Themes from visits to hospital wards at UHCW

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Introduction

Healthwatch Coventry is the independent champion for NHS and social care.

The Health and Social Care Act 2012 allows local Healthwatch authorised representatives to observe and report on service delivery and to talk to service users, their families, and carers. This is called 'enter and view'.

Healthwatch Coventry's Steering Group agreed a programme of Enter and View visits to hospital wards for adults at the University Hospitals Coventry and Warwickshire (UHCW) Coventry site.

This was agreed based on a review of experiences shared from local people and monitoring feedback received around NHS services highlighting a need to find out more about patient experiences of care, communication, and discharge.

University Hospital Coventry is a large NHS hospital situated in the Walsgrave on Sowe area of Coventry; four miles north-east of the city centre. It is part of the University Hospitals Coventry and Warwickshire NHS Trust, and is a tertiary teaching hospital with 1250 beds, with hospital sites in Coventry and Rugby.

Method

We completed 11 announced visits to six wards at University Hospital Coventry (UHCW). See the appendices for the visit schedule.

We collected information by speaking to patients, speaking to staff with different roles and carrying out observations in ward areas. We also gave out self-completion questionnaires to patient visitors/relatives for return by post.

Who we spoke to

We spoke to 67 patients and relatives and 13 staff. Monitoring information about the people we spoke with can be found in the appendices.

Findings

We have produced and published ward specific report of our enter and view visits and these are available at www.healthwatchcoventry.co.uk

UHCW has responded to our recommendations for each ward and the actions plans are included in our reports.

Some of the things we identified were specific to individual wards, for example we highlighted concerns with one ward which led to meetings with hospital nursing leaders and a specific action plan being put in place.

From our findings we have also identified common themes across the wards which highlight areas of broader work for the Trust to action.

Themes

1. Food and drink

During our visits we observed mealtimes and spoke to patients and visitors about the food and drink on the wards. Feedback on meals and the process for ordering meals was mixed. Some patient liked the food and others did not or found they were having limited choice.

Mealtime process

UHCW has already created a 'Protected Mealtimes' process on wards which is designed to enable a focus on mealtimes and supporting patients. During our visits we saw that this was not implemented fully or consistently across wards.

Sometime the preparation phase was missed, sometimes other activity on the ward did not stop during mealtimes and patient's tables and position was not always set up for eating.

We observed patients being supported to eat and other patients who needed help not being given this.

Ordering food

There were also different processes being used for patients to order food on different wards. Some patients described electronic ordering, whilst on other wards it was verbal with someone going round in the morning and asking patients what they wanted for all three meals the next day. Patients felt there was a lack of a paper-based menus to look at. Ward 42 included an action about introducing this in its action plan to our recommendations.

Choice of food

Patients with dietary needs reported a lack of choice or monotonous meals e.g. for those who were vegetarian and gluten free.

It seemed there was a reliance on giving patients meals that are perceived by staff to be reliable favourites from the menu, e.g. jacket potatoes.

Twice we encountered a lack of information available on wards at mealtime service, about ingredients in meals, with queries about ingredients unanswered.

We found some issues with hygiene standards at mealtimes such as problems with hand hygiene and wearing the appropriate PPE.

Our visits highlighted the importance of staff being available to support those who need it with eating their meals and in having drinks, including encouraging people to eat.

Examples

- A vegetarian option was available. Staff wanted to know what was in the food, but the server could not answer the question and just said it's vegetarian.

- There was a conversation between an HCA and ISS Facilities Support staff member and confusion surrounding a cottage pie. The question was asked by the patient and the HCA wanted to clarify if it was vegetarian, and the ingredients used. The ISS person was unsure.

- *"I have no choice being vegetarian all I have is jacket potato every main meal".*

2. Patient care

Wards are busy places; however, it is important that staff maintain a productive and caring approach. We came across instances where the privacy and dignity of patients was not maintained in the ways it should have been.

It is important that lack of privacy and dignity is not normalised in care on wards and there is positive reinforcement about this.

Some patients described a lack of responsiveness from staff – for example waits to use the toilet.

> **Examples**
>
> - One woman was sliding down the bed, and her nightie was riding up - staff didn't to seem to notice.
>
> - Observed a female patient asleep, not covered up and an incontinence pad on display. Observed numerous staff - nursing and support walk by and nobody stopped to pull the sheet up or pull the curtain around slightly to preserve her dignity.
>
> - *"Found it difficult to use a urine bottle, and curtains were not closed".*

3. Communication with patients

Supporting communication with patients with communication support needs

Patients with communication support needs such as hearing or visual impairment, translation needs or learning disability should be supported to be involved in their care.

Staff were often able to describe support available to help them with communication, but not all staff were clear. Feedback from patients and relatives showed that some patients were not benefiting from communication support.

> **Examples**
>
> - *There* [SIC] *not helping – I struggle with reading and processing info.*
>
> - *Some are better than others. One or two are patronising to me.*

There was an action in the action plan for one ward to review the methods used to communicate with patients to ensure the right methods are available to meet individual patient needs. Plus ensuring staff are aware of correct practice. This should be broadened to all wards, so that

staff have good awareness and are better able to support communication.

Opportunities for more use of the Hospital Passport

The Hospital Passport highlights the key areas that you must know, are important to that person i.e. communication and any aids required.

Not all nurses were aware of the 'Hospital Passport' 'Getting to know you' and 'Forget me not' whereas it seemed the healthcare assistants had a greater understanding and knew where to get support.

We did not see much use of the hospital passport.

4. Communication with patients' families/ loved ones

Some relatives were finding it harder to get information about their relative's care or discharge than others.

Relatives expressed frustrations about contacting wards by phone: calls not being answered and about getting updates from staff who had access to the right information.

For some this was their first experience of UHCW, they were unfamiliar with the hospital.

A set of plans to address the communication gap is needed across wards.

Relatives/families are an important part of a patient's support network; they can provide helpful and important information about the patient and are often very important for a successful discharge. At times relatives felt they were perceived as a nuisance by staff.

Examples

- *"The communication was absolutely shocking. We didn't even get a call to let us know that they were out of surgery. We tried calling the hospital several times and no one answered the phones. They had no discharge paperwork and have no information about any follow up appointments".*

> - *"More communication needed with relatives, especially on these wards".*
>
> - *"Junior doctors should be more informed about the progress of patient or be willing to discuss with family in caring for very ill patients".*
>
> - *"It would help to let visitors know when to ring and then have someone available to take messages".*

5. Preparation for discharge from hospital

Communication and preparing people for discharge was an area highlighted as a challenge, patients said they did not feel informed.

Discharge can be complicated for some patients, but people still want to have an idea of what discharge planning is happening, be able to ask questions and have issues resolved.

Most of the patients we spoke with were not able to say when they were likely to be discharged or what would happen, and some were feeling anxious about their discharge.

Some families and carers were not being included in conversations.

A staff member also commented that communication with families needed improving.

> ## Examples
>
> - *I need to know in advance as I have carers at home.*
>
> - *It's finding somebody to ask.*
>
> - *Once I know when, I will be okay.*
>
> - *We have not been told what the plan is and what is involved.*
>
> - *I would like to know I will be safe.*
>
> - *I need to plan with family.*

Conclusions

We saw positive care on wards and effective communication between individual staff and patients. In our ward reports we highlighted where care was respectful, dignified, and responsive towards patients.

However, we saw and heard about experiences where fundamental elements of care such as responsiveness, caring/empathy and respect for privacy and dignity were not met.

Issues related to communication and involvement of patients in their care were a cross cutting themes in what we heard.

Communicating with patients with varying levels of understanding can be challenging. Staff could tell us of a range of resources and approaches to support them with this, but we did not find many patients or relatives who had experiences of these. Resources including the Hospital Passport should be regularly used and embedded to help staff with care and communication with patients on wards. The impact of this should also be tracked.

Communication with relatives should be addressed as there seems to be a hangover from the COVID-19 period when there was less opportunity for face-to-face conversations. From the feedback received it felt that relatives were not seen as a support mechanism for patients. Relatives can provide vital insight into the treatment and condition of those they care for. This forms part of the Triangle of Care[1] model which is based on six principles whereby family / carers and the essential role they play are identified at first contact. Using this approach aims to promote safety and recovery and sustain wellbeing.

Discharge could be explained more fully at the beginning of the persons stay, and at regular intervals during their time on the ward, including relatives and carers in the discussions, and staff giving updates.

Food and nutrition support patient recovery in hospital. There are areas to work on regarding patient meals including food ordering, variety, information about ingredients, protected mealtime process and supporting patients to eat and drink. The Hospital Passport should provide support by identifying likes and dislikes and support requirement for eating and drinking.

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[1] Carers Trust Triangle of care Model https://carers.org/triangle-of-care/the-triangle-of-care

Recommendations

We have shared specific recommendations from our enter and view visits to each ward with UHCW and each ward has an action plan. Here we highlight broader areas of work which we recommend to the Trust for action across wards:

Recommendation:

Nursing care

1. Refocus on the basics of nursing care and the hospital values.

   Work should take place to reinforce standards regarding privacy, dignity, and responsiveness of care with staff.

   Implement core standards for personal appearance - i.e. uniform, false nails, to prevent an impact on infection control.

Food and nutrition

2. Relaunch and refresh protected mealtimes with clear staff roles and resourcing on wards. Review the documentation of activity related to food and nutrition.

3. Ensure training of ISS staff involved in meal service in hygiene and t be informed about the food.

4. Improve access to a variety of meals: develop the process for ordering meals to ensure patients have information about the options and access to information about ingredients.

Communication with patients

5. Ensure all ward staff are clear on the resources to support patient communication and receive development support as needed.

6. Utilise and embed the Hospital Passport creating clearer process to ensure it is used to support care of patients on all wards and its impact is tracked.

Communication and involvement of loved ones /family carers

7. Improve communication with relatives/loved ones across wards and measure satisfaction with this from their perspective.

8. Shift the dynamic so that families are perceived as a support – models such as the triangle of care are useful.

Discharge planning and communication

9. Develop communication and involvement in discharge preparation for both patients and relatives, with clear staff roles and touch points which are recorded and reviewed.

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Acknowledgements

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Appendices

1: Monitoring data about patients

Age Group	Count
25 to 49 years	7
50 to 64 years	13
65 to 79 years	9
80+ years	16
Not known	5
Total	**50**

Gender	Count
Female	22
Male	25
Not known	3
Total	**50**

Ethnicity	Count
Asian / Asian British: Indian	1
White: Any other White background	3
White: British / English / Northern Irish / Scottish / Welsh	41
White: Irish	3
Not known	2
Total	**50**

Religion	Count
Christian	28
Sikh	1
Other religion	2
No religion	12
No answer	7
Total	**50**

2: Monitoring data about visitors we spoke to

Ethnicity	Count
Asian / Asian British: Indian	1
White: British / English / Northern Irish / Scottish / Welsh	14
White: Irish	1
Not known	1
Total	**17**

Age Group	Count
25 to 49 years	1
50 to 64 years	7
65 to 79 years	7
80+ years	1
Prefer not to say	1
Total	**17**

Gender	Count
Female	11
Male	5
Prefer not to say	1
Total	**17**

Five people said they were unpaid/family carers.

3: Schedule of visits

Visit date(s)	Ward	About the ward
27/7/2023	Ward 32 and 33	Gastroenterology at UHCW is a department delivering gastroenterology, hepatology, nutrition, and endoscopy services.
08/09/2023 18/09/2023	Ward 40	Caring for Patients living with complex conditions specialising in care of older people.
18/09/2023 24/09/2023	Ward 41	Stroke ward with acute patients as well as patients who are recovering but also need close observations
2/11/2023 9/11/2023	Ward 42	Neurology - 36 acute beds with seven beds for stroke patients. Many of the patients are recovering need close observations
9/11/2023 16/11/2023 17/11/2023 30/11/2023	Ward 43	Neurosurgery and Neuro Enhanced Care Unit (NECU)

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