# HIW Review of Welsh Ambulance Service NHS Trust - Handover Process between Ambulance and Hospital - Patient Survey

**1. Introduction**

**Your** **views matter**  
  
Healthcare Inspectorate Wales is the independent inspectorate and regulator of healthcare in Wales. Our purpose is to check that people in Wales receive good quality healthcare.  
  
Please help us by completing this short questionnaire. Please only complete this questionnaire if you, someone you care for or a family member has been taken to hospital via ambulance within the **last year**. If your experience dates back to over one year ago, we will use the information for intelligence purposes only.  
  
We are collecting this information because the views of the patients who use this service are the most important way of letting us know about the quality of the service provided. The information will be used to help inform our review of Welsh Ambulance NHS Trust and the handover of patients from ambulance to hospital.  
  
It is anonymous and no-one will be able to identify you from your answers. We may use quotes from the survey in our report, but only with your permission.  
  
This questionnaire should take around 10 minutes to complete, and almost all questions are optional.  
  
Thank you for your help.

**2. When the service was used**

### **1. When did you, someone you care for or your family member, last use the Welsh Ambulance Service? \***

|  |  |
| --- | --- |
|  | Within the last year |
|  | Between one to two years |
|  | Over two years ago |

**3. Wait for the ambulance**

### **2. How long did you wait for your ambulance in the community?**

|  |  |
| --- | --- |
|  | Less than 30 minutes |
|  | 30 minutes to 1 hour |
|  | 1 hour to 4 hours |
|  | Over 4 hours |

### **3. Did your situation/health become worse while waiting for your ambulance?**

|  |  |
| --- | --- |
|  | Yes |
|  | No |

**4. Arrival at hospital**

### **4. Which hospital did you attend?**

|  |  |
| --- | --- |
|  | Nevill Hall Hospital |
|  | Royal Gwent Hospital |
|  | The Grange Hospital |
|  | Glangwili Hospital |
|  | Bronglais Hospital |
|  | Withybush Hospital |
|  | Glan Clwyd Hospital |
|  | Wrexham Maelor Hospital |
|  | Ysbyty Gwynedd |
|  | University Hospital of Wales (Heath) |
|  | Prince Charles Hospital |
|  | Royal Glamorgan Hospital |
|  | Princess of Wales Hospital |
|  | Morriston Hospital |
|  | Other (please specify):   |  | | --- | |  | |

### **5. How long did you wait in the ambulance, once it arrived at the hospital, before being admitted into the emergency department?**

|  |  |
| --- | --- |
|  | 0 - 15 minutes |
|  | 15 - 30 minutes |
|  | 30 minutes - 1 hour |
|  | 1 - 2 hours |
|  | Over 2 hours |

### **6. Were you kept informed about how long the wait on the ambulance would be?**

|  |  |
| --- | --- |
|  | Yes |
|  | No |

**5. Triage/Assessment**

These questions are about triage - this is the process of quickly examining patients who are taken to a hospital in order to decide who are the most seriously ill and must be treated first.

### **7. How soon after arriving at hospital were you assessed by someone from the hospital?**

|  |  |
| --- | --- |
|  | Immediately |
|  | Within 30 minutes |
|  | More than 30 minutes |
|  | Not triaged |
|  | I don't know / I was too unwell to notice |

### **8. Where were you assessed?**

|  |  |
| --- | --- |
|  | On the ambulance |
|  | In hospital and then taken back to the ambulance |
|  | In hospital after leaving the ambulance |

### **9. Did you receive any treatment from hospital staff whilst waiting on the ambulance?**

|  |  |
| --- | --- |
|  | Yes |
|  | No |

### **10. Were your family/loved ones kept updated?**

|  |  |
| --- | --- |
|  | Yes |
|  | No |
|  | Not applicable |

### **11. Are there any additional comments you would like to make about triage/assessment?**

|  |
| --- |
|  |

**6. COVID-19**

### **12. Did you have any COVID-19 symptoms?**

|  |  |
| --- | --- |
|  | Yes |
|  | No |

### **13. Were you attending hospital as a result of COVID-19 symptoms?**

|  |  |
| --- | --- |
|  | Yes |
|  | No |

### **14. In your opinion, were COVID-19 infection control measures being followed, where appropriate?(By COVID-19 infection control measures we mean, for example, social distancing, use of sanitisers, staff wearing PPE)**

|  |  |
| --- | --- |
|  | Yes |
|  | No |
|  | I don't know / didn't notice |

### **15. Are there any additional comments you would like to make about COVID-19 measures?**

|  |
| --- |
|  |

**7. Patient Care**

### **16. Please provide your view on the following:**

|  | Yes | No | Not applicable | Not sure / don't remember |
| --- | --- | --- | --- | --- |
| I received sufficient food and drink while waiting |  |  |  |  |
| I was given access to a toilet during the wait |  |  |  |  |
| I was regularly checked on by hospital staff |  |  |  |  |
| I was treated with dignity and respect by the ambulance staff |  |  |  |  |
| I felt safe and cared for by the ambulance staff |  |  |  |  |
| Ambulance staff were knowledgeable |  |  |  |  |
| Ambulance staff treated my condition effectively |  |  |  |  |

### **17. Are there any additional comments you would like to make about patient care?**

|  |
| --- |
|  |

**8. Comments**

### **18. Is there anything else that you would like to tell us overall about the care or service you received?**

|  |
| --- |
|  |

### **19. Do you give your permission for HIW to use your comments in our report?**

|  |  |
| --- | --- |
|  | Yes |
|  | No |

**9. About You**

### **20. What is your gender?**

|  |  |
| --- | --- |
|  | Female |
|  | Male |
|  | Prefer not to say |
|  | Other (please specify):   |  | | --- | |  | |

### **21. What is your age?**

|  |  |
| --- | --- |
|  | 17 or younger |
|  | 18-29 |
|  | 30-49 |
|  | 50-69 |
|  | 70 and above |
|  | Prefer not to say |

### **22. What is your ethnic group?**

|  |  |
| --- | --- |
|  | White |
|  | Mixed or multiple ethnic groups |
|  | Asian / Asian British |
|  | Black / African / Caribbean / Black British |
|  | Prefer not to say |
|  | Other ethnic group |

**10. White Ethnic Group**

### **23. White - Please Specify**

|  |  |
| --- | --- |
|  | Welsh/English/Scottish/Northern Irish/British |
|  | Irish |
|  | Gypsy or Irish Traveller |
|  | Any other White background, please describe:   |  | | --- | |  | |

**11. Mixed/Multiple Ethnic Group**

### **24. Mixed/Multiple ethnic groups - please specify**

|  |  |
| --- | --- |
|  | White and Black Caribbean |
|  | White and Black African |
|  | White and Asian |
|  | Any other Mixed/Multiple ethnic background, please describe:   |  | | --- | |  | |

**12. Asian/Asian British Ethnic Group**

### **25. Asian / Asian British - please specify**

|  |  |
| --- | --- |
|  | Indian |
|  | Pakistani |
|  | Bangladeshi |
|  | Chinese |
|  | Any other Asian background, please describe:   |  | | --- | |  | |

**13. Black / African / Caribbean / Black British Ethnic Group**

### **26. Black / African / Caribbean / Black British - please specify**

|  |  |
| --- | --- |
|  | African |
|  | Caribbean |
|  | Any other Black/African/Caribbean background, please describe:   |  | | --- | |  | |

**14. Other Ethnic Group**

### **27. Other ethnic group - please specify**

|  |  |
| --- | --- |
|  | Arab |
|  | Any other ethnic group, please describe:   |  | | --- | |  | |

**15. Language needs**

### **28. Did ambulance staff ask you which language you prefer to communicate in?**

|  |  |
| --- | --- |
|  | Yes |
|  | No |
|  | Not applicable |

### **29. Which is your preferred language?**

|  |  |
| --- | --- |
|  | Welsh |
|  | English |
|  | Other (please specify):   |  | | --- | |  | |

**16. Communicating in Welsh**

### **30. Did you feel comfortable to communicate with ambulance staff in Welsh?**

|  |  |
| --- | --- |
|  | Yes |
|  | No |