healthwatch Coventry

Report of enter and view visit to UHCW

Ward 43

February 2024

Contents

Wards Visited	Ward 43
Date and Time of visit	09/11/2023, 16/11/2023, 17/11/2023 and 30/11/2023 at various times morning and afternoon
Address	UHCW Clifford Bridge Road, Coventry, CV2 2DX
Size and Specialism	Neurosurgery and Neuro Enhanced Care Unit (NECU)
Authorised Representatives	Fiona Garrigan, Ruth Burdett and Allen Margrett

1. 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 applies to premises such as hospitals, residential homes, GP practices, dental surgeries, optometrists, and pharmacies. This is so local Healthwatch can learn from the experiences of people who interact with these services first-hand.

Healthwatch Authorised Representatives carry out these visits to find out how services are run and to gather the perspectives of those who are using the service.

From our findings, we look to report a snapshot of users' experiences accurately, highlight examples of good practice and make recommendations for improvements.

2. Reasons for the visit

Healthwatch Coventry's Steering Group agreed a programme of Enter and View visits to hospital wards for adults at the 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.

The programme of visits will ensure that people who may be vulnerable and less able to raise their voices can speak to Healthwatch.

University Hospital Coventry is a large National Health Service 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.

3. Method

The aim of the visits is to find out about:

- How involved do people feel in their care and do they feel their care is person centred and meeting their individual needs?

- Is communication working from a patient point of view and meeting specific needs?

- Do patients / family / carers feel included in the planning, preparation, and discharge process?

The programme of visits was announced to the managers of UHCW.

Before speaking to each person, the Authorised Representatives introduced themselves and explained what Healthwatch is and why they were there. We established that the patient or staff member was happy to speak to Healthwatch. We confirmed that people's names would not be linked to any information that was shared and that they were free to end the conversation at any point.

Healthwatch Coventry Authorised Representatives wore name badges to identify who they were and provided the Associate Director and the Ward Coordinator / lead Nurse with a letter of authority from the Healthwatch Coventry Chief Officer.

Observations were made throughout the visit and notes of what was observed around the Ward were taken by each attending Authorised Representative. The observations do not replace talking to people, but help Authorised Rep volunteers get a clearer picture of the service delivery to patients.

4. About the people we spoke to

Ward 43 has 34 beds and 12 neuro enhanced care beds, caring for people who have a sustained brain or spinal injury due to a variety of causes including trauma.

On ward 43 over the course of our visits we spoke to ten patients, two nursing staff, two support staff and received eight returned questionnaires from visitors/carers who were there at the time. We also gathered comments about ward 43 from people who had been moved to other wards when we visited those wards.

We spoke to two women; seven men and one person did not give their gender. Further information about the patients we spoke to can be found in the appendices.

5. Findings

Initial Impressions

When we arrived at the ward for the first time, we did not feel welcomed as we waited a long time at the ward door to be let onto the ward. We rang the bell four times to gain entry.

Then a staff member came to the door and asked who we were. We explained showing our letters about the visit, and we were directed to the main reception desk. However, we were ignored by staff at the main desk. There were seven staff present and nobody looked up. We waited in the reception area observing for twenty minutes, and eventually a nurse asked if we were okay and needed some help. We thanked them as they were the first person to acknowledge us, and said we were looking for the ward manager/ nurse in charge. They went off and came back and told us they were on a break, so we continued to wait.

During this time, we observed two members of UHCW staff trying to find out who had left a bag behind the reception area, they were saying it could not stay there and should be stored in a secure cupboard. No staff members present answered. Eventually a nurse looked up and said they did not work on this ward and put their head back down. The two staff members looked at each other and us and left the ward.

A nurse who had been in one of the bays came over and introduced herself and her role. She was very welcoming and said she was pleased we were gathering patient experiences and was particularly keen to hear if we had spoken with patients with addictions. We talked over enter and view visits and the reports process.

Following this another nurse came over and asked why we were there, and who we were. We found this nurse abrupt, and quite aggressive in manner.

We felt a tense, strange atmosphere on the ward and we decided to leave and revisit the ward on another day. Due to our experiences, we visited this ward on four occasions to see if the atmosphere was the same and we found it was.

During the three other visits we waited for long periods of time at the ward door after ringing the bell. On the fourth visit someone else entering the ward let us in.

Overall, we observed that staff were not communicating well, alarm bells, the doorbell and telephones were not answered.

Impressions of NECU

When we visited the Neurosurgery Enhanced Care Unit (NECU) area of the ward we felt welcomed, staff said hello and advised we had to speak to the ward manager.

It was a busy area with staff milling around. We were advised of the need to be cautious with two patients as they were being supported and could try to leave the ward. They went on to explain different cohort bays monitoring high risk patients, with some being used for 1-to-1 observations.

There were machines beeping, and staff were concentrating on patients' care, some writing up notes.

Cleaning was in progress, and we observed the drinks trolley.

We observed two security guards walking onto the ward saying, *"has a patient left – the gab alarm pressed?"* they asked for the details and then left.

This area, although busy, felt calm and well organised.

How does it feel to be a patient on this ward?

Admission to hospital

Eight of the patients we spoke to said they had been on another ward or in another hospital prior to ward 43. All eight accessed the hospital through an emergency admission, with one describing spending time in Redditch before being transferred to UHCW.

One person described their experience of A&E saying:

- *"I came in an ambulance from home, waited over 12 hours in A&E there were 80 people there and I fainted."* Another saying, *"Sat in A&E for 13 hours"*.

Overall experience

We asked what people felt about the ward. It was a mixed response to this as six patients we spoke to said it felt good on the ward, three saying it was ok, with one describing it as hell.

When asked what are the things that make you feel this way some of the responses were:

- *"Good staff."*

- *"They come to see what you need… it's alright."*
- *"Staff are attentive, doing their job."*
- *"The staff are everything you want; the patients are nice as well. It's hard to get in contact with doctors."*

And others saying:

- *"Don't help with the toilet, ring the buzzer and nobody comes."*
- *"Hell. They left a bone in, and it collected fluid. I want to leave tomorrow."*
- *"Good now I'm in the side room. Too noisy with the machines in the bays."*
- *"A trauma person said I shouldn't be here."*

Privacy and dignity of patients

We asked patients if they had ever felt uncomfortable or embarrassed on this ward. Six patients said they had never felt uncomfortable or embarrassed with three patients saying they had. Some comments we heard were:

- *"Found it difficult to use a bottle, curtains not closed."*
- *"Nurse said I am your boss; you will do as I tell."*
- *"I feel alright in here."*
- *"Not uncomfortable; not comfortable, surrounded by all these people, I've felt surplus to requirements."*

Observations of care, dignity, and responsiveness

Some staff were observed using clear language, with good eye contact, and we observed some staff communicating well with patients:

- Curtains were closed and a staff member was supporting a patient into a chair. They then opened the curtain, got them a drink, and began to change the bedding whilst chatting to them.

- We observed a Health Care Assistant (HCA) walking closely alongside a patient, who didn't want them there and was asking to leave the ward. The staff member was saying *"I don't want you getting stressed" "I know you are getting frustrated*" in a quiet tone and being respectful of space.

- We observed a patient folding clothes in and out of a case, and they were using repetitive questions. The staff member, a HCA, was friendly, offering reassurance and support, using the correct tone.

- We observed a HCA supporting a patient who was being supervised quietly chatting *"I need to keep you safe", "what socks do you want?*" gently distracting and supporting them back into their bay.

- We observed a positive interaction between a HCA and a patient whilst helping them to sit up.

- We observed an assessment taking place with a patient and family. The curtains were closed, and the OT/physio were listening and answering questions. They were discussing equipment needed for home; a commode, bed, and chair mentioned.

However, we also observed significant issues with patient dignity and care:

- A patient lying with their dressing gown above their legs, they kept trying to pull it over their front, but it didn't quite reach as they needed repositioning and moving up the bed. There were staff in the vicinity who did not seem to notice.

- We observed patient procedures taking place in full view of the ward. We also received comments about this, a patient said:

> *"They tried to do a lumbar puncture and couldn't. Three doctors tried. I had to lie crouched over the side of the bed. They shouldn't have done it on the ward, no curtains pulled around as the person opposite watched and commented - I went to theatre and the surgeon did it quickly and I was back up."*

- We observed a nurse completing observation checks on a patient during the lunch time (protected mealtime period), without pulling a curtain around for privacy.

- Also, we observed a student nurse completing a procedure with a patient with no curtain pulled around, in full view. The patient was lying at an angle on the bar of the bed and there was no engagement. They nurse did not reposition the patient until they were aware that we were observing.

- We observed a couple of doctors talking at a distance from a patient very loudly without drawing a curtain for privacy.

- We observed a student nurse carrying out observations with no communication or engagement with the patient, and they looked very unhappy. They became aware we were observing and started to speak to the patient.

- We observed an interaction between a doctor and a nurse at the end of a patient's bed. The doctor was speaking in a very concerned, agitated, and cross way.

- On another occasion a member of staff came through the door from area four and raised concerns about the level of trained staffing in that area. There was an exchange with a more senior staff member who said no more staff were available. This discussion took place in the main area, with staff and visitors present. The atmosphere was very tense.

- Some relatives arrived on the ward for the first time looking for their family member, who was a patient. They asked staff members at the desk which bay/bed their relative was in and nobody answered them. They then went and searched the bays themselves.

Patients made comments about staff ignoring them and visitors:

> *"When you try to get in contact with them they ignore you and walk past something was not working and I wanted it fixing they ignore you, [feel I am] not really a person"*

> *"Visitors are ignored on arrival and not knowing where to go, takes ages answering the door".*

Understanding capacity

Over the course of our different visits, we observed a patient who had two staff and, at times, a volunteer with them. The patient was trying to talk to us, and we were happy to talk to them as we will speak with anyone who wants to speak with us on a visit.

However, staff told us this was not a good idea and made comments that indicated they did not understand issues related to individuals' capacity. We explained it was still possible for a person to have a voice.

We also asked why this patient required this level of support. We asked if the patient was violent or aggressive and were told no, but they may have tried to leave the ward.

We had also observed in the same area two security guards whilst a visitor was present. When considering the privacy and dignity of all patients and visitors within this bay, this also seemed excessive for one patient.

Communication and involvement in care

Do staff introduce themselves?

Nine people responded yes staff introduce themselves by name, with one saying no and some of the comments being:

- *"They do, it's just remembering the names."*
- *"I forget their names."*
- *"Every morning."*

Do nurses explain the care they are giving to you?

We found there was a largely positive response about nurses with eight patients saying yes, and two saying no. Some of the comments were:

- *"Yes, they try to, they don't ask if it's ok to do BP etc."*
- *"Yes, when having a wash."*
- *"No - Don't get any care. I can wash myself."*

When asked if doctors explain the care they are providing. Five patients said yes, with four saying no, and one declining to answer, with the comments being mixed:

- *"Yes – I have some communication problems with speech."*
- *"No - sometimes - I have woke up and they walk off."*
- *"No - not until I asked."*
- *"Yes - they have been."*

How informed people felt about treatment and care

We asked people to rate how informed they felt about their care from 1-10 with one no information and 10 very informed. The average score was 6.3 from this group of patients. With the following given as comments:

- *"Nurses are alright."*
- *"They don't want to know; they just want to do their job - not all of them."*
- *"Not really - they explain and do what they need."*
- *"My Son told me what had happened. I came in as an emergency, 2 bleeds on the brain."*
- *"Not involved."*
- *"I see a nurse when I need to, hopefully I will get well."*

Visitors rated the communication they received from the ward about their relative's care as follows:

Rating	Count
Very Good	1
Good	1
Poor	3
Very Poor	2
Don't know	1
Grand Total	**8**

Communication support

We asked nursing and support staff how they communicate with people to help them understand their care. They provided information about several

approaches, and it seemed that the healthcare assistants had a greater understanding and described getting to know patients and showed an understanding of where to get support.
Comments included:

- *"Talking to them, face to face. Sit down, offer reassurance."*
- *"Verbally, calm, pleasant, take time."*

One staff member said:

- *"Don't communicate speak to family. Care. Some things need explaining to family - then to patient."*

When asked about using a 'Hospital Passport' one staff member said, *"I've not seen it"* whilst a support staff member said, *"Hospital Passport is kept in their records."*

When staff were asked "How do you know which patients have communication support needs or disabilities and what support is in place?" they described information sharing during handovers and huddle talks and tools such as:

- *"Use of pictures, OT support."*
- *"Show cards and books."*

Staff training and support

We asked about training and support that would be helpful to staff and some of the responses were:

- *"A lot of training is provided. If any new things come in, then training is given."*
- *"The Trust do provide training,"*
- *"We should go back to on the ward training – the old-fashioned way."*
- *"There is ongoing international nurses training collar."*
- *Lots given on ward, fine to be fair. What you give to the patient you get back."*

Ward environment

Ward 43 was bright and airy and had plenty of ventilation with windows open in specific areas.

The corridors were bright with handrails contrasting colour against a plain background. There was a resuscitation trolley at reception, and the area was free of obstacles and no visible hazards.

There was a bed that had visible cables on the floor in one of the bays, causing a trip hazard. We highlighted this to staff.

Cleanliness

There was a strong smell of urine and faeces along the corridor and into the main reception.

There was hand sanitiser and PPE available.

We observed ISS emptying bins and there was cleaning in progress at times during our visits.

We observed a cleaning check being done in the side room of a newly admitted patient.

Toilets and bathrooms

The male toilet in bay 20-25 smelt of urine and there was a urine pot left on top of the yellow waste bin. It had a shower chair, and the toilet was clean.

There was a sign on the door as a prompt to patients saying, *'call don't fall', call the bell we will help you",* reminding people to sound for help if needed.

Hot and cold taps functioned properly and were clearly marked in bathrooms observed, hot/cold, red/blue and lights were in good working order.

Bathrooms had emergency pull cords.

Fire alarm

Whilst on the ward there was an alarm going off in area four. After four minutes, we asked what it was, and staff advised it was a fire alarm. We asked if it was a test, as it was clear that nobody was offering a response. We were told it was in another building and sounds out there, and they were unsure why. It took five minutes for it to stop and then it went off again.

Information on display

There were lots of posters on the corridor walls, doors, and display boards. A combination of material, with some for patients, visitors, and staff.

A visible staff picture board was on display on ward 43 and in the Neuro Enhanced Care Unit (NECU).

There was a useful leaflet for families and visitors on " Who cares about the carer", providing information on 'Headway' and how a brain injury affects more than one person's life.

We observed a "Sip until we send" poster, providing fasting advice for patients waiting for pre-elected and emergency surgery.

See the appendices for a full list of information we observed.

Food and drink

Patient feedback about the food was largely positive, however our observations raised concerns about the extent to which patients were supported to eat and drink. Examples of responses from patients were:

- *"Nutritional food, very good."*
- *"Horrible "too carby* [sic]*."*
- *"Not too bad, lots of choice."*
- *"I think it is nice and tasty."*

Patients described choosing food, having options, and receiving these:

- *"Yes - they come and ask what you want and bring the following day."*
- *"Yes - it's on a computer and it's a bit confusing."*
- *"Yes - night before and they bring the next day."*
- *"Yes - 9 times out of 10."*

Observations of mealtimes

We were on the ward to observe mealtimes on three occasions.

The hospital's protected mealtime process was not used: there was no bell rung to signal to staff as per the process, and no preparation of patients for their meals, with a majority asleep in their beds.

We observed staff not wearing the appropriate yellow PPE aprons – including the ISS staff, although they had hairnets on. During one visit a lead nurse began prompting staff to put aprons on.

Staff began collecting the trays, cutlery and reading out the orders, and ISS staff taking meals out to put on a hot plate. Meals were brought over to people, although the personal tray areas were not cleaned, and people were not asked to wash their hands etc.

In one bay patients were asleep. The meal trays were set down and left on their tables. The patients were not prompted to wake up.

One patient had a tray left on the bedside table that was not in reach. The staff member walked away and once they became aware we were observing they went back and started to position the patient, pouring water into a cup etc. They called a colleague to support whilst chatting with the patient and offering reassurance.

We overheard staff saying they had run out of what had been ordered. A staff member said to give the patient a jacket potato. No one checked about this with the patient.

We observed two patients eating independently, and two family members feeding their relative. A family member asked for a straw to support this. The staff member asked if they wanted it now and they said yes. The staff member said they would go and find one and get back to them.

We observed this area for 25 mins and at no point did a staff member go back to check on the patients who were asleep and had not eaten or had a drink. Staff began taking the trays away, we raised our concerns and staff members went in to support.

We observed a student nurse go back to a patient, position the table, and engage with them if they needed support. We observed a support worker checking with colleagues and saying, *"I will help with feeding."*

We observed people lying down in bed whilst eating. We were concerned that this was a potential risk and about how this is assessed regarding the person choking and their digestion etc.

We observed trays being returned to the trolleys with untouched food, or very small amounts that had been eaten, along with un-opened drinks / ice cream.

This raised a concern about how patients' nutritional needs are being managed and documented. There was a lot of food returned.

However, when speaking to the patients most thought they were able to get a drink when they wanted.

- *"Yes - plenty of tea, snacks and drinks."*
- *"Yes, I like to drink tea and coffee I am told staff are too busy."*
- *"Yes, get teas and coffee, water."*
- *"Drinks available - but not in reach. I ring the buzzer – and it takes about an hour."*

We observed a tea/coffee station available for more able patients to access, and a drinks trolley that came around during the day.

At the time of one of our visits, we observed a tea trolley and patients being asked if they wanted a hot drink, snack or fruit.

We observed beakers on some tables, and jugs of water on tables.

Whilst observing the main reception area, a family member approached the desk and asked if the water jug could be refreshed. The staff member looked up pointed to the sink. There was no conversation or communication and the relative walked over to a water cooler. We spoke with them as they were filling the jug up and they completed one of our questionnaires on their experience of ward 43.

Leaving hospital

When asking staff what happens in preparation for the discharge of a patient, staff described an effective process with preparation and information communicated. Preparation was said to start from when patients arrived, and therapy involvement was also described.

- *"As soon as they come in, the rehab therapy department feedback to family. Talk through a package of care in an open discussion."*
- *"Nurses works well. The Doctors request extra as required. We invest and take the time."*

There was a comment that patients coming from out of area could cause complications:

- *"Patients can come from afar and some complications can arise. This can be difficult."*

However, there was a mixed response from the patients we spoke to about discharge preparation and communication. There was a general feeling that it's not always clear and people are not included or informed.

How informed do you feel about the plans for your discharge?
Don't know the date yet.
Nothing has been said yet.
Not involved – I'm going tomorrow even if they like it or not.
I have asked nobody came back to me. Done all the tests but no further info. Nurse got the doctor meant to be lunchtime today. This can be frustrating and causes anxiety.
Fully confident and I am just waiting for things to be sorted out, today or tomorrow.
No one has told me anything.

Just two of the eight visitors/relatives we spoke to said they had had a conversation or communication about discharge plans for their relative.

Feedback from patients' visitors

We received a lot of feedback from people's visitors and the feedback was mainly negative:

Basic care	*"The main issue is that X is not able to get out of bed following surgery and it took ages for the nurses to answer the bed alarm for him to go to the toilet (bed pan)."*
	"Nobody had cleaned their teeth for days until I started to clean them. Their hair was matted and unwashed, they had dried blood in their fingernails for 12 days before I had the opportunity to clean them and cut their nails."
	"I raised my family member was lying in a urine-soaked bed."

Continuity	• *"I would have been happy with his care had there been more doctors and more nurses available, and more beds so that patients were not moved back, and forth as new patients arrived."*

Communication	• *"It was harder to have any conversations with doctors, especially senior doctors. They were perhaps too busy and too few on the ground."*
	• *"It was not always easy to reach the ward on the telephone."*
	• *"I was with X as he was admitted to the ward and we both had a very long helpful conversation with the medical registrar, who alleyed some of my fears and was kind and informative."*
	• *"Communication! Doctors to update relatives. Answer the phone."*
	• *"Visitors are ignored on arrival and not knowing where to go, takes ages answering the door."*
	• *"It would help to let visitors know when to ring and then have someone available to take messages."*
Communication and attitude	• *"No communication from doctors, some nurses are not committed to their job."*

Rahab	• *"Not enough aftercare. Not enough movement for limbs."*
	• *"They need daily physio and despite being told this would happen it has not happened."*

Food	• *"I communicated my family member dietary needs on numerous occasions, as this is disregarded or not responded to."*

Positive	• *"My wife has been on nearly all the wards and been looked after."*
	• *"The care was good in the wards. All the nurses worked hard."*

We spoke to one relative on ward 42 and they raised concerns about the care their family member received on ward 43 before they were moved to ward 42. There were issues regarding basic care, communication and food and drink:

"I feel I have to mention the 'care' … in ward 43. The nurses particularly lacked empathy for the patients, on one occasion actually laughing as my sister begged for her medication (only paracetamol!) Their behaviour was quite shocking".

"In the first week [on ward 43] *she received nothing to eat and very little to drink, due to confusion as to whether she was supposed to … This certainly didn't help her condition and required recovery in itself".*

"Communication needs improving. The necessity for precision must be emphasised as the delay in medication can cause un-necessary suffering."

"Due to lack of staff my sister had been helping the other patients when they need it. Nighttime is even worse."

Suggestions and feedback from staff

When asked if there were any suggestions or comments ward staff identified the following issues:

- Staff not always getting along, and more support needed.
- Staff working in isolation - *"It can feel segregated, and people work in isolation in areas - we should work together as a team".*
- Turnover of staff – nurses and doctors, with experienced nurses leaving the ward.
- Nursing staff wearing false nails/jewellery and adjusting the uniform etc.
- Some concerns about the consistency of quality of care.

7. Conclusions and our actions

We visited ward 43 four times, carrying out observations and speaking to patients and staff members, and we also received a higher volume of relative feedback than on other wards we visited.

This ward supports patients who are vulnerable and, in some cases, have limited communication. Some are experiencing confusion, and some have low expectations of the care they receive. We also found that some family members told us they did not want to make a fuss or complain.

We did not find our visits to the ward a positive experience. We picked up atmospheres of tension and negativity. We witnessed behaviours and aspects of care that were a cause for concern.

Staff on the ward were not communicating well with each other, with other UHCW staff, and those visiting the ward. There was little or no engagement between staff and lack of communication was highlighted from family members and patients.

Patients experienced varied levels of care, staff members were not thinking about patient privacy and dignity, and poor practice seemed to be normalised.

We gathered feedback about experiences where there was a lack of caring. This was also shown in some of the comments from staff members themselves.

The expected process around mealtimes was not evident and we did not see sufficient consideration of supporting people to eat and drink, with patients not eating/able to eat and significant amounts of untouched food. We were concerned about how the risks around some patients eating were assessed and mitigated and about nutrition and hydration.

Relatives asked for improvements to communication and raised issues about basic care.

Actions

We immediately raised concerns regarding privacy and dignity, quality of care, the safety of patients at mealtimes and adequate nutrition/ hydration, with senior managers at UHCW.

We met with the Deputy Chief Nurse to outline our concerns and ask the trust to investigate the underlying issues. This was a constructive meeting, and we felt our information was welcomed and that actions would begin. We subsequently received a letter from the Chief Executive thanking Healthwatch for raising the issues and saying actions were under way.

We had second meeting with the Chief Nurse to discuss the actions the trust was taking to understand issues further and address our concerns. Again, we were listened to, and the trust has begun actions with further in development. Our draft report had been shared with staff on the ward.

8. Recommendations and response

We are asking UHCW to investigate thoroughly the areas of concern we have raised within this report. Also, to produce an action plan documenting the progress, and to bring about a significant improvement in the safe delivery of care to the patients on ward 43.

The key areas to be addressed are:	**Actions identified by UHCW**
1) Improving communication and team working amongst staff members	Tabletop review with ward staff to discuss the feedback in the Healthwatch report to develop actions to improve the concerns highlight. Peer review of the ward to be completed.
2) Addressing issues around poor practice regarding privacy and dignity in patient care and the quality of basic nursing care - ensuring care, compassion and communication.	Ward manager to undertake weekly assurance rounding with a junior team member to share expected standards.
3) Focusing on implementing protected mealtime procedures and providing appropriate levels of support to vulnerable patients to eat and drink, with an outcome of increasing the amount of food eaten and ensuring patient safety when eating and drinking.	Nominated Nutrition Guardian allocated every day by the Nurse in Charge (responsibility is to ensure that patients are prepared for their meals i.e. toileting, hand washing and that their environment is prepared for receiving their meals.
4) Improving communication with relatives/family carers.	The ward information leaflet has been updated to identify the best times for relatives to contact the ward for updates. This will reduce the

	number of calls that go unanswered and a more appropriate time for staff to be available to speak on the phone. Liaise with security team regarding the ward doors being open for pre-operative patients and visitors.
5) Providing additional clear routes to hear from relatives and patients about their experiences of care, which they see as safe to use.	Ward managers and matrons to undertake assurance and rounding weekly, talking to patients and relatives to gain feedback on their experience, this feedback will be shared with the wider team at huddles/ward meetings
6) Understanding why staff have not raised concerns to managers.	Suggestion box to be re-launched to provide staff with the opportunity to raise concerns and suggestions anonymously. Dedicated one week open staff meeting each week to discuss concerns, celebration and staff well-being.

UHCW letter from Chief Nurse:

5 February 2024

Dear Ruth

Thank you for the opportunity to meet this week to discuss the Healthwatch Coventry full report of findings of the review of ward 43.

Firstly, I would like to convey my sadness in reading the contents of this report and my absolute commitment to taking appropriate actions to address all matters raised.

I also thank you for highlighting where care was observed to be respectful, dignified and responsive.

The Group director of Nursing & Allied Health Professionals for this area has taken the matters within the report very seriously and shared this review with

the ward team and immediately put daily rounding in place, where senior nurses review all patients and the care received.

Key focus areas / high level:

- A plan has been developed and is being implemented to improve communication and promote team working with support from the Organisational Development (OD) Team.

- Staff are being refreshed in the fundamentals of care and this will be built into our ongoing education & training materials.

- Protected mealtimes have been relaunched with the support of dietitians / therapy team and reducing other activities during this time.

- Ward Manager / Nurse in Charge are identifying specific times to communicate with relatives and carers and exploring different methods to do this.

- Refresh information provided, sign-posting patients and relatives to the many ways of communicating their experiences of care, that are available to them.

- Review Staff Survey results (2023) and explore how staff feel about raising concerns and the many avenues available to them.

There is a more detailed plan that sits alongside these high-level actions, which we will monitor to completion, through the Patient Experience and Engagement Committee (PEEC) and will continue to support and sustain it thereafter.

I have shared the report with Chief Officer colleagues and will take it through to the Quality & Safety Committee (sub-board) in March 2024 and an upward report will be submitted to the Trust Board in due course.

I would like to assure you and our local community accessing our services, that full support is being given to this ward area and the team who are welcoming of the actions and the opportunity to develop and improve.

Thank you for your report and please accept an invitation for an unannounced return to the Trust, in 2-4 weeks', on a date and time convenient to you, for your assurance.

Yours sincerely

Tracey Brigstock
Chief Nursing Officer

9. Disclaimer

Please note that this report relates to findings observed on the specific dates set out above. Our report is not a representative portrayal of the experiences of all patients, visitors and staff, only an account of what was observed and contributed during our visit(s).

10. Copyright

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11. Acknowledgements

Healthwatch Coventry would like to thank the service provider, residents, visitors, and staff for their contribution to the Enter and View visit.

12. Appendices

Appendix 1: about patients we spoke to

Age Group	Count
50 to 64 years	4
65 to 79 years	2
80+ years	2
25 to 49 years	1
Not known	1
Grand Total	**10**

Gender	Count
Female	2
Male	7
Not known	1
Grand Total	**10**

Religion	Count
Christian	5
Other religion	1
No religion	1
No answer	3
Grand Total	**10**

Ethnicity	Count
White: British / English / Northern Irish / Scottish / Welsh	7
White: Irish	2
Not known	1
Grand Total	**10**

Appendix 2: information on display

- A production and focus board concentrating on falls, pressure ulcers and ward activity.
- An infection and prevention board – when to swab and how to swab. What to clean and how to clean it.
- A chain of infection chart.
- A continence and causes area displaying copies of assessments, info around using the correct pads, fluid balance charts etc.
- A NECU production board focussing on hot topics – cleaning, hand hygiene etc.

- A 'Call 4 concern poster' providing details of the critical care and outreach team telephone numbers. Explaining their role is to liaise with medical teams and other healthcare professionals as needed.

Information observed above patients' beds

- 'Fall' signs above all beds in the specific areas".
- A SALT (speech and language team) poster using the acronyms NBM - Nil by mouth - explaining to look out for a yellow sign before snacks and drinks are given out etc.

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