed. When I returned from surgery the only food option available that evening was omelette, this would have been fine except the domestic put potato croquettes on the plate. I told the staff nurse I couldn't eat it now, the domestic said ‘to just leave what wasn't suitable’.” [46221]

“I was told gluten free meals have to be ordered 48 hrs in advance, I was scheduled for a two day stay!” [46221]

Some patients expressed the need for better education for catering staff on special dietary needs and the ingredients contained in the meals they serve. This could be considered an important safety issue as it is essential patients with allergies and dietary requirements are given the right foods to protect patient safety.

“The catering staff were helpful but seemed badly trained; one told me that the roast potatoes were fat-free, and that cheese contains no fat!” [17944]

“I even saw foods served to patients with allergies that contradicted all the directions the catering staff had been given.” [54113]

“It was also a bit frightening to over hear one staff nurse tell another that diabetic patients were being given the wrong food!” [64349]

“Staff did not understand about cross contamination of food or what coeliac disease is. I ordered my own food for my last day but when lunch arrived I didn't get what I ordered, again I questioned this as the meal I was given had a sauce. The member of domestic staff said that only one gluten free meal had been sent so it had to be mine. Then the lady in the next bed, who was unable to order her own meals, was served the meal I had ordered. I didn't feel confident eating any of the meals and didn't think my dietary requirements were taken seriously. Both nurses and food service staff need training on the dietary needs of patients and special requirements such as this should be reported to the ward prior to admission.” [46221]

Training of catering staff in special dietary requirements may help to avoid situations like these which can potentially put patient health at risk if not recognised and rectified promptly.

## Meal serving

Due to the large numbers of patients needing to be served at mealtimes, each ward in NHS hospitals is allocated a specific meal time. Some patients were not satisfied with the timing of meal serving on their ward.

“The only thing that I think that could be improved was the timings the catering staff served food on the wards.” [34891]

However, many patients staying in hospital will have different preconceptions of what meal times should be, making it difficult to meet all expectations.

One patient reported that food was left out on heating trolleys for long periods before being served to patients. This affected the quality of the meal. Another patient claimed they were served their food after patients on their ward. These issues could be due to a lack of efficiency in the catering staff routine. Alternatively, it may be a result of understaffing, rather than a fault of the catering staff themselves.

“The food was left sometimes for up to an hour in the potable heated trolleys before serving thus rendering it inedible.” [26829]

“My meal arrived after everyone else had finished their meal.” [10740]

Kandela claimed that in many cases the diet, instead of supporting treatment, is in active conflict with it; and the patient only begins to derive full benefit from the care of their doctors after they have gone home.20 A significant issue raised by many patients was the lack of care taken by some catering staff when delivering meals. Some meals were placed out of reach of the patient with no attempt to ensure the patient was comfortable and able to feed themselves. As a result, some patients missed meals and complained of weight loss during their stay in hospital. As mentioned above, malnutrition can play a significant role in hindering recovery.

“Some of the catering staff could not care less if you could not reach the food or not.” [23646]

“Whilst there an elderly patient next to my mother, who couldn't feed herself, had her dinner delivered and then left for 20 minutes next to her, for then the catering staff to come and then clear it away without anyone attempting to feed her... only my intervention stopped her throwing it in the bin.” [44441]

“Anyway, around came the tea trolley and our friend was asked if she'd like a biscuit - yes she would she answered. It came in a vacuum sealed packet which was handed to her by a smiling lady who then went on about her business. I watched our friend pick up the biscuit packet, look at it, fiddle with it, and then put it down again. Her poor arthritic hands could not manage the task of tearing the packet open so I did it for her. Fleetingly I wondered how much of the food she had been given she had been able to eat.” [39771]

These experiences regarding food going to waste due to the fact it did not meet the individual patients needs are in line with the findings of Barton et al, who investigated the causes of continued weight loss in hospitalised patients. The study found that 40% of all hospital food was wasted due to the patient being unable to eat it, and therefore hospital feeding policies may need reviewing and made more appropriate to the needs of the sick.21

## Attitude of catering staff

For many patients staying in hospital, meals are a significant part of the day. The attitude of the catering staff can have an important impact on an individual’s experience. A variety of stories regarding the attitude of catering staff were found. Many patients commented on catering staff in a positive light.

“The only thing positive was the friendliness of the catering staff” [12306]

“Catering staff brightened up my day with their sunny attitudes.” [55452]

“The catering staff were all so very understanding and helpful.” [31563]

“The catering staff were all friendly, polite and present” [21464]

“Catering staff who were always happy to oblige in any way possible giving an extra cup of tea or being generally cheerful and happy around the ward or to having a brief conversation.” [66720]

Contrasting this, some patients stated their disappointment in the behaviour of catering staff, commenting on them in a negative light using terms such as 'unfriendly’, ‘unhelpful’, ‘rude’ and ‘careless'.

“The catering staff on the ward I was on were also dreadful. Very unfriendly and unhelpful.” [32933]

“The catering staff were rude - an example of this is that heavily pregnant women, women in labour and women who were on IV were left to walk to the end of a ward if they wanted lunch or dinner as the orderly who was responsible for giving out the food found the trolley ‘too heavy ... to push’. Absolutely disgraceful.” [50963]

“Catering staff particularly rude and careless - no reason for this” [15469]

“Catering staff need lessons in politeness as every day they acted as if they were doing me a favour when serving me slops” [44503]

“I also had the misfortune to encounter on a daily basis a thoroughly rude lady who offended me and other patients every time she entered the ward with her rudeness and vile attitude.” [20193]

“The catering staff could do with a pep-talk.” [39260]

The inconsistencies across catering staff in their approach to the role may be due to training issues or a lack of supervision of staff. This may suggest a need for tighter supervision of catering staff or improved customer service training, to ensure they are providing patient-centred care.

## Dealing with complaints and listening to patients

Sometimes catering staff were called upon to resolve issues raised by patients, and their ability to do so varied. A poor response by catering staff to patient concerns appeared to impact a patient’s outlook more negatively than the initial concern itself did.

“One 83-year-old patient was given toast but unfortunately spilt some water on it. He informed the hostess who commented ‘oh dear’, removed his plate but didn't offer to bring him anymore, so he had no breakfast that day.” [10740]

“I found the catering staff I dealt with to be rude, argumentative, and they acted disinterested. In my experience, they throw the food at you and I did not dare ask them for an extra roll (if you tried the soup).” [45598]

“I informed the hostess who was unconcerned, in fact she seemed more annoyed with me because I was dissatisfied with the meal. If you did complain to the hostess, they adopted a stance of ‘it's not my fault. The hostess before me took the order, so they got it wrong, and I only did as they had written down’.” [10740]

As mentioned above, this may highlight room for improvement in the customer service training provided for catering staff, so they can deal with complaints effectively and prioritize patient wellbeing.

In contrast to this, some catering staff were commended for taking the time to listen to patients and understand their concerns.

“Also, the catering staff really took care to find out what I liked and disliked.” [22911]

“The food did go downhill in February - I believe there was a change in logistics - but we pointed this out and the chef came and spoke with us about the problems we had raised.” [22934]

This appeared to have a significant positive impact on the patients’ experience and is likely to have instilled an impression of caring staff.

# Cleaning staff

Cleaning staff working in a healthcare environment have a duty to ensure all areas are germ free in order to protect patient health. In Great Britain, 56% of people’s greatest concern regarding being admitted to hospital is the fear of catching a healthcare associated infection (HAI).22This statistic is reflected in stories posted on Care Opinion regarding cleanliness the healthcare setting, in a strong majority of accounts, HAI’s were mentioned, emphasizing the importance of maintaining a high level of sanitation across the entire environment.

## Safety of patients

Patient safety is a priority in the hospital environment. Cleanliness on the wards can have a significant impact on patient welfare and recovery. Patient viewpoints regarding hygiene was extremely varied in stories posted on the Care Opinion platform.

Many accounts posted by patients recalled a positive experience in terms of cleanliness on the wards and infection control. This proved to reassure patients and make their stay more comfortable.

“I have never seen such a clean and tidy, and hardworking hospital. I feel credit should be given where it is due. It is obvious you are really trying to keep infection away.” [10482]

“The ward was kept very clean and I had no worries about catching any hospital viruses.” [18045]

“Take the cleaners, no MRSA germ would dare go near ward 8.” [11926]

However, in a number of the stories posted on the Care Opinion website, patients were less satisfied with hygiene levels on the ward with many expressing concerns for health regarding the spread of infection. A lack of cleanliness heightens susceptibility to infections such as MRSA,23antibiotic resistant pathogens that are becoming increasingly difficult to treat.

“I would say that there is no way on this earth that the method of cleaning used would get rid of MRSA it would merely spread it all over the floor as they used their dirty old mops time and time again, and then take their gloves off and start serving food. Nope there is definitely a problem with hygiene!” [124]

“The hospital is one of the filthiest I have had the misfortune to experience. No wonder we have superbugs. I refuse to let any of my family be operated on here as the state of the wards are a breeding ground for bacteria. Is there no overall supervisor for cleaning?? I would love the opportunity to show health authorities the dirt there.” [9094]

The public have been found to associate ‘superbugs’ with their experience of dirty hospitals.24This highlights the importance of maintaining a clean environment so as to minimise patient anxiety whilst in hospital. These experiences regarding sanitation appeared to negatively impact patient trust in the professionals in charge of their care. Trust in healthcare providers can have a significant impact on the outcome of the patient in terms of continuity of care, adherence to the treatment instructions and the willingness to seek health care. Good hygiene levels on the wards is therefore extremely beneficial for patient wellbeing overall.

A small number of stories described the dangerous implications of poor infection control measures taken by cleaning staff.

“no one came in to clean or empty the bins it was overflowing but nurse still put their rubbish in the bin. As a result of this unhygienic environment, my nan died of MRSA whilst in hospital.” [10240]

“My dad was put in a gastric ward where he caught MRSA, they then move him to isolation just when we were expecting him home (which was 2 weeks ago) he now has caught C. diff in all the time I have been visiting my dad both afternoon and evening I have yet to see any cleaner both my sister and myself we got our own Dettol wipes to clean his room. My dad does not like to make a fuss but I really don't think it’s good enough.” [11736]

Infection control has advanced massively in the last decade, however stories such as these demonstrate that there is still room for improvement. With super bugs becoming increasingly difficult to treat, focus on prevention through excellent hygiene routines is likely to be the most effective method of reducing mortality.

## Efficiency of cleaning staff

There appeared to be discrepancies in the efficiency of cleaners in hospital wards. Some stories commended cleaning staff for their work. Cleaners were commonly highlighted for their dedication with many commenting on the frequency with which they cleaned the wards.

“I was also very impressed with the cleanliness and saw cleaners there all day.” [10222]

“The cleanliness of this ward was a credit to the dedicated cleaner.” [11299]

“I was impressed at the cleanliness, as every time I saw a nurse she was washing her hands and the hospital cleaners would come around at least every 15-30mins to clean the floors and all around the beds.” [10098]

“i was even surprised to see that the ward had its own team of cleaners who also did not stop working or leave a single thing uncleaned, Saunders Ward is spotlessly clean down to those girls!” [10130]

Contrasting this, many patient stories appeared to view cleaning of the hospital in a negative light, a common concern expressed was bodily fluids being left for long periods on beds/floors.

“There were drips of old blood on the frame of my bed and on floor which were not cleaned all the week I was there” [124]

“There are bodily fluids visible on the floors, which are not dealt with by the cleaners.” [2199]

“Once he finally had the operation the ward he was in had blood on the sheets floors and curtains. It was not cleaned during the time he was in there.” [9338]

“I was at the hospital this afternoon with my son and the entrance was very dirty with some sort of brownish fluid running down the steps that lead to the main door. It was disgusting and I'm amazed that staff walked through this without alerting cleaners. It looked like it had been like this for some time.” [9441]

A common concern expressed in some stories was the poor attention to detail displayed by a number of cleaning staff. Patients described a superficial cleaning technique leading to unacceptable standards of cleanliness.

“The cleaning was very poor. I watched the cleaners in the ward clean around but nobody cleaned under the beds properly and when the bed was moved to take patients to theatre, there was a roll of dust under the head of the bed.” [10165]

“Better cleaners the ward was a mess dust all over the wards tablets on the floor” [10918]

“My only comment being, that some of the cleaners require instruction on how to do the job PROPERLY. Never mind moving items with the sweeping mop, it should have been picked up physically and moved, otherwise you spread germs & possible infections by just shunting items, chairs, waste bins etc. around on the floor.” [10656]

The absence of cleaning staff when they were needed or cleaners omitting rooms such as the bathroom when cleaning was frequently commented on.

“In all the time I spent on the ward, I only once saw two cleaners arrive one day. One cleaned the beds and bedside lockers and the other man polished the floor. The only time I saw a mop used in the ward was when there was a spillage of water at the hand basin in the ward! There was no damp dusting or floor mopping done at all.” [20452]

“toilets are in a seriously bad state. I was in hospital for a week and the toilets didn't look as if they had been cleaned at all in that time. Please can somebody employ some toilet cleaners” [12458]

“The Day Room used by patients wasn't vacuumed during the 5 days I was there, nor was it cleaned or bins cleaned properly. The toilet area had two plastic chairs for patients' use while sitting at the sinks, one of which had faecal smudges on it for two days! The shower room on one occasion had five discarded paper mats lying on the floor from early morning till the evening! A blood patch lay on the floor outside the shower room all day before being cleaned off, while visitors came and went. Another blood patch lay on the floor beside my bed despite the cleaner having cleaned the floor and when I called her back she tried to convince me that it was part of the floor pattern, despite her second attempt at cleaning eventually removing it.” [18471]

A small number of patients described cleaning staff contaminating their food or drink with cleaning products. This is a significant safety issue suggesting a need for cleaning techniques or equipment to be revised to ensure errors like this cannot occur.

Other safety concerns besides infection control expressed by patients included tablets dropped on the floor not being cleaned up and cross contamination of patient’s drinking water with harmful cleaning products.

“A cleaner came into the ward and started cleaning the windows, bedside tables and nurse workstations with a cloth drenched in bleach - which is no bad thing...but I was concerned when I watched her clean the windows, as each time she moved the bleach/water dripped into my jug of water and then she left...” [19106]

## Training

Inadequate training of cleaning staff was an issue raised in some stories. According to those who highlighted this topic, the unclean hospital environment was as a result of staff not carrying out cleaning procedures in line with the standards set by hospital policy; as opposed to the products or policies accounting for the poor level of hygiene. This view is in line with the findings of Hota et al,who claimed ‘If cleaning fails, it is more likely to be a failure of personnel, rather than of product or procedure’.25 A number of accounts suggested a strong need for better training of cleaning staff in order to improve cleanliness of wards. Training monitoring and feedback have been proven to enhance performance by housekeepers.26

“The cleaners do not clean. They do not wash their hands. They seem fed up and have no interest in working in this profession. Moral and training needs to be improved. Cleaners put up wet floor signs but didn't clean.” [11106]

“Lack of cleanliness. The cleaners were hopeless. It seemed as though the ward cleaner had never been trained in how to clean - a few ineffectual swipes with cloth/mop was the best he could manage - and the ladies' loo floor was decorated with bloodstained tissues for over 24 hours.” [14028]

“The cleaning seemed to be allocated to people who seemed to have no idea how to do it properly, such as cleaning around furniture.” [17604]

“One cleaner came in one day and struck up a conversation and said that cleaners now have to obtain an NVQ to carry out their duties. As my bed was positioned directly opposite the bathroom door I could see her quite clearly when she was cleaning. She took a cloth, wiped the mirror, wiped the sink and then wiped over the toilet seat. That was the sum total of her cleaning in that area and then she used the same cloth to clean up in the ward. If anyone ever wonders why there is infection in hospitals, just spend a couple of days in the QE and you will have your answer.” [19234]

## Attitude of cleaning staff

The attitude displayed by cleaning staff on the hospital wards appeared to impact patient experience in a significant way. A range of experiences were described by patients presenting cleaners in both a positive and a negative light. Positive adjectives used to describe the behaviour of cleaners included ‘personable’, ‘hard working’, ‘kind’ and ‘friendly’.

“Cleaners were personable” [9018]

“Cleaners did a very good job and were also very friendly” [9488]

“The cleaner in in my particular ward was very nice and she was kind also. She was also very hard working.” [10276]

“The cleaners (who were very nice, not only doing their jobs to the highest standard)” [19711]

“the cleaners all went about their work in a very professional manner, whilst being very attentive to each individual patient.” [20450]

From these comments it may be inferred that a helpful and caring demeanour is valued highly by patients and therefore contributes to a positive healthcare experience.

For some patients, however, contact with cleaners appeared to be a more negative experience, they were described as ‘rude’ and ‘noisy’. This could result in patient’s questioning the quality of staff that are employed and lead to doubts regarding other aspects of their care.

“Cleaners were rude” [10012]

“Cleaners to be seen and not heard - (very noisy, took two phone calls whilst cleaning my room – didn't even apologise).” [12308]

## Cleaners working as part of a wider care team

Many stories posted on Care Opinion mention cleaning staff working as part of a wider care team alongside other staff groups such as doctors, nurses and porters. Statements detailing a range of roles involved in patient care tend to describe patient experience using positive terms such as ‘professional’, ‘caring’, and ‘dedication’. Teamwork displayed by different care teams, in particular good communication between groups was valued highly by patients. This appeared to create a pleasant environment greatly impacting the patients’ hospital experience.

“Just wanted to express my gratitude-not just to the staff; doctors, nurses but to all the 'invisible' staff, like the caterers, the cleaners, porters etc. everyone worked together to ensure the smooth running of the place” [11188]

“I would be very proud to employ such dedicated, skilled and kind staff, from the doctor to the cleaners on the ward and porters around the hospital, every body works together for the benefit of the patients. Well done!” [11620]

"However, I was more impressed with the way that all the staff worked together (from the cleaners to the ladies that brought around regular tea right thru to the consultants); staff were confident professional and efficient but the delivery of the care I received was delivered with real compassion." [12160]

Contrasting this one post on the Care Opinion website highlighted a lack of communication between different staff groups stating how this negatively impacted their stay.

“But there is lack of communications between patients/ their family/doctors/nurses/cleaners. We constantly had to chase round for blankets, missed meals, hygiene reasons.” [9094]

This indicates that to achieve high quality care, cooperation with other staff teams is paramount.

## General cleanliness of hospital

Patients overall impression of the general cleanliness of the hospital environment appeared to be positive when commented on. This indicates a positive experience of cleaners and the work they carry out.

“I was well looked after in a clean, safe and friendly environment.” [9396]

“The cleaners in Bedford Hospital always seem to be cleaning and the impression when you go in is that is a nice clean hospital.” [10276]

Other patients viewed the overall hospital hygiene as poor.

“The only complaint I have was the cleanliness to me was unacceptable. I am a domestic in a care home, and we keep it a lot cleaner than the hospital, which at the end of the day we are not doing operations. I can see why there is so many infections.” [17686]

## Organisation of cleaning department

A recurring issue commented on in many patient stories was understaffing. A number of stories mentioned a shortage of cleaning staff resulting in an inadequate level of cleanliness on hospital wards. Accounts frequently mentioned a time limitation resulting in a reduced quality of service. Even if specific objects are assigned cleaning responsibility, they may not receive the requisite attention simply because staff do not have sufficient time.27

“Cleaners seem to have just and I mean just enough time to do their job, if anything goes wrong spilt drinks or anything else they are under pressure.” [9459]

“Needs more cleaners and staffs. To many managers and suits.” [10202]

“well they could get more cleaners” [10931]

“I was worried and disappointed by the cleanliness, I don't think there were enough cleaning staff to give the wards a good clean every day. I think this really needs to be addressed.” [11219]

It is already well known that increasing workload will compromise infection control activities27 therefore posing a risk to patient safety.

Contrasting stories regarding supervision of cleaning staff were posted on the Care Opinion website. Supervision appeared to influence the quality of cleaning on the wards, comments highlighting adequate supervision of staff correlated with a high standard of cleanliness on the wards.

“Every day the wards were inspected by a supervisor before the cleaners came in, and then they were inspected and checked after the cleaning was completed. The hygiene in the hospital was of the highest order, I felt completely safe.” [12723]

Whereas comments criticising low levels of supervision were associated with poor cleaning standards.

“Where is their supervision, cleaners came and went, nobody appeared to check; I was in the hospital for two weeks and never did see anyone check the standard of work. Fluff and some dust were still present a week later.” [10656]

This highlights the need for staff groups to be supervised to ensure standards do not drop below hospital policy. Inspections and supervision contribute positively to patient experience and overall cleanliness. This finding is in line with a report written by Carling et alwhich found that cleaning inspections, or perceived threat of these, will motivate staff to clean more thoroughly, as will competition between individuals or teams responsible for specific clinical areas.28

# Security staff

There are 56 000 assaults in NHS hospitals yearly in England alone.29 This shows that violence within hospitals is a major issue giving the security staff an important role in protecting the safety of the patients, staff and visitors alike. The role of security guards from the viewpoints of patients appeared to be to ensure no disruptive or unwanted people were allowed in the hospital or the wards and to enforce hospital safety policies. The two major features that had an influence on patient experience in terms of the security staff was the behaviour of the staff and their competence. The level of security put in place by hospitals and orchestrated by their policies was also documented by patients.

## Behaviour of security staff

The attitude and manner of the security staff had an impact on some patient experience at hospital. Patients appreciated polite, caring and well-mannered security staff, particularly whilst dealing with aggressive and ill-mannered people. This had a positive impact on their experience.

“I'd just like to say how well these 2 security men dealt with this in such a polite and caring manner in very difficult circumstances, they must be an asset to your department” [322928]

“The reception and security staff are first class in their manner shown towards patients - who can sometimes be abusive and violent.” [579]

A positive attitude of security staff was also appreciated by patients. Descriptive terms such as “caring”, “kind” and “friendly” were used to emphasise this.

“Staff were kind and helpful from the security staff to the doctors.” [9897]

“Every member of staff I dealt with (cafe worker, security guard, ward staff), were polite, caring and friendly.” [14251]

“A very kind security guard gave my son a drink of water when he was coughing.” [12442]

Security staff appeared to have an impact on family members as well as the patients. A helpful nature seemed to positively influence family member’s experience whilst visiting. In some cases, this can have a very significant impact on family members due to the difficult circumstances of their visit. A simple act of kindness or helpfulness was greatly appreciated and in some respects comforting for some families.

“The security guard at the Main entrance, escorted myself and mother to our car shielding us from the rain with his umbrella. He gave me his coat as I had not brought one with me, and was a complete gentleman. His customer service was excellent, and although we are all at our wits end over my father, the guard gave us something good to focus on.” [11469]

In these comments from family members and patients, the word “even” suggests that they did not anticipate security staff to be as helpful as they were and contributed towards a positive experience at that hospital, therefore had an impact which may not had been expected.

“Even the security staff were always helpful and courteous and never complained on the many times that I had to be walked back to the parent’s accommodation.” [15772]

“The hospital was immaculate and even the security staff were extremely helpful”. [11687]

Furthermore, it seemed families particularly appreciated help from security guards as they did not perceive this to be in their responsibility yet still went out of their way to help, which again may have exceeded patient’s expectations.

“The security staff don't get enough praise 1 in particular went out of his way to help myself and my partner the whole time I was admitted” [13865]

In contrast to this, there were also negative comments made on the behaviour and actions of security guards was when they did not act in a caring manner, including rough handling of patients.

“In the next bed to me was someone with mental health problems, who was constantly trying to get out of his bed and run around the ward, bumping into my bed. The nurses called security who manhandled the poor lad very roughly and told him to stay in his bed.” [8894]

These comments suggest that the way security staff conduct themselves can potentially positively or negatively impact a patient or their family member’s experience of a hospital.

## Staffing levels

A sense of security appeared to have a significant impact on a patient’s experience in hospital. There were conflicting reports on the apparent levels of security and patient’s feelings on the matter varied from feeling safe to feeling as if there was no security at all.

Many patients commented on how they felt safe and secure due to the abundance of the security staff.

“Security was so good it was verging on silly!” [14737]

“Security staff were very visible and dealt with one undesirable visitor (not patient) very effectively.” [14805]

Conversely, other patients noted a lack of security. The level of visible security can influence how safe a patient felt, indicated by frequent suggestions of feeling vulnerable due to lack of visual security.

“Lack of Security staff visible.” [13250]

“I would definitely like to see some sort of security in the centre and it did feel a little vulnerable, especially with the centre being open until 10pm every night.” [51228]

“Security appeared to be non-existent! On last night's news there was a report of the ease with which guns could be smuggled through the Port of Dover - well, exactly the same could be said for St Thomas’s (& probably every other hospital in the UK).” [9903]

Patients appeared to feel particularly vulnerable at night and in many comments, suggest there should be more security staff to counteract this.

“On a Friday night at midnight isn't a safe place not to have any security or staff” [245165]

“What could be improved? Security for night staff especially after what I witnessed on a Saturday night” [10690]

“There was no security and no-one in the car park office in the evenings.” [45622]

“What could be improved? Anybody walks into that unit at night and can jeopardise the treatment of the people and scare them in there. How can this be allowed when some on are sections and are vulnerable?” [16356]

While in hospital patients may be feeling scared and worried about their safety due to their illness. Therefore, they feel they should not have to worry about their safety in any other way than the state of their health. For patients or family members who are already in difficult circumstances due to illness, security put in place by the hospital should be sufficient to make them feel as comfortable as possible. One patient highlighted this issue in their story.

“There should be adequate staff there and security so people who are in distress or are unwell can wait in side.” [15065]

“My boyfriend was left in the CDU area for 10 hours waiting a repeat blood test. During this time a heroin addict who had overdosed was placed in the cubicle next to him, with only a curtain separating them Only after they had brought him in did they then search the man as they were concerned he had a knife. A man who had tried to commit suicide was then placed in the bed opposite, with no security even though he was later detained under section 136. The man assaulted a nurse and escaped, only to come back later shouting he had needles in his arms. We are good people who were just trying to get the care that we are entitled to and we felt completely let down and threatened that we were exposed to this. Why were we put into a dangerous situation like this? Why was a man who clearly had psychiatric problems allowed into the same ward as us, and completely unsupervised? Eventually my boyfriend decided he would rather self-discharge as we were so scared. We were then made to wait in a hall for half an hour before a nurse would take the needle out of his arm that they had previously used for blood tests. By the time we got home he was shaking, in complete shock and we have vowed never to use NHS hospitals again.” [17465]

“Security could be tightened up a lot” [16813]

One story noted that he was disappointed with the level of security due to his expertise in the field. This could reduce the confidence in the services proved by the hospital if patients feel that acceptable standards are not being met in all departments.

“As an expert in Security and as a qualified security professional I was wandering around the hospital at 3:30am trying to find my way back to A& E from Short Stay, due to the lack of signs this took over 40 minutes and not once was I challenged OR asked if I needed help or was lost. Security as a concept in a public access building is difficult to implement however there is virtually none at the QE.” [14931]

This suggests that higher numbers of security staff correlates to a stronger sense of safety whilst in hospital, therefore a greater patient experience.

In contrast to this, one patient’s family member claimed that too much security can make a patient’s family feel unwelcome, having a negative impact on the patient and their family’s overall experience.

“Again I understand the need for security but the ward is operated like a prison and it is extremely unwelcoming. This is not a great impression when the majority of visitors are in a good mood and pleased to be seeing a new baby. The staff gave the impression that visitors were just a nuisance, unwelcome and should be treated like naughty children.” [17080]

Despite this objection, there were notably more stories commenting on a lack of security.

It must be considered that the level of security in terms the number of security guards may be considered a shortcoming on behalf of management as they have not employed enough staff, rather than the security staff themselves. However, the professionalism and conscientiousness of security guards can affect how much security there is perceived to be, therefore the staff themselves may have an impact on patient experience in this respect also.

## Security policies and enforcement

In addition to the security staff themselves not influencing the number of security guards employed by the hospital, the policies put in place by the trust can also have an impact on patient experience, that the staff themselves are not accountable for. Security policies can determine how safe a patient feels. For example, voice intercom systems used for entering wards can prevent entry of unwanted people and can increase a sense of security.

“Why is there no security voice system in place to get in and out of D4 west, as there is in casualty.” [219011]

Other patients noted that other policies such as clearer identification is needed to make them feel at ease.

“Name badges would have helped instead of the occasional security badge located secretly on an inside pocket!” [10808]

One patient commented on lack of training giving the security an unprofessional impression.

“It makes the service look unprofessional and say this person needs some kind of training” [90989]

Patients felt vulnerable when security policies were not being adhered to by guests, or enforced by the security staff.

“I noticed that notices stated the number of visitors allowed and visiting hours. Why was this not adhered to? Why was this chaos allowed to happen? Where was the security? It did not make us feel comfortable and relaxed. This happened long after visiting hours were over. I cannot say quite how vulnerable I felt, but it is not what one expects from hospital care”. [319086]

If clearly visible signs displaying the hospital policies are being ignored, patients may also question if other hospital policies are being disregarded. This could increase anxiety levels and adversely affect their experience at hospital.

Despite being unable to change hospital policies, the way security staff act on these policies and adapt them to cater for different patients can have a significant impact on a patient’s experience. It may be considered that for a security guard to be considered competent they must act in line with the policies put in place by the trust, with the ability to adapt their service for specific patients or in certain situations, to maximise patient safety. Patients frequently commented positively on the competence of the security team, enhancing their experience. Terms such as 'very good' and 'excellent' were used to highlight the positive impact these staff had on patient experience.

“Security also seemed to be excellent.” [8816]

“I had no concerns regarding security,” [10458]

“Security in post-natal wards is very good,” [16382]

“Security on the ward was good” [16644]

“This made me and I'm sure people around me feel very safe, so please pass on my thanks to these two men both very big men.” [322928]

In many stories, patients complained about the security staff’s lack of control over drunk people, abusive people or unwanted company in the hospital, therefore not acting in line with hospital policies.

“Witnessed aggression towards staff. Security wasn't good and staff were good.” [255683]

“During my wait the drunk man was joined by 2 other equally as drunk friends who were all obviously homeless and using A&E waiting facilities as a place to sleep off their alcohol to the total ignorance of security staff, and all 3 men left with no treatment or triage assessment after 3 hours. This may have been understandable if A&E reception was over populated and busy, but this was not the case there were 2 staff on reception and 2 security staff as well, all sitting and chatting oblivious to what was going on” [10543]

“A very drunk patient was abusing this man and threatening him with severe racist comments however the man was not offered to be seated in a cubicle and was subject to racist abuse in front of security. This was very sad to see. I feel that the security or even police should have at least attempted to control the abusive man who was threatening a vulnerable person. Instead the other patients were just left to deal with the abuse themselves.” [17920]

“Security was terrible. Whilst lying on the trolley in pain I was approached by other 'patients' asking for spare change and cigarettes. This frightened me as they wandered into my room where I was alone and I felt too scared to close my eyes to rest.” [17940]

Policies such as the presence of a voice intercom system are laid out by the trust and are not within security staff’s power to adjust, however the application of the policy by staff is modifiable. In some cases, despite there being an intercom system, a patient’s family member was unhappy with the application of it as it was not being used effectively.

“My mother expressed concern for her safety as the receptionist never asked who you were when the buzzer was pressed. Anyone could come in and out the department.” [245165]

“For security, you have to buzz to gain entry and say who you are visiting. Without exception while there for 15 minutes I saw 10 people buzz the staff on the intercom could not understand what was being said as English was poor so after asking to repeat (and it seemed to me they still didn't understand them) they were just let in. The same people were just walking in when someone came out. Not very good security for newborns” [248707]

Another recurring complaint was the lack of conscientiousness of the security staff who did not appear to take care in their job which had an adverse impact on patient's sense of security.

“My worry is if my daughter in law had gone by herself she would have missed this important visit because of these ignorant people and security not doing their job properly.” [32559]

“I understand that security is needed and two guys were walking around but when we walked through it didn’t give a good impression that they were stood talking esp. after waiting just under 4 hours. But the main reason I decided to leave feedback was one of them in the group, who didn’t appear to be security was with them leaning against the wall with his hands in his pockets chatting. If I hadn’t been with my partner who was ill I would have said something.” [90989]

“This hospital was disgusting it needs a good clean from top to bottom and the staff were rude. Also the reception was manned by a security guard who did not seem to care about his job” [11296]

A lack of enforcement of the no-smoking policy outside hospitals frequently appeared as a negative comment on security. Smoking is detrimental to health and many patients may feel that allowing smoking at a hospital is going against the purpose of a hospital and is a poor advocate of good health. There have been moves to abolish smoking from NHS hospitals demonstrated by all UK NHS trusts introducing indoor smoke-free regulations on all sites since December 2006.30 This is supported by NICE as in November 2013, they stated that all hospitals should be smoke free zones.31

“Had cause to visit audiology. Had to hold breath to get past four smokers sitting next to 'please don't smoke in our grounds' sign next to main entrance. On leaving there were six people smoking near main doors. Spoke to Security, who although apologetic, said it wasn't worth asking people to move as all they would get is abuse and they get no back up from above. I am sick of dodging smokers in a so called no smoking area. If I can smell it I am breathing it in and we all know the dangers of secondary cigarette smoke. Either take the signs down and admit you do nothing about smokers or give Security the backup they need to enforce it. If you can fine people for ignoring parking rules, fine them for ignoring smoking rules. Either way DO SOMETHING,” [307274]

“I had to negotiate myself through a haze of smoke as some of these smokers who were clearly patients were right in front of the main automatic doors. Who allows this? Who is responsible for preventing this from happening? It is illegal and unhealthy (for passing visitors).” [311406]

“I sat down on a bench, in full view of the many 'NO SMOKING' signs, and within less than 30 seconds was joined by three people who lit up cigarettes. When I pointed out that we were in a clearly marked 'PATIENT AREA / NO SMOKING' zone, I was met with rude, sarcastic, and hostile replies from all three. As it was three against one, I decided to talk to the security staff inside. They told me that their 'hands were tied' because 'the Trust' hasn't given them any authority whatsoever to enforce the No Smoking policy.” [3647]

“People smoking everywhere in this hospital... as i noticed the security does nothing against it” [10015]

“I wrote back in December about the number of people, including patients in their 'bedclothes'; smoking just outside the main entrance and in particular around the parking pay machines. I was an outpatient on Monday (19 May) and nothing has changed. Signs are not enough it needs a physical presence to deter the smokers.” [11079]

“The main entrance to the hospital is littered with cigarette stubs which are carried on people’s shoes into the main building. People stand at the entrance smoking and I have even seen people with drips on tripods standing there, what an image of health care! There were security guards around and the main information desk was full of people -but no one said anything. When I mentioned it , the answer was 'it is a non-smoking building’ but no one took ownership of enforcing it. Why not provide a separate building or place for the smokers and lift the standard? It looks, and is awful – against all health care standards. It cannot be good for patients to stand in the cold and I'm sure visitors have enough time to smoke before they enter the hospital.” [11094]

“My concern is the number of patients that you allow to be outside the main entrance, wearing their 'bedclothes' and dressing gowns, and smoking. There are signs everywhere but no action seems to be taken. It's even worse as they congregate around the parking Pay machines. You inhale the second-hand smoke as you pay your parking fees, why can't something be done about this? There are enough security officers around.” [11120]

“Smokers are slowly making their way back to the outside of the Chancellor's wing. As i attend the liver unit every 6 weeks it gets a bit busy with them even though security and staff are there no one says or does anything!!!!!” [14030]

Cigarette smoke is harmful and patients feel it should not be allowed near a hospital, a setting with many people of ill health. It can have a negative impact on a patient’s experience as they feel it should not be in a healthcare environment due to the harmful effects, including ‘second-hand’ smoke.

Banning smoking from all sites can be attempted by putting policies in place, but ensuring people adhere to these policies has proven difficult. The University Hospitals of Leicester Trust reversed their decision to ban smoking on all their sites due to being too hard to enforce.31 This may suggest that there are inadequate levels of security staff to enforce no-smoking policies and can in turn have a detrimental effect on hospital experience.

The problem may not just lie within the difficulties in enforcing the no-smoking policies, but may also be the fault of the conscientiousness of the security staff themselves. Patterson et al (2009) found that security staff may be less likely to implement hospital policies if it perceived as lacking “glamour” such as dealing with smoking in prohibited areas, as opposed to dealing with more “interesting” security situations that may arise.32 This may be reflected in the comments made on Care Opinion, as security staff were frequently praised on their competence when dealing with drunk or aggressive patients, but within the sample of stories analysed in this study there were no positive comments on their implementation of no smoking policies.

Furthermore, the disregard of the no-smoking policy may make patients question what else is being neglected by security or other staff in the hospital. This can reduce a patient’s confidence in the hospital in which they are being treated.

One patient’s family member also raised their fire safety concerns with smoking by a hospital, and stated they do not feel they should have to worry about these issues after visiting their ill family member.

“When coming down the stairs following my visit, cigarette smoke was coming through the doors, and up the stairs from patients and visitors who were standing outside smoking. I tried to shut the doors, to be told by the smokers, to leave it unlocked so that they could get back in. There wasn't anyone around to report this to. It's bad enough going home to worry about a sick member of the family in hospital, then also to have the worry of the fire/security aspects of the hospital. Please can someone sort this out.” [15099]

# Porters

Porters have the responsibility for transporting patients, equipment and supplies around the hospital to where they need to be. The behaviour and attitude of porters can have an impact on a patient’s experience as they often have patient contact with someone who is under a large amount of stress. Additionally, how long a patient waits for a porter appeared to have an influence on their experience.

## Behaviour of porters

The demeanour, helpfulness and competence of porters can have an impact on a patient’s care. It may be considered that a competent porter works hard to ensure patients are efficiently transported around the hospital to the correct place at the appropriate time. A pursuit of punctuality appeared to be particularly appreciated by patients

“I was told the porter would be with me about 8.10 to take me to theatre. At precisely that time the porter accompanied by a theatre nurse came to me.” [12294]

“The porter, Ian was so nice and rushing about.” [77738]

“I was taken to Radiology by lovely porters who chatted to me on the way, they were then there within minutes of me coming out of x-ray to take me back to the department.” [270359]

A helpful demeanour is also valued by patients. This is demonstrated by the word “helpful” being used by many patients describing their positive experiences with porters.

“Even one of the porters is hugely helpful - he helps with everything. The help I get now is much better than back in the 1970's when I first got help. I'm not sure about how people have contact with families, you have to ask special permission I think.” [50947]

“I was attending Victoria hospital for an appointment at the eye department when I asked for directions from a worker, whom was Destiny (a health records porter), he was more than helpful to me. He called a lift and helped me on. He pressed floor Balton and waited until I was away. I really think that was very kind of him, I wish all workers were as kind as him.” [79162]

“On arriving stressed and late for wife's radiotherapy planning meeting, friendly porter went out of his way to get me a car park token, told me where to park and where the unit was.” [115427]

“The x-ray staff and the porter were very kind and helpful.” [121921]

“As luck would have it, the nurse said she had a portable machine with her today, and would bring this out to my father, which she did. So he had his blood test done in the car by the nurse with the portable equipment. I would like to say a big thank you to this nurse and the Patient Helpers and porters who searched for one of the wheeled chairs.” [203410]

Not all comments on the helpfulness of porters were positive. A lack of helpfulness was also documented by a family member of a patient who noted that the porter did not provide the right equipment for their grandson and left him without resolving the situation.

“A porter arrived with a wheelchair but it did not have the right leg support. He said there was not a wheelchair with the leg support. When the staff said my grandson should not walk with crutches to the main entrance, the porter said he should not be going home & left.” [85651]

From this, it may be inferred that unhelpful attitudes of porters and a lack of conscientiousness can have a negative impact on a patient’s experience, and could result in patients questioning the quality of staff that are employed at the hospital and what the levels of care that are expected from them. Conversely a positive experience with porters can heighten patient’s confidence of hospital staff members and can contribute positively to their experience. Porters received many more positive comments regarding their helpfulness than negative remarks and in many stories had a positive impact on a patient’s experience.

Furthermore, in many stories patients specifically noted and thanked porters for their kind and caring attitude whilst being transported around the hospital. The words “caring”, “considerate” and “respectful” were frequently used to describe them and one patient stated that the porter had a directly positive impact on their experience.

“I would like to especially mention that the porter who we spent a short time with us (transferring us to the ward) had a positive impact on us due to his lovely approach to care.” [217012]

“A special thank you to Paul the porter. He was the porter who the week before had rescued me from reception after being left sitting breathless and helpless by the reception staff. I met up with him again the following day while waiting on a CT scan, and again on the day of my biopsy. He asked my name at reception when he dropped me off, introduced himself, shook my hand and wished me well. What a lovely man, and a credit to the RAH. His kindness won’t be forgotten. I’ve been in and out of hospital enough over the past twenty-nine years to have experienced the good and bad when it comes to staff. Unfortunately, not all are anywhere near as nice as the staff I encountered that day at the RAH. So, thank you to all of you for treating me as I’m sure you’d wish to be treated yourself.” [321956]

“All investigations were completed within a few hours and portering staff as well as health care professionals were pleasant and caring towards my son” [320629]

“I cannot fault the care I received, from the ward clerk, domestic, X-ray porter, healthcare support workers, nurses, doctor and consultant. I was treated with respect. I felt truly cared for. My thanks go to each and every one of them.” [293734]

“I cannot praise the staff enough. Every one of them from the domestics, porters, nursing and medical staff, including anaesthetist staff in theatre were excellent.” [246303]

“When I finally got my results, I was scheduled for an operation at 'some point' the next day. The next morning, I woke up to really wonderful pleasant staff and the doctor came to brief me on what would be happening. The porter and the lady who took me down to theatre were wonderful. Holding my hand and wiping my tears.” [210581]

“When on the ward, everything seemed like hard work to the senior staff. Clinical support, house keepers and portering staff were fantastic! So polite and respectful!” [207046]

“My Nan was taken by emergency ambulance to A&E last week at Pinderfields. From the reception to Resus to majors to AAU and including porters, doctors, consultant, reception staff, nursing staff, CT scan, catering the care was fantastic. Everybody I spoke to was happy to help nothing was too difficult. The main thing I noticed was that they were all smiling, everyone was calm and professional and nan was informed of plans for her care.” [105065]

“Throughout my stay I was very impressed with the care I received, the staff from the porter through to the Consultant treated me with dignity & respect.” [73069]

“The porter who took her to x-ray and the ward was friendly and respectful.” [72014]

Overall, the reports on porter's manner and demeanour were very positive and positively affected many patient’s opinions on the healthcare they were receiving. However, there were discrepancies, albeit very few, which accused some porters as being “rude” with “unacceptable” attitudes.

“On my return to the A&E unit, I was aggressively approached by a porter, loudly shouting at me saying ‘you either stay in, or you stay out - you cannae keep wandering in and out like that, Right? ‘ I told him I'd been given permission. His response? ‘I couldnae care less, now go in or go away.’ Charming. If not rude and unacceptable.” [269976]

A rude porter, as reported in the comment above, can leave a negative view of what otherwise would have been a positive experience. Any member of staff who comes into contact with a patient can affect their experience.

Patients appeared to appreciate porters going above their line of duty to cater for particular needs of the patients, giving a sense of patient-centred care. In many cases this had a positive impact on their experience.

“There was a member of staff I have to mention in particular as they absolutely went above and beyond their call of duty. His name was Brian. A lovely porter who had taken me to and from X-ray/CT a couple of times and was always very pleasant, made me happy at a vulnerable time and he was also the one who fetched a chair for me when I was getting discharged and helped me into my relative’s car! A credit to the hospital. I have been looked after very well in all parts of my stay. Thank you all so much” [322126]

“When I entered the hospital I could not see where the wards were situated so I asked a young porter, Simon. This young man is an absolute credit to the Hospital. He escorted me to Ward B24 despite being rather a distance away from the foyer.” [239186]

“On arriving stressed and late for wife’s radiotherapy planning meeting, friendly porter went out of his way to get me a car park token, told me where to park and where the unit was.” [115427]

A highly-valued quality of porters seemed to be the ability to make patients feel at ease on what is a highly stressful and difficult day for them. The empathy shown by these porters left a lasting positive impression on the patient’s experience of their health care, and may not be entirely expected. There were many comments conveying this. One patient describes how porters had a highly positive impact on their experience and states their belief that porters could be overlooked.

“I stayed at Worcester Royal recently for over a week and I wanted to pay tribute to a group of staff which are probably overlooked - the porters. After arriving in A&E on the first day, a very tall grey haired porter took me for the first scan. What an angel! I went from sitting in A&E being tended to by a locum doctor with a somewhat difficult line of communication and being somewhat concerned with what was going on. A simple trip with the porter cheered me up no end. The gentleman concerned (very tall, big set with grey hair) was a lovely man, very jovial and amicable and actually put me at ease in the space of a minute, and more so than I had been in the previous hour or so. This was to be repeated later when staying in AMU and Laurel wards with a number of scans. Each time I was picked up by a porter who was chatty, amusing and very social. I can't tell you how lovely that is when you are feeling sick, concerned and bemused sometimes by what was going on. I was dressed in the hospital gown and the porter who picked me up from Laurel ward grabbed a blanket and informed me that he wanted to make sure "my patients" were cared for. What a lovely attitude. So kudos to the somewhat unsung heroes in the midst of your staff. I'm at home now and raise a glass (albeit caffeine free tea! ) to the porters from Worcester Royal. Thank you so much gents for helping to make my stay that much more enjoyable.” [110709]

“I almost forgot the porter, no matter how nervous I was before a procedure they would have me giggling by the time I arrived at the department.” [19844]

“The porter, holding bay and anaesthetic staff were also very reassuring on my way to theatre.” [10806]

“They were kind and thoughtful and the 'ride' from the ward to theatre was smooth and calming.” [12294]

“I just wanted to say a big thank you to the porter who looked after us and transported him to the ward. He was an absolute star on what was a very stressful night. I'm just so sorry I didn't get his name - if you manage to track him down please say thank you from me.” [77172]

“If I had to pick just one person to mention it would be the theatre porter who took me down for my surgery. He had a smiley face and a kind heart (sorry can't remember his name). Just what you need when you are anxious and totally in the hands of others.” [308592]

Porters do not require clinical knowledge of conditions to carry out their job. However, a general consideration of whether the patient may be in pain, discomfort or in a very distressed mood and an ability to adapt their service to cater for this can have a significant impact on a patient’s experience.

“One porter actually took it upon himself to talk to his boss when he realised how much pain I was in” [18463]

“The porter in A&E was really nice to us and got my Dad a cover and pillow as he had been waiting a long time” [10248]

“It's the small things that make a difference. I have to give special mention to the porter who collected me and took me down for my chest x Ray. He came to my bedside when I was in so much pain and was upset, he showed empathy, continued to talk to me and attempted to make me feel better. He then came back when the relevant tests were done. He is definitely in the right job and should be told that he went a long way to make my experience a better one!” [318147]

In contrast to this, other patients and their families complained that some porters showed lack of empathy towards patients who were in pain or suffering from debilitating conditions, or a lack of understanding of what may matter to the patient, for example a “good night's sleep”.

“However, when he was discharged, the porter treated him like a piece of meat. He put him in a trolley and then dumped him in front of the hospital. My son has difficulties walking and so do I, and yet he had to walk to the car on his own. Such a shame, as our experience was so positive up until that point, but the way my son was made to feel is absolutely unacceptable!” [290298]

“My only complaint is with the porter when my wife was discharged on a Saturday. The porter arrived on the ward with a wheelchair to get my wife to the main entrance of the hospital. I went ahead of them to get the car from the car park to the main entrance. When I arrived at the main entrance (only a few minutes) I found my wife standing in the entrance with a lot of effort and discomfort.

“Sleep deprivation is another major issue. Lights are not turned off very often until well after midnight and in two instances porters in the early hours in both cases at 3.30 a.m. were stood in the ward with two way radios blaring away and rattling cot sides, all when patients are trying to sleep. Has the NHS forgotten the benefits of a good night's sleep to patients? It seems so! Common sense cost nothing to implement. I think that porters should not be allowed into wards after 'lights out' with radios turned on. If at all after dark. Is it really necessary?” [32435]

When I asked my wife where the porter and wheelchair was, she said that the porter said they needed the wheelchair and my wife had to get out of the wheelchair and wait standing. I cannot believe that at about 18:00 hrs on a Saturday evening there could have been that much of a demand for a porter and wheelchair although at any time of the day surely the porter should have had some understanding of the discomfort a patient would have and have and realised that someone (me) was in the process of getting the car from the car park and would only had to wait a few minutes, very unimpressed.” [122241]

These incidents may occur due to a lack of understanding of how a patient may be feeling or may be due to negligence and a lack of empathy, having a negative impact on a patient’s experience.

## The number of porters and waiting times

The number of porters in the organisation may have an influence on the time that patients have to wait before they are seen to. Porters may not be able to control the length of waiting times for patients due to their lack of availability, however it did appear to have an impact on several patient’s experiences.

“Spent one hour in the corridor then another hour waiting for a porter to take me to the discharge ward in a wheelchair. Then sat in that wheelchair until 4.55 when my prescription arrived, then I could go home. I had been quite ill and the long wait being unable to lie down was unacceptable.” [11377]

“After my operation my nursing care again was exemplary but they had very few porters and I was taken to x-ray where I was left in a cold corridor for 15 mins before having my x-ray then left for another 15 mins before someone could pick me up, I was then taken to the pacing clinic (the technicians were really lovely) then I had to wait for 45 mins in a hard backed wheelchair after having had an operation on my chest so I was in a lot of pain.” [18463]

“When I did get to my therapist, I waited one hour for a porter to take me back to the front of the hospital for my return home.” [21558]

“I was very very upset and distraught, but more disgusted and outraged that she had been left from around 4 o'clock in the morning until the porters came about 11.00am to take her to the mortuary (seven hours later).” [26364]

“I was told as I was leaving that they were still waiting for porters to move him. All this time he was left on a trolley and not a bed. During this time, I saw he was also left to lie in blood and was not changed till 3am.” [30589]

“The Midwife couldn't find a replacement cylinder so she called a porter to fetch one. She was told by the porter that he couldn't deliver one for at least an hour!” [61480]

“I was sent from ward for x-ray and left on a wheel chair for 60 minutes as all was busy, taken and x-rayed and had to wait 30 minutes in waiting area until a porter was available to take me back to ward.” [90281]

“Appointment made and confirmed 29. 11. 14 at 1100. Arrived at the main reception desk at 1030, and asked for a porter as I have serious mobility issues. I asked on 3 occasions where the porter was. At 1100 I was angry that I had waited 30 minutes and it was now time for my MRI.” [195047]

“I brought my wife in for tests. She could not walk and there was nowhere to park to help her out. I had to park on 'no parking'. I then went to get a wheelchair, but none were available. It was 30 mins before one was brought by a porter.” [297866]

In some cases, patients complained that a porter did not arrive after they were called. This could be due to a small number of porters available, to the organisation of the portering team or due to a lack of communication between staff groups and porters. In either case, the incidents had negative impacts on patient’s experience.

“When my mother was sent to hospital on Monday as a referral from her GP we were told there were no wheelchairs available. A porter was called to bring one down to A&E but it never appeared.” [127079]

“When they asked for a porter to help, they waited but no porter arrived. We managed to use the crutches to support his leg in the wheelchair & with the staff help got him to my car.” [85651]

Conversely, some patients were pleased with the ease of transition around the hospital and put this down to effective management.

“I was transferred to the ward by the nurse and porter, very well managed.” [1573]

Regardless of whether patients were pleased or dissatisfied with the communication between staff members and porters or the management of the porters, it appeared to have an impact on their experience.

## Organisation of the portering team

An aspect of patient care that porters cannot themselves influence is the organisation of the hospital such as the routes between wards and equipment used. These are determined by the physical design of the hospital, the organisation and its policies. However, these aspects can still affect patient experience.

“New white wheelchairs are vastly superior to old unwieldy black ones. Could latter all be replaced? Would have been very helpful to be able to summon porter assistance to help OAP wife to wheel suddenly immobile patient to Medical Assessment Unit” [10440]

“I was told by the porter that I was lucky that it was fine weather and not raining, or else I would have got wet through on the trolley. I must say that in view of the fact that you have spent Millions of pounds on this new hospital, you have failed to spot such an important problem. Why should staff and patients alike have to be taken into the open air to get to the main building. Someone who is having to be wheeled on a trolley or wheelchair, for whatever reason, should not have to face the blowing gales or sweeping rain to be receive further treatment. Has anyone from your senior management team followed the process from start to finish to see what type of service you are delivering.” [11089]

Volunteers who work at hospitals noted that they feel it should be within their job description to help push patients in wheelchairs. But because they have not been trained to do this safely, they are barred from doing so.

“The only thing that is very annoying to me and could be very frustrating to patients is that when a patient is in a wheelchair, they arrive in the reception and then need to wait for a porter to escort them to where they are needed as volunteers are not able to do this. I often find myself running around into A&E and the Children's department trying to look for a porter that is free as volunteer staff cannot push wheel chairs for health and safety reasons.” [51122]

“When I started working here I was allowed to push patients in wheelchairs to their appointments however due to no funding available, new volunteers are not being trained on how to push people safely, so now the rule is no volunteers can push patients. Hospital porters have to do this but sometimes patients are left waiting as no porter is free." [51124]

If volunteers had higher levels of moving and handling training they may be able to assist with the job of the porters, reducing the demand on the apparent restrained numbers, which in turn could have a positive impact on patient experience.

# Discussion

The stories posted on Care Opinion regarding non-clinical staff members were often told using one of two different styles. One approach adopted by patients when telling of their experience was commenting on their interactions in the order of a perceived hierarchy of staff, e.g**.** “We noticed how clean the hospital was and how caring and friendly all the staff were right from consultant level to parking attendant” [283260]. The other main method when patients were describing their experience with multiple staff groups was to describe their encounters in a chronological timeline of their journey, e.g. “Everyone - from the parking attendant to the receptionist and nurses and doctor - was very nice, patient, and polite!” [178632].

Patients often described their experience with different members of staff groups individually, as opposed to collectively describing care by all staff. In many of these stories, patients did not describe an experience that was binary in terms of good or bad, they described positive interactions with some members of staff, and negative interactions with others which could leave an overall positive or negative outlook on their experience, e.g. “I have no issues with the QE itself or the standard of care but feel the hospital is badly let down by the Car parking attendants” [140499]. Another example of this was directed at a porter; “However, when he was discharged, the porter treated him like a piece of meat. He put him in a trolley and then dumped him in front of the hospital. My son has difficulties walking and so do I, and yet he had to walk to the car on his own. Such a shame, as our experience was so positive up until that point, but the way my son was made to feel is absolutely unacceptable!” [290298].

This illustrates how all members of staff can have a marked impact on a patient’s experience despite only interacting with them for a relatively small proportion of their “journey”. In many cases, this influence on the patient’s experience appeared to be unexpected demonstrated by the word “even” frequently being used before positively describing non-clinical staff members, e.g. “Even the parking attendant was very attentive and helpful” [180912], in some cases patients themselves noted that non-clinical staff groups are often disregarded: “I wanted to pay tribute to a group of staff which are probably overlooked - the porters” [110709].

Throughout all the staff groups discussed in this report, there were attributes of the staff that were appreciated by patients and contributed towards a positive experience at hospital. There were many comments regarding the attitude and general approach of non-clinical staff. Many of these comments were positive and praised caring, helpful and kind people.

Patients liked when staff made them feel welcome and ensured they were comfortable. Small acts of kindness such as a smile or a brief chat impacted patients greatly, for example: “Each time I was picked up by a porter who was chatty, amusing and very social. I can't tell you how lovely that is when you are feeling sick, concerned and bemused sometimes by what was going on. I was dressed in the hospital gown and the porter who picked me up from Laurel ward grabbed a blanket and informed me that he wanted to make sure ‘my patients’ were cared for. What a lovely attitude.” [110709].

Praising staff members who approach their role with this attitude may encourage more behaviour like this and therefore greater patient experiences. Rewarding and recognising staff for good work improves work ethic and increases staff retention rates37 – particularly relevant considering the current staffing issues within the NHS. Patients who underwent less positive experiences with the attitude of non-clinical staff members commented on their rude and unfriendly attitudes appeared leaving them feeling more anxious and agitated on a day that was already stressful for them due to the nature of their visit. This was common within all staff groups and had a negative impact on patient experience.

Communication appeared to be a significant determinant of patient satisfaction in all the staff groups we explored. A large proportion of quotes commenting on non-clinical staff in a negative light involved issues with the way in which the staff members communicated with the patient. The concerns regarding communication raised, however, differed for each staff group.

It is a common preconception that many receptionists are rude and uncooperative, conveying an impression of hostility.33 This was reflected in a small number stories often using phrases such as 'rude' and 'unhelpful'. However, contrasting popular belief, complaints of attitude appeared to make up only a small proportion of issues raised regarding communication and receptionists. Receptionists were commonly criticised for their failure to communicate and relay information on to either the patient or other care teams often resulting in the patient waiting for long periods, ill-informed about what is happening with their care. Contrasting this, communication issues regarding parking attendants focussed more on their attitude and the way they spoke to the patient, often being described as 'rude' and 'arrogant'. Cleaners were sometimes criticised for failing to listen to patient, with patients reporting asking cleaners to clean or remove waste and being ignored.

All these communication failures significantly affected patient's overall impression of their stay in hospital. It has already been found that patients’ perceptions of the quality of the healthcare they received are highly dependent on the quality of their interactions with their healthcare team.34, 35 One way to improve a patient’s perception of non-clinical teams may be to invest in training in interaction with patients and the importance of efficient communication with others in the care team. This training would need to be individualised for each staff group to ensure the concerns highlighted by patients for each group are met in addition to fundamental “customer service skills” such as friendliness and patience that patients commented on in all staff groups. Not only could this improve patient experience, but it has also been shown that positive interactions with a patient and communication among healthcare team members influences the quality of working relationships and job satisfaction and has a profound impact on patient safety and well-being.36

There were conflicting reports on the conscientiousness and competence of staff members, and these attributes were acknowledged in all non-clinical staff groups. Patients valued hard working staff members who carried out their responsibilities with great effort, to maximise patient welfare and complained when staff appeared lazy, unprofessional or incompetent.

The recurrent comments regarding attitude of staff members suggests there may be underlying reasons for the concerns or gratitude expressed by patients. One reason patients had strong feelings surrounding the attitude of staff might be because in many cases they are enduring a period of great stress and uncertainty. A sense of understanding of the patient’s situation was transmitted when staff members were kind and caring towards them; this was important to patients as well as profoundly reassuring.

The concerns about the competence of staff members also seemed to have an underlying reason behind them, relating to safety. Enforcing or adhering to hospital policies was an issue raised by many patients; policies are put in place for patient safety and negligence or ignorance of them can jeopardise patient welfare. While in hospital, people already feel vulnerable due to their condition and the unfamiliar environment, and so safety becomes paramount. This was particularly noticeable in the feedback about cleaning, catering and security staff. If these staff members are not seen to be competent then patients may feel increasingly vulnerable due to, for example, the threat of disruption and violence where security is lacking, of infection where cleaning appears ineffectual, and dietary hazards where particular dietary requirements are not respected. Where it is clear that staff are competently addressing these threats, patients will feel reassured.

One factor which contributed towards patients feeling less vulnerable was when members of staff demonstrated a level of understanding or empathy when providing their service. Patients described incidences where staff members made the patients feel at ease by treating them with respect. Furthermore, the ability to adjust their service based on their understanding to ensure the patients were comfortable was an attribute highly valued by patients as they felt their care was individualised and patient centred.

Many patients questioned the motives of those in charge of providing non-clinical services. Many domestic services supplied in the hospital setting are now outsourced to agencies, meaning many of the staff are employed by external companies as opposed to directly working for the NHS. This opens the possibility of conflicting objectives; optimal care for the patient versus profit.

The perceived poor physical design of car parks and “extortionate” parking fees commented on by many patients raises the question “what is the mission of the car park?”. Patients may question whether the design and policies of the car park have been created to benefit the parking company rather than to provide an effective service. The lack of space for patients and visitors, the restricted disabled parking bays and the high cost of parking all appeared to negatively impact patient experience and do not provide an acceptable service for many patients. It appears that patients would appreciate it if future car parks were designed with the patients at mind to fit with the “patient centred care” principle stated in the NHS Constitution for England.38 This can be said for many of the other non-clinical aspects within a hospital.

Some feedback about catering staff questioned whether the main focus was on patient well-being or on maximising the profitability of the external company. Often patients complained of lack of quality and small portion size of meals, perhaps because the organisation providing the food was seeking to minimise costs. Another common issue was a lack of individualised care for each patient and poor catering for special dietary needs: “some catering staff don't seem to care. I would like more staff to treat me as an individual” [52082].

This may be an inevitable consequence of mass catering, but it is fundamental in a hospital environment that all patients are well nourished and hydrated to facilitate recovery. Patients unable to eat the hospital meals served, for whatever reason, will likely have a delayed recovery and increased duration of stay. This potentially places a greater economic burden on the already strained NHS emphasising the importance of good catering. These issues could be attributable to the external catering agency or could be due to human error of catering staff. Staff may be failing to provide for patient’s individual needs either due to a lack of training in special dietary requirements or possibly due to ignorance and not paying enough attention to patients. If either of these possibilities are the root cause of failures to provide meals for certain patients, one solution would be to introduce more training in dietary needs of patients, including the ingredients contained in the meals served, and to increase training in customer service so that staff can ensure that every patient is served a meal they can eat.

This report has highlighted the significant impact that non-clinical staff members have on patient experience. In comparison to clinical colleagues these staff are often overlooked in terms of their contribution to patient experience, a fact highlighted by the scarce empirical research on the subject.

Very often, their small acts of kindness and caring had a disproportionately positive impact on people’s experiences of their whole episode of care. And likewise, rude or dismissive attitudes created upset, distrust or anxiety. All the staff groups we have focused on in this study would benefit from regularly hearing feedback from patients about the care they themselves provide.

# References

1) Anon, Key statistics on the NHS - NHS Confederation. Available at: http://www.nhsconfed.org/resources/key-statistics-on-the-nhs [Accessed January 16, 2017].

2) Anon, Hospital Admitted Patient Care Activity: 2015-16.

<http://www.content.digital.nhs.uk/catalogue/PUB22378/hosp-epis-stat-admi-summ-rep-2015-16-rep.pdf>

3) Randall, L. & Senior, M., 1994. A Model For Achieving Quality in Hospital Hotel Services. International Journal of Contemporary Hospitality Management, 6(1/2), pp.68–74. Available at: http://www.emeraldinsight.com/doi/10.1108/09596119410052161 [Accessed January 11, 2017].

4) Anon, The NHS workforce in numbers - NHS Employers. Available at: http://www.nhsemployers.org/news/2015/07/the-nhs-workforce-in-numbers [Accessed January 16, 2017].

5) Herrera-Espiñeira, C. et al., 2009. Relationship between anxiety level of patients and their satisfaction with different aspects of healthcare. Health Policy, 89(1), pp.37–45. Available at: http://www.ncbi.nlm.nih.gov/pubmed/18550203 [Accessed February 21, 2017].

6) Improving Efficiency and Patient Satisfaction in a Tertiary Teaching Hospital Preoperative Clinic [Miriam J. P. Harnett, M.B., F.F.A.R.C.S.I.](http://anesthesiology.pubs.asahq.org/solr/searchresults.aspx?author=Miriam%c2%a0J.+P.+Harnett); [Darin J. Correll, M.D.](http://anesthesiology.pubs.asahq.org/solr/searchresults.aspx?author=Darin%c2%a0J.+Correll); [Shelley Hurwitz, Ph.D., M.S., M.A.](http://anesthesiology.pubs.asahq.org/solr/searchresults.aspx?author=Shelley+Hurwitz); [Angela M. Bader, M.D., M.P.H.](http://anesthesiology.pubs.asahq.org/solr/searchresults.aspx?author=Angela%c2%a0M.+Bader); [David L. Hepner, M.D.](http://anesthesiology.pubs.asahq.org/solr/searchresults.aspx?author=David%c2%a0L.+Hepner)

7) Hewitt, H., McCloughan, L. & McKinstry, B., 2009. Front desk talk: discourse analysis of receptionist-patient interaction. The British journal of general practice: the journal of the Royal College of General Practitioners, 59(565), pp.e260-6. Available at: <http://www.ncbi.nlm.nih.gov/pubmed/22751251> [Accessed March 13, 2017].

8) Harnett, M.J.P. et al., 2010. Improving Efficiency and Patient Satisfaction in a Tertiary Teaching Hospital Preoperative Clinic. Anesthesiology, 112(1), pp.66–72. Available at: <http://anesthesiology.pubs.asahq.org/Article.aspx?doi=10.1097/ALN.0b013e3181c617cb> [Accessed March 13, 2017].

9) Brand, S.I. et al., 2015. Team strategies and tools to enhance performance and patient safety training: The effect of training on both nursing staff perceptions regarding physician behaviors and patient satisfaction scores in the ED. Journal of Hospital Administration, 4(2), p.48. Available at: <http://www.sciedu.ca/journal/index.php/jha/article/view/6028> [Accessed March 13, 2017].

10) B, de N. et al., Improving interpersonal communication between health care providers and clients. Available at: <http://www.popline.org/node/527092> [Accessed March 13, 2017].

11) Anon, Hospital Admitted Patient Care Activity: 2015-16. http://www.content.digital.nhs.uk/catalogue/PUB22378/hosp-epis-stat-admi-summ-rep-2015-16-rep.pdf

12) Herrera-Espiñeira, C. et al., 2009. Relationship between anxiety level of patients and their satisfaction with different aspects of healthcare. Health policy (Amsterdam, Netherlands), 89(1), pp.37–45. Available at: <http://www.ncbi.nlm.nih.gov/pubmed/18550203> [Accessed March 13, 2017].

13) Eisner, M. & Britten, N., 1999. What do general practice receptionists think and feel about their work? The British journal of general practice: the journal of the Royal College of General Practitioners, 49(439), pp.103–6. Available at: <http://www.ncbi.nlm.nih.gov/pubmed/10326260> [Accessed March 13, 2017].

14) Kondrup, J., 2003. ESPEN Guidelines for Nutrition Screening 2002. Clinical Nutrition, 22(4), pp.415–421. Available at: <http://linkinghub.elsevier.com/retrieve/pii/S0261561403000980> [Accessed March 14, 2017].

15) Choices, N., NHS hospital food standards - The NHS in England - NHS Choices. Available at: <http://www.nhs.uk/NHSEngland/AboutNHSservices/NHShospitals/Pages/hospital-food-standards.aspx> [Accessed March 14, 2017].

16) McWhirter J P, Pennington C R. Incidence and recognition of malnutrition in hospital. BMJ 1994; 308: 945–948

17) The Soil Association, 2010. First Aid for Hospital Food, Available at: <https://www.soilassociation.org/better-food/transforming-the-way-we-eat/better-food-in-hospitals/> [Accessed March 14, 2017].

18) Eastwood M. (1997) Hospital food. New England Journal of Medicine 336(17), 1261 – 1261.

19) Stanga, Z., 2003. Hospital food: a survey of patients’ perceptions. Clinical Nutrition, 22(3), pp.241–246. Available at: <http://linkinghub.elsevier.com/retrieve/pii/S0261561402002054> [Accessed March 14, 2017].

20) Kandela, P., 1999. Hospital Food. The Lancet, 353(9154), p.763. Available at: <http://linkinghub.elsevier.com/retrieve/pii/S0140673605761444> [Accessed March 14, 2017].

21) Barton, A.D. et al., 2000. High food wastage and low nutritional intakes in hospital patients. Clinical Nutrition, 19(6), pp.445–449. Available at: <http://linkinghub.elsevier.com/retrieve/pii/S026156140090150X> [Accessed March 14, 2017].

22) Moore, J.E. et al., 2010. Comparison of public perceptions associated with healthcare-associated infections (HCAIS) in Northern Ireland following the 2007/2008 outbreak of Clostridium difficile in the Northern Trust. The Ulster medical journal, 79(1), p.31. Available at: <http://www.ncbi.nlm.nih.gov/pubmed/20844732> [Accessed March 14, 2017].

23) Sattar, S et al., 2004. Microbicides and the environmental control of nosocomial viral infections. Journal of Hospital Infection, 56(3), pp.64–69. Available at: <http://linkinghub.elsevier.com/retrieve/pii/S0195670103005218> [Accessed March 14, 2017].

24) Dancer, S.J., 2009. The role of environmental cleaning in the control of hospital-acquired infection. Journal of Hospital Infection, 73(4), pp.378–385. Available at: <http://linkinghub.elsevier.com/retrieve/pii/S0195670109001832> [Accessed March 14, 2017].

25) Hota, B. et al., 2009. Interventional evaluation of environmental contamination by vancomycin-resistant enterococci: failure of personnel, product, or procedure? Journal of Hospital Infection, 71(2), pp.123–131. Available at: <http://linkinghub.elsevier.com/retrieve/pii/S0195670108004519> [Accessed March 14, 2017].

26) Hayden, M.K. et al., 2006. Reduction in Acquisition of Vancomycin-Resistant Enterococcus after Enforcement of Routine Environmental Cleaning Measures. Clinical Infectious Diseases, 42(11), pp.1552–1560. Available at: <https://academic.oup.com/cid/article-lookup/doi/10.1086/503845> [Accessed March 14, 2017].

27) Hugonnet, S., Chevrolet, J.-C. & Pittet, D., 2007. The effect of workload on infection risk in critically ill patients\*. Critical Care Medicine, 35(1), pp.76–81. Available at: <http://content.wkhealth.com/linkback/openurl?sid=WKPTLP:landingpage&an=00003246-200701000-00013> [Accessed March 14, 2017].

28) Carling, P.C. & Bartley, J.M., 2010. Evaluating hygienic cleaning in health care settings: What you do not know can harm your patients. American Journal of Infection Control, 38(5), pp. S41–S50. Available at: <http://linkinghub.elsevier.com/retrieve/pii/S0196655310004062> [Accessed March 14, 2017].

29) Hughes, G., 2012. Designing out violence and aggression. Emergency medicine journal: EMJ, 29(3), p.172. Available at: http://www.ncbi.nlm.nih.gov/pubmed/22140225 [Accessed January 19, 2017].

30) Shipley, M. & Allcock, R., 2008. Achieving a smoke-free hospital: reported enforcement of smoke-free regulations by NHS health care staff. Journal of Public Health, 30(1), pp.2–7. Available at: https://academic.oup.com/jpubhealth/article-lookup/doi/10.1093/pubmed/fdn004 [Accessed January 17, 2017].

31) Gillen, S., 2014. The hospital-wide smoking ban is too difficult to enforce, trusts find. Nursing Standard, 28(26), pp.7–7. Available at: http://rcnpublishing.com/doi/abs/10.7748/ns2014.02.28.26.7.s2 [Accessed November 25, 2016].

32) Patterson, P.B. et al., 2009. The Worldview of Hospital Security Staff Implications for Health Promotion Policy Implementation. Journal of Contemporary Ethnography, 38(3), pp.336–357. Available at: http://jce.sagepub.com [Accessed January 17, 2017].

33) Arber, S. & Sawyer, L., 1985. The role of the receptionist in general practice: A “dragon behind the desk”? Social Science & Medicine, 20(9), pp.911–921. Available at: <http://linkinghub.elsevier.com/retrieve/pii/0277953685903478> [Accessed March 16, 2017].

34) Clark, P. A. (2003). Medical practices’ sensitivity to patients’ needs: Opportunities and practices for improvement. Journal of Ambulatory Care Management, 26(2), 110-123. [pubmed](http://www.ncbi.nlm.nih.gov/pubmed/12698926)

35) Wanzer, M. B., Booth-Butterfield, M. & Gruber, K. (2004). Perceptions of health care providers’ communication: Relationships between patient-centered communication and satisfaction. Health Care Communication, 16(3), 363-384. [pubmed](http://www.ncbi.nlm.nih.gov/pubmed?term=(wanzer%20MB)%20AND%20%222004%22%5BPublication%20Date%5D%20%3A%20%222004%22%5BPublication%20Date%5D)

36) Team strategies and tools to enhance performance and patient safety (TeamSTEPPS), Department of Defense and Agency for Healthcare Research and Quality <http://www.ahrq.gov/qual/teamstepps/>

37) Salie, S. & Schlechter, A., 2012. A formative evaluation of a staff reward and recognition programme. SA Journal of Human Resource Management, 10(3), p.11 pages. Available at: <http://www.sajhrm.co.za/index.php/sajhrm/article/view/422> [Accessed March 16, 2017].

38) Anon, The NHS Constitution for England - GOV.UK. Available at: https://www.gov.uk/government/publications/the-nhs-constitution-for-england/the-nhs-constitution-for-england [Accessed March 17, 2017].