A photograph of two women sitting on a yellow sofa and talking. The woman on the right has dark hair and is wearing a light blue striped t-shirt, gesturing with her hands as she speaks. The woman on the left has blonde hair and is wearing a black top, seen from the back. The background is a textured blue wall.

Enter and View Revisit Report: Ward 43  
University Hospital Coventry and  
Warwickshire NHS Trust  
February 2026

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# University Hospital C&W Ward 43

## A report on our findings

Following our Enter and View visit.  
18<sup>th</sup> February 2026

### Introduction

#### About Healthwatch Coventry

Healthwatch Coventry is your local health and social care champion. We have government powers to enter health and social care services to hear the voices of local people using the care. We listen to peoples' experiences of health and social care services to bring them together to create reports to help improve health and care services.

This report presents findings from an Enter and View revisit to Ward 43 at University Hospital Coventry and Warwickshire. During the visit, we spoke with patients, staff, and family members to understand their experiences of care and to assess whether improvements identified in previous visits have been sustained.

Enter and View visits are conducted by our trained Authorised Representatives and follow a process following Healthwatch guidance. We use the information we find to help service providers hear the voices of those people, reflecting positives and sharing recommendations for consideration to make changes to improve experiences.

For more information about the legislation and powers of Healthwatch to conduct an Enter and View visit to a service, whether NHS or Social Care see **Appendix 1**.

#### What is ward 43?

Ward 43 is a Neurosurgery ward at University Hospital Coventry and Warwickshire, meaning that its patients have sustained a brain or spinal injury due to different causes including trauma. As a specialist ward for trauma care and treatment, the ward is open to patients from across the region, including Warwickshire, Leicestershire, and other places.

Ward 43 has 34 beds and 12 in the Neurosurgery Enhanced Care Unit (NECU)<sup>1</sup>

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<sup>1</sup>  
<https://www.uhcw.nhs.uk/download/clientfiles/files/Patient%20Information%20Leaflets/Trauma%20and%20Neuro%20services/Neurosurgery/Welcome%20to%20Ward%2043.pdf>

## Why re-visit Ward 43

Healthwatch Coventry returned to visit ward 43 because of concerns identified during our original visits. The first visit took place in November 2023 and second in February 2024. The report was published in April 2024 the first report in 2023 showed a high level of concern about the atmosphere on the ward and ward culture. These concerns also included, patients' privacy and dignity not being adhered to, protected mealtimes, where patients were not being prepared adequately, and not enough time given for their meal.

Our original visits led to a specific action plan being put in place to address the concerns raised.

Following the **second Enter and View** visit to ward 43, we were aware of **significant improvements** across the board, which we acknowledged that they showed action plans were being followed.

**The third visit to Ward 43** was a result of requests and feedback from stakeholders and steering group to see if the changes had been embedded, leading to long term transformation for the ward. Healthwatch Coventry Steering Group agreed this project to see if the progress on the ward had been achieved and continued. **We found that levels of care, communication and nutrition had improved to a high level.**

### Why this matters

This revisit is important to understand whether previously identified improvements have been sustained and embedded in practice. It also provides an opportunity to highlight ongoing good practice and identify areas where further development may enhance patient experience, safety, and outcomes.

### What happens next?

This report highlights the good practice we observed and makes a series of recommendations for senior staff on Ward 43 to consider some recommended suggestions that can be addressed through simple, low-cost actions, while others may require more detailed planning and resources. **Full recommendations** of what we suggest for consideration to improve are set out at the end of this report.

## Executive Summary

This report presents the findings from a follow-up Enter and View visit to Ward 43 at University Hospital Coventry and Warwickshire, conducted on 18 February 2026. The purpose of this revisit was to understand whether improvements identified during previous visits in 2023 and 2024 have been sustained and embedded in practice.

During this visit, we spoke with 15 patients, 7 members of staff, and 2 family members, alongside undertaking structured observations of the ward environment, care delivery, communication, and mealtime practices.

Overall, we found **significant and sustained improvements** in the culture, environment, and delivery of care on Ward 43. The Ward presented as busy but well-organised, with a positive atmosphere and strong evidence of teamwork. Interactions between staff and patients were consistently respectful, and patients' dignity and privacy were maintained throughout our observations.

Improvements previously identified in relation to **protected mealtimes and nutritional support** were evident. The introduction of a designated nutrition role appears to have strengthened coordination during mealtimes, with patients generally supported to sit up, receive meals in a timely way, and access assistance where required.

**Patients' overall experiences were largely positive**, with over half rating their experience highly. Many described staff as caring, approachable, and hardworking. Observations supported this, with staff responding promptly to patient needs and demonstrating compassionate, person-centred care.

Communication between patients and staff was generally effective, particularly with nursing staff and healthcare assistants. However, some patients reported challenges in **receiving clear and consistent information from doctors and consultants**, particularly regarding their condition, treatment plans, and discharge. This suggests an opportunity to further strengthen communication across multidisciplinary teams.

Feedback on discharge processes was mixed. While some patients felt well-informed, others reported uncertainty about next steps or timeframes. Earlier and clearer communication about discharge planning may help to improve patient confidence and experience.

Food and drink provision was generally viewed as adequate, with most patients reporting they had enough time to eat. However, some patients highlighted issues relating to food variety, timing of meals (particularly in relation to medication such as insulin), and the need to better reflect diverse dietary and cultural preferences.

Importantly, the issues identified during this visit were **relatively minor and consistent with challenges seen across similar hospital settings**, rather than indicative of systemic concerns within the ward. This represents a marked improvement from previous visits, where concerns about ward culture, dignity, and mealtime practices were more significant.

**Key areas for ongoing consideration include:**

- Maintaining and embedding improvements in nutritional support, including alignment of medication and mealtimes
- Strengthening communication between doctors, patients, and families
- Providing clearer and earlier information about discharge planning
- Ensuring services meet the needs of patients from diverse backgrounds, including language and dietary requirements
- Planning for increasing patient complexity, particularly in relation to neurological and spinal care

This report is intended to support University Hospitals Coventry and Warwickshire NHS Trust, ward leadership, and system partners in continuing to build on the positive progress made, while addressing areas where further improvements can enhance patient experience and outcomes.

## **Methodology (how we carried out the Enter and View visit)**

We carried out this Enter and View visit using a structured approach, including surveys for patients, staff, and family members, alongside observations of the ward environment and care delivery. The visit took place over one full day, covering morning, lunchtime, and afternoon periods.

We briefed our Authorised Representatives and set questions with them about our aims for the day and the previous work we did with ward 43.

We approached the visit with an open perspective while remaining aware of previous themes, enabling us to assess whether improvements had been sustained.

We involved and met with Associate Director of Quality for Patient Experience Hayley Best and Emma Denis, Head of Patient Relations in the main building before walking with them to the wards, where once we were admitted they would leave us.

Following the Enter and View visit, we collated the information through Smart Survey and analysed the responses given, looking at themes, we had identified before. We explored what was working well, what not so well and what could be improved in terms of respect and dignity, communication, protected mealtimes, and support for vulnerable patients, improving communication between staff and patients.

## Limitations

Findings reflect the views of patients who were well enough and willing to participate on the day of the visit. Some patients, due to the nature of their condition, may not have been able to share their experiences. Observations represent a snapshot in time and may not capture all aspects of ward activity.

## Consideration

Patients on Ward 43 are often particularly vulnerable due to the nature of their conditions. Some may be disoriented, recovering from surgery, or experiencing cognitive difficulties. This should be considered when interpreting feedback and engagement levels during the visit.

## Findings

### Initial Impressions and Observations, including NECU (Neuro Enhanced Care Unit)

During this Enter and View visit we spoke to **15** patients, **7** members of staff and **2** family members.

At the beginning of our visit were greeted by the ward administrator at the door who welcomed us into the ward and introduced us to the ward manager and the senior nurse. We felt that there was a positive atmosphere with staff communicating with each other, a buzz of activity and work happening the ward was bright and airy, lots of equipment about, staff working at computers and speaking with each other and patients. There was beeping from equipment and people pushing trolleys and helping patients.

Our Authorised Representatives said:

- Warmly welcomed on entrance.
- Ward Manager told us to go where we wanted.

- Multitasking/very busy, staff were very approachable. Friendly and helpful.
- The long corridor near nurse's hub is being used and some little noise with people discussing ward work.
- Feels good and busy low levels of noise, lively but a good atmosphere, appropriate for activities.
- The entrance is bright, clean, calm, low noise levels no odours.
- Staff attending to patients in their beds in the wards.
- Staff working by computers by reception.

We felt that the ward was operating well, and people, patients and their families were getting help and support by a motivated team. We felt welcomed by the ward, and staff we saw were smiling and helpful to us. We met one member of staff who challenged us and asked us who we were, once we had shown them our letter, they were positive and helpful.

## **Journey**

We wanted to understand how people had come to be a patient on the ward, and why they were in Ward 43

One of the aspects of Ward 43 that became apparent was that people had come from far and wide; we spoke to people from Worcester, Kettering and Leicestershire who had been sent to Ward 43, due to their brain or spinal injuries. We also recognised that **7** of the people we spoke to had been on the ward for over a week, and **2** for more than six weeks/ **1** person was waiting to go to Oswestry when there was a bed available for rehabilitation on their spine. At least **3** had been in different wards before arriving on Ward 43.

We asked patients how long you have been in this ward, and have you been in any other wards before you came to Ward 43

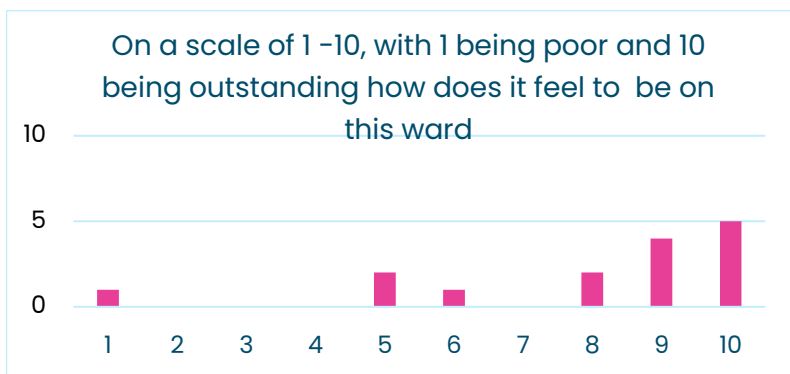
- "Since Monday, has a one-to-one member of staff side room with observation assistant."
- "Since last Friday (five days) not been anywhere before."
- "Came to hospital mid-December - went through A&E and went to two other wards before being on ward 43".
- "Came in February this is day 11. Had a CT scan in Kettering and then was transferred here."
- "Came in hospital since 16 January - been on a few other wards in the 40s".

- "I had a transfer to UHCW from Warwick, via ambulance, straight to the ward. Rang III. I was impressed by Warwick".

## Overall experience

We asked patients what it was like being on the ward, and these are their responses: -

10 out of 15 (66%) patients rated their feelings as being positive on the ward, scoring between 8 and 10, 1 person (7%) said it was very poor, 1 person (7%) did not comment, and 3 (20%) people said it was 5 or 6.



There were many positive comments by patients as shown below:

- "Its fine. Everyone is so helpful."
- "Staff are fantastic - feels good being here."
- "The staff work so hard on this ward but only issue is there just isn't enough of them."

There were also some mixed comments about the way the different parts of the ward work together:

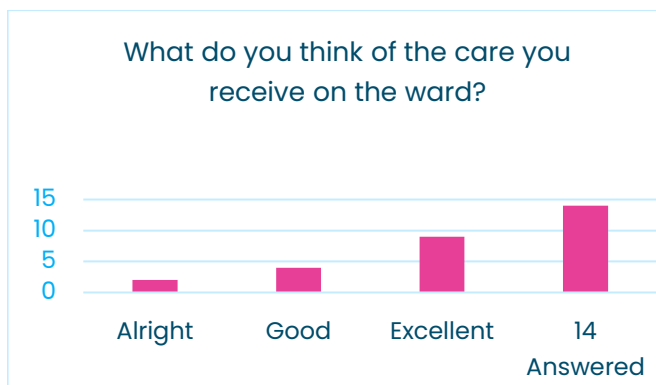
- "The first week I would have rated a 5. This was due to not having the right medication for my condition and didn't seem able to support me with this."
- "It's okay being here. Some staff work really hard. The senior staff don't work as hard."

- “Just being a patient is not nice. I haven’t been on another ward; this is a step for me. I feel so thankful I am still here seen a lot of people coming in and going again” (home or to different places)

However, of the patients who commented there was only one negative comment.

- “I haven't seen anyone clear the floor; staff are too casual. One chap has been very good and tried his best.”

This is reflected with the information patients gave us when we asked them what do you think of the care on the ward where 10 out of the 15 (66%) people who answered said that the care was good or excellent.



“Here the HCAs and nurses are just so lovely and helpful, can’t fault them, everything is clean, beds changed every day now that I don’t have a catheter I have to go to the loo, the night girls are helpful, they help each other.”

- “The HCA look after you so well.”
- “Staff are very caring, pleasant cannot say anything nasty about them.”
- “Staff go above and beyond what they need to do for you.”
- “Staff are friendly and cheerful.”

Friends and relatives were asked about the care their family member received which was generally positive, but there was one concern that not enough staff meant that their relative was not receiving help as quickly as they would like.

- “[They care] well enough, I just think sometimes they need more staff. He’s not getting his needs met quickly enough.”

- “I know how busy the staff are and there just isn't enough of them. Sometimes when I ring the buzzer I have to wait a long time and it can be uncomfortable especially with a bed pan. Do feel guilty pressing the bell because I know how busy they are”

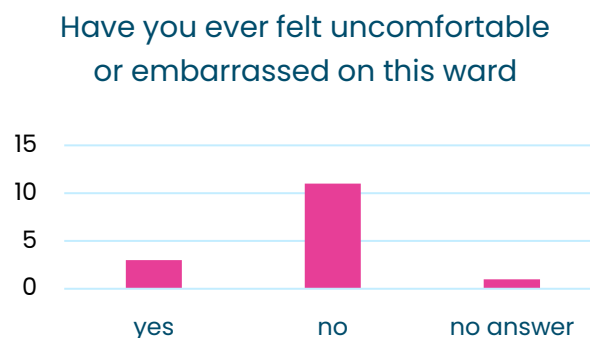
What family members say

- “It could be cleaner last time they got a really nasty infection as you can see, I have cleaned everything. But it is better than before, the staff are really nice, they allowed me to stay with him “

## Privacy, Respect and Dignity

This is one of the factors crucial to personalisation of care. It was an improvement to see patients covered up, and saying positive things about their experience of privacy and dignity. Respect for them as people was shown in the way people received information and how much they were involved in their care.

We asked patients whether they had felt embarrassed or uncomfortable while receiving treatment or care, and although 3 people had felt uncomfortable, they had received positive responses when they spoke to staff about this.



Patient's comments were:

- “They respect my privacy and dignity and close my curtains.”
- “When you are trussed up it is hard to do what you got to do, especially when you need to go to toilet have bed pan -someone helps me with that, it's just they tell me what to do they are doing their best.”
- “I thought I would with having a bed bath, but they are so respectful and cover you up when washing.”

2 patients were able to talk to staff about this and had their care changed accordingly.

- “The staff react well to feedback so if anything needs changing it will be done.”
- “At one point a male and female member of staff were undressing me. I found this really embarrassing but once I explained I now only have women staff undressing or changing her.”

## Observations of care, dignity, and privacy

These are some of the activities around dignity and privacy we observed:

- Staff were following work from a care plan.
- Most staff were drawing curtains around the patient’s beds, tone, and level of voice appropriate – no shouting, bay 8 -11 staff doing teeth cleaning, suction, curtain open. Other patients sat up and ready for meals.
- Someone came to take a look, didn’t introduce themselves, didn’t pull curtain over, but patient was okay with this.
- There is a Martha’s Rule poster on the wall  
“Martha’s Rule is a patient safety initiative to support the early detection of deterioration by ensuring the concerns of patients, families, carers and staff are listened to and acted upon.”

What family members say:

- “They look after my relative well. They inform us what is going on. I am happy mum is happy”

## Communication

Communication was a key theme identified during this visit, with generally positive experiences reported in interactions with nursing staff, alongside some challenges in communication with medical staff.

Patients expect and need different levels of information and communication during their hospital stay depending on their previous experiences, their age, abilities and needs for information, there seems to be a difference in the way

that Patients understand and communicate between Health Care Assistants (HCAs) and nurses and doctors/consultants. There is a sense that it can be more difficult to speak with the doctors, but easier to speak with nurses and HCAs. We have seen positive examples of communication, but the following show some of the barriers patient's face, and their reactions to the perceived communication.

What patients said:

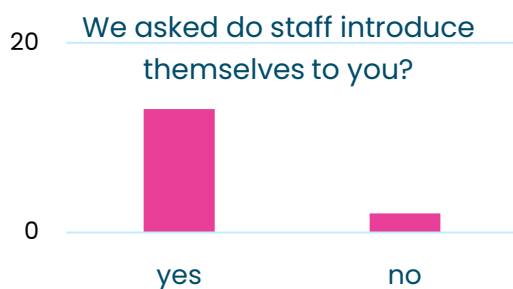
- "Not seen the same doctor since being here they keep saying they aren't approved to tell me information. I feels like am being treated like a kid, so I reply as a kid."
- "The staff are really friendly, attentive kind, sometimes communication breaks down and you don't get the medication you need - it happens when it is really busy."

What a family member said:

- We are always here to help; they take care of my relative. They are there when I want to talk to them. They help with queries if I have any. They send a doctor to answer any questions."

## Involvement and communication in care and treatment

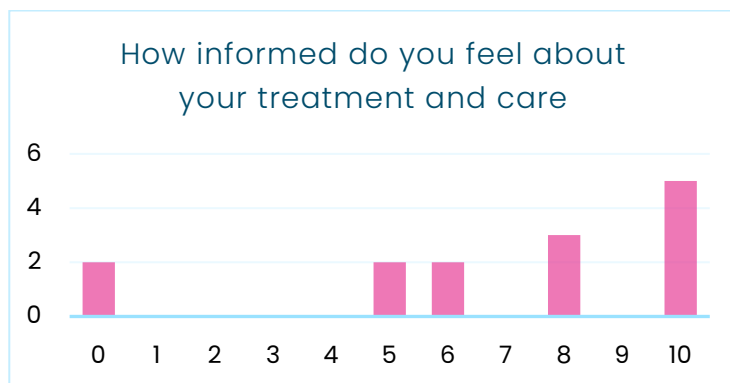
We asked patient's whether staff introduce themselves to you. 13 people (87%) said yes, they do introduce themselves to you, showing that staff were treating people with respect, adding to their positive experience of the ward.



Being asked for your agreement to have an observation or a treatment given to you is part of having a voice within your experience. We asked patients whether staff ask for your consent or

tell you when they are going to give you a test or treatment. Positive feedback shows patients feel they are being treated with respect.

We also asked patients how informed they felt about their treatment and care from a scale of 0 – 10. With 0 being poor and 10 being excellent. **8** people (**57%**) they felt informed and their score was either 8 or 10, and **4** (**29%**) people said the amount of information was okay. There were **2** (**14%**) people who were **0s**, this might be due to the fact they are new, have not been assessed yet or are waiting for someone to speak with them.



We asked people to tell us more about this, whether they were able to understand what was explained to them and whether staff asked for their feedback. We were interested in whether as patients you were able to talk about what is happening to you, and whether staff were interested in their contribution There was a mixture of comments -

#### Positive comments

- They do tell you what is going on if I don't want medication, I say no the nurses do. Not sure about the doctors/consultants they will answer me if I speak to them.
- "Doctors do explain in layman terms my treatment and medical terms (explain)"
- "Easy to understand need the specialist at UHCW."

#### Neutral comments

- "I don't ask any questions; they are the experts and know what is best for me"?

- “I feel that that they are low on doctors on the ward. Don't really ask for his opinion. I have regular chats conversations with the staff nurses about what is happening.”

#### Comments to think about

- “I was told that a team of three doctors would come and talk to me, but they don't actually talk to me. Not told anything I can understand.”
- “Would prefer to have more information - don't feel they have explained everything but then sometimes I feel they don't know enough themselves to share everything.”
- “They don't ask me for my feedback opinions they tell me what is happening. Compared to the other hospital I've been to this is the worst.”
- “Being very clear and descriptive consultants aren't always that clear they don't tell you if they change their mind about you.”

One family member spoke of positive support about communication they said:

- “There is a language barrier but there are very good. An interpreter is used when necessary”

## **Discharge process and communication.**

We asked do patients get enough information about their discharge plan for leaving hospital, their responses were mixed:

Of the patients who responded **8** people (**53%**) of patients said they had enough information about their discharge plan. **5** people (**33%**) said no they did not have enough information, and **2** people did not respond (**14%**) however **6** people (**40%**) thought they could do with more information. It may be that it depends on the person's position in terms of surgery or interventions as well as understanding, but generally people would like more information.

#### Positive comments of discharge

- “it's very clear.”

- "It has definitely improved from when I first arrived."
- "I am up to date with everything. Nothing I don't know about the spinal unit."

#### Neutral knowledge

- "Don't really know but happy to go with what they say."
- "I am waiting for a doctor for more information."

#### Food for thought

- "Just feels I don't know everything."
- "I am waiting for tests don't know a time frame not informed with what is going on and how long I will be here."
- "Waiting for operation - not sure what happens after."

## Communication and responsiveness

We asked patients "What would you do if you needed to speak to a member of staff?"

Patients were clear that they could use their bell, and that staff would respond quickly to their needs, there was also evidence that people were supporting each other with their needs, comments included:

- "Go and talk to staff they are all approachable - they are staff members I recognise."
- "Not to start off with - kept asking questions better now."
- "Use bell- they come in a timely way or if staff go past just give them a shout."
- "I would use my call bell and ask them for what I need, e.g. if I wanted to talk to a doctor, they would arrange it I can always reach someone from spinal unit they work downstairs but they will always be available."

14 out of 15 people (93%) said they were able to speak to someone if they needed. our observations seemed to back this up this in terms of positive responses to people who pressed their buzzer and received support in a timely way.

## Care and support observations.

- A staff member was talking to a patient when another patient shouted, she needed the toilet. The patient I was talking to pressed the bell and the HCA was there within 30 seconds.
- A care assistant brought hot chocolate, told patient it was hot and that he needed it to cool. She placed it so it was easy to get at. Another carer explained clearly who we are.

## What family members said

We asked family members about whether they felt they received enough information about what was happening to their relative. There was a sense that it had improved especially since they had got the support of a named consultant. They also point to the numbers of staff available.

We asked a family member what adjustments and support have been made, one family member said:

- “They have been bothered this time before [I was not heard] now the specialist is supporting me. I was so so stressed before, it was insulting.”

The person also said:

- “It was better this time, last time I didn’t think I was being listened to, but I got a lot of support from the staff/ had a really good oncologist/ specialist who advocated on our behalf. If I had come a couple of years ago it would have been different. - we came 2024 it was a different story then”.

Showing how the ward had improved since then.

## What we observed about communication and care

Although patient had only been here for 5 days, we noticed the carer was talking to him about his family.

- They spent time reassuring him about his forthcoming surgery.
- Calm and at pace with the patient understands - not rushed. No shouting Voice clear
- Staff member came up to a patient to say they was happy about their news that they would be going home. They were really happy and crying with happiness, it was a friendly exchange between them both.

#### What staff say

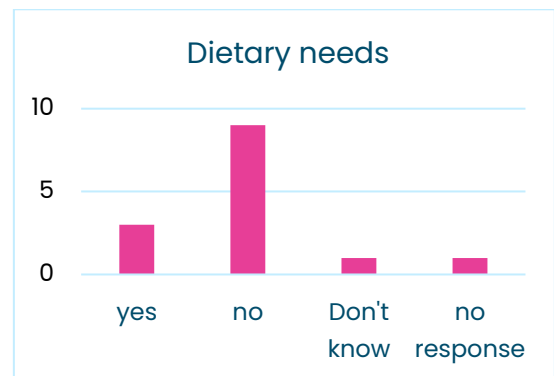
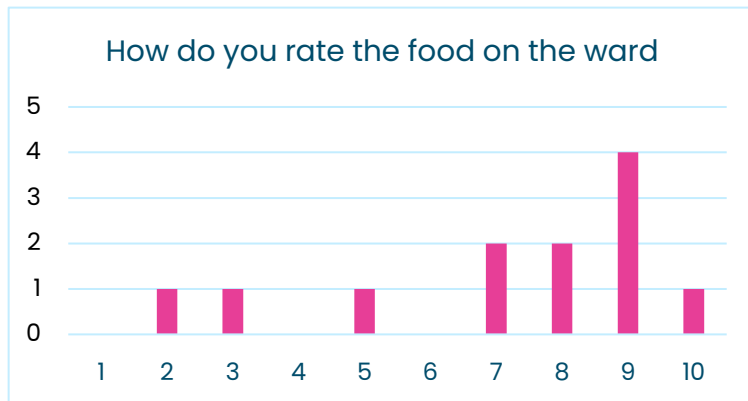
- "We introduce ourselves to them, tell them why we are there tell them that we are there to help them if they need anything."
- Patients want quality not just quantity. We have basic speech and language board picture board getting to know me booklets Martha's rule poster."
- "Some miscommunication confused patients, it would be good to spend more time with patients."
- "Patients have different languages characteristics speak slower, use sign language pictures language line different characters."

## Food and drink

One of the areas we were particularly interested in were protected mealtimes, how these worked and how the patients experienced them. How staff were aware that patients had gained enough nutrition through their meal.

We asked do you have special dietary requirements, for example vegetarian?

3 people (21%) said they have dietary requirements, 9 people (64%) said they do not have dietary requirements, and 2 people (15%) did not reply or did not know.



Some of the replies were:

- “Does try to watch what he eats.”
- [have dietary requirements] Happy with toast and tea.”
- “Oh, I have jacket potatoes and salad for a while hot meals aren’t for me, they are bland and over cooked – recommendation do small portions for people who are recovering a big plateful is too much. I have lost weight – it’s a great diet I have noticed that for people whose first language is not English or not English speaking is not good the families bring their food in. Maybe need to speak to family about what their needs are.”

We also asked How would you rate the food? (0 is unsatisfactory and 10 is outstanding) and does it meet your needs?

2 people (13%) said they rated the food poorly between two and three, 1 person (7%) said it was okay, 4 (27%) people thought it was good over seven, 5 people (33%) said it was very good between nine and ten. 3 people (20%) did not respond.

We wanted to know the reasons behind their answers. We asked why you have given this rating?

Patients replies were:

Positive

- "4x choices Tick a menu Temperature is ok Time is ok".
- "The variety is good get to enjoy it I have enjoyed it this week otherwise food is good not horrible."
- "it's absolutely fine bit on the beige side but on the whole its fine always comes out piping hot feel like I am getting a proper meal its usually alright."

#### Neutral

- "Food is ok from what I have had but I am a very fussy eater, so family bring in food for me."

#### Something to think about

- "Sometimes staff get mixed up with the food and who has what."
- "The menu is ok, tries to mix it up a bit. Timing doesn't really suit me as food is a lot earlier than he would normally have (lunch is before noon). Also, they need to have insulin 20 mins before food, and this is always late, so their food is always cold when they eat."
- "Get a choice of food but it seems samey when you have been here a while."
- "It's not good can just about eat the chicken veg and potatoes - not very good."

#### What family members said:

- "Not a big fan, too beige, they need more vegetables/greens. I go downstairs and get fresh stuff- the food is not enough."

We asked patients, "Do you feel that you get enough time to eat and drink?"

13 out of the 15 people asked (87%) said they had enough time there was no response from 2 people (13%)

This shows that food is being served and managed in a way that generally meets people's needs although there were some issues in terms of timings for medication; "sameness" for some patients who have been on the ward for a while, and quality for others who have different

preferences. One person raised the issue of people from different communities who may need additional understanding from the staff around their dietary needs. However, on the whole patients, their friends, family, working with the staff seemed to meet their needs.

## Our observations around food and drink and protected time

- Tea/coffee trolley came round all patients were asked. Lunch time care staff going round sanitising hands - help is offered with lunches. Lunch time 12pm Food temps taken Staff wearing aprons Checking menu sheets Patients encouraged and given support eating.
- 1 patient did not touch food by 12:20. No one to support them until then 12.30
- Staff member trying to ascertain a patient's choice of meal they read options and narrowed it down.
- Met the nutrition guardian – she did come into a patient's room to put hand sanitiser on to get ready for lunch, -patient did say this hadn't happened to him before.
- There was one patient who looked like she was asleep, they were woken up by two staff, tried to persuade them to get up for food, it looked like they declined as they brought the food back out again.
- "We observed a member of staff talking to one patient who looks like he had significant brain surgery. She was talking to him about food and trying to see if there was anything else he would like to eat other than sandwiches which is what he had been eating all the time."

## Food and Drink - staff comments

What staff say about their roles and tasks for mealtimes?

- "Order meals on tab, see if patients require any special dietary needs or help. I feed them as part of my responsibilities."
- "We can check to see if they are independent and can feed themselves just in case, they cannot you have to feed them. Ask them what they want for breakfast for example all the meals are recorded before they came out."
- "Person who leads and encourages staff and patients to maintain hand hygiene, make sure the selection of food is the correct one. They want new staff on board

so its education for them, makes patients ready for 11.30 to get patients up and ready to eat meals are served at 12.00.”

- “Some patients are given support special diets cultural needs order food the day before.”

Staff comments about how nutrition is recorded through food/ mealtimes

- “We record it, have a nutrition chart, declined or not, dietician specifies the item the information is written on a computer and there is a statement made day by day about them as well”
- “There is a food chart on the I pad – make sure to inform the nursing staff. Also get SALT (Speech and Language Therapy)<sup>2</sup> involved”
- “They might be going to theatre so nil by mouth”
- “We check their weight every 5 days – they need to eat and drink, use MUST<sup>3</sup> (Malnutrition Universal Screening Tool) height, weight, BMI (Body Mass Index)<sup>4</sup>return to dietician”

Food and mealtimes appeared to be well organised, and patients were receiving their meals as required. Most people were accepting of them, but requested “more green things, more vegetables.” We observed staff maintaining records.

## Communal areas

Our observations

We observed the wards and surrounding corridors and found that they appeared clean and satisfactory, our Authorised Representatives said: –

- The ward environment was observed to be clean and tidy throughout, with no unpleasant odours noted.
- The female ward toilet was clean and well maintained. A clip-on alarm was available with a red pull cord correctly positioned. Appropriate signage and

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<sup>2</sup>[Speech and Language Therapy \(adult\) – University Hospitals Coventry & Warwickshire](#)

<sup>3</sup>[Malnutrition Universal Screening Tool \(MUST\) :: Blackpool Teaching Hospitals](#)

<sup>4</sup>[Calculate your body mass index \(BMI\) – NHS – NHS](#)

displays were in place. Taps were clearly labelled for hot and cold water, and the water temperature was appropriate.

- The male ward toilet was clean; however, taps were not clearly labelled to indicate hot and cold water. The ward temperature was comfortable and not overly warm.
- A clear system was in place for patients to alert staff when required. Hot and cold taps were clearly marked in relevant areas.
- Patients were observed to be appropriately supported by staff when accessing toilet and bathroom facilities.
- The reception toilet was not accessible for use, as it was being used for storage and was full of bags containing clothing and personal items. A sign was displayed on the door stating that the toilet should not be used for storage (“It is not a storage room”).

Overall, the ward environment appeared clean, well-maintained, and suitable for patient care, with one identified issue relating to inappropriate storage in a public toilet.

What relatives/ friends said:

- **“It could be cleaner.”**

## Thoughts from staff

We spoke to the ward manager, nurses, a health care assistant, and we learnt about a new role called an Enhanced Observation Assistant who works one to one with patients who may need additional support due to mental or physical disabilities and need the extra support.

We asked what do you like best about your role?

Staff shared what they enjoyed about their role, they identified the opportunities for development, speaking with and caring for patients and relatives. As well as teamwork and support within the staff on the ward, here are some of their comments: -

- “I like talking to the patient and understand why they behave like they behave. Sometimes taking good care of them when they are not able to do anything. And in some cases, to calm them down.”
- “I like being a nurse, being involved, speak to families - if the staff has foundations in the team they work well”

- "Love the neuro care good teamwork supporting manager's good support.
- "There's lots of growing opportunities to higher bands training is really good and ongoing."

We asked staff whether there was anything that could be improved for you and your patients?

Of the 7 staff we spoke to, 2 (29%) people said that nothing needed to be changed, and 1 staff member (14%) recognised that more staff might help with the ward delivery of care. 4 members of staff (57%) commented. Some comments were.

- "Communication has been improved through having a cordless phone that patients can use to speak with their relatives."
- "For now, I don't think so, asking is alright, we are working fine with the nurses and HCAs.
- "More staff are needed - always understaffed also the workload needs to be shared more equally - some people don't end up with as much work."

## Future proofing the ward

One member of staff said:

- "There are more patients with spinal injuries which are likely to need more care we are having more accidents in life,"
- "We would like more care, we want to see more training, have a bladder scanner for prompt assessment on bladder."
- "We have challenging patients sometimes short on staff"

## Conclusion

This Enter and View revisit to Ward 43 demonstrates that **significant and sustained improvements have been made** since our previous visits in 2023 and 2024. The concerns previously identified in relation to ward culture, dignity, and mealtime practices have been meaningfully addressed, and there is clear evidence that positive changes have been embedded into day-to-day practice.

We observed a ward environment that was **busy, well-coordinated, and supportive**, with staff working collaboratively to deliver care. Interactions between staff and patients were consistently respectful and compassionate, and there was strong evidence that patients' dignity and privacy are now being maintained as standard practice.

Improvements in **mealtime coordination and nutritional support** were evident, particularly through the introduction of a designated nutrition-focused role. Patients were generally supported appropriately to access food and drink, and protected mealtime principles were being followed in most cases.

Communication between patients and staff was largely positive, especially with nursing staff and healthcare assistants, who were described as approachable and responsive. Patients reported confidence in using call systems and felt that their needs would be addressed in a timely way. Staff also spoke positively about teamwork, support, and opportunities for development within the ward.

While the overall findings are very positive, some areas remain where further development may enhance patient experience. These include **ensuring consistent communication from medical staff**, particularly around treatment plans and discharge, and continuing to refine how individual needs are met, including dietary preferences, cultural considerations, and the timing of care such as medication alongside meals.

It is also important to recognise the **increasing complexity of patient needs**, particularly in relation to neurological and spinal conditions, and to consider how staffing, equipment, and resources can continue to evolve to meet these demands.

The findings from this visit suggest that improvements on Ward 43 are not temporary, but are becoming **embedded and sustainable**, supported by a positive team culture and committed leadership. The remaining areas identified are relatively minor and reflect common challenges within busy hospital environments, rather than systemic concerns.

This report provides a strong foundation for **ongoing collaborative working** between ward staff, Trust leadership, and partners, supporting continued improvement and ensuring that patient experience remains central to service delivery.

Healthwatch Coventry will continue to engage with University Hospitals Coventry and Warwickshire NHS Trust to monitor progress and support the continued development of services on Ward 43.

## Areas for Ongoing Improvement and Consideration

The following areas are intended to support continued improvement and build on the positive progress observed during this visit.

These recommendations will be/were sent out to ward 43 Nurse Manager, Chief Nurse and responses returned to us will be added to the report before it is published. The completed report will be sent to CQC, and wider UHCW.

Please complete the table below outlining your response to the recommendations. You have 20 days to respond to the recommendations. From when you receive the report.

Recommendation	Response	Date / timeline
Ensure removal of items stored in the public toilet	Pre-op Health Care Assistant (HCA) to review daily to ensure no property stored.  Ward manager to review weekly.  Admission letter to set out what to bring in hospital	On going
Continue positive work with nutrition guardian, and with food service and readying people for mealtime. Look at people’s medication needs especially for diabetics	Nutrition guardian to ensure all tables have standard menus.  Any Diabetic patients are identified and insulin administered prior to meals	On going

	<p>Alternative menus to be shared by the nutritional link worker and Nutrition guardian to support with options for patients</p>	
<p>Explore communication styles between doctors, consultants and patients about discharge and care - how this can be improved</p>	<p>Share report at Quality Improvement and Patient Safety (QIPS) meeting on 6 May 2026 for discussion regarding improving standards.</p> <p>Senior nursing rounding that inclusive of communication with patients and relatives.</p> <p>Spinal Cord Injury (SCI) ward round to aid feedback for discharge planning and communication. To review to share information on the SCI units with the patients.</p> <p>Discharge leaflet to be given to patients on Admission.</p> <p>Social History completion on Electronic Patient Record (EPR).</p> <p>Information on conditions and routes of discharge with expected length of stays.</p> <p>Length of stay weekly meetings around discharge destinations / referrals and escalate and feedback to relatives / patient.</p>	<p>On Going</p>

	<p>Criteria Led discharge to support flow.</p> <p>New admission letter to set out expectations of length of stay – Final sign off 6 May 2026.</p>	
<p>Ensure positive aspects of staff experience for Ward 43 continue through updated training plan, highlight positive environment</p>	<p>Star of the month.</p> <p>Appraisals and training plans submitted yearly.</p> <p>Newsletter for availability of training opportunities from Clinical Educators in Trauma &amp; Neuro</p>	<p>On Going</p>
<p>Consider future needs of Ward 43 in terms of equipment/funding</p>	<p>Working alongside Falls lead in trust to update Handling &amp; moving equipment.</p> <p>Continued monitoring for any provision or needs for the ward</p>	<p>On Going</p>

## Our Thanks

Healthwatch Coventry would like to thank all the patients of Ward 43 who so kindly gave their time and spoke to us, the staff and managers who made us welcome and spoke to us. And thanks to all our volunteer Authorised Representatives who gave their time to conduct this Enter and View to Ward 43. For more information see [www.healthwatchcoventry.org.uk](http://www.healthwatchcoventry.org.uk)

Healthwatch Coventry will continue to work collaboratively with University Hospitals Coventry and Warwickshire NHS Trust to monitor progress and support ongoing improvements.

## Appendix 1

### About Enter & View (statutory context)

Local Healthwatch have a legal power to visit publicly funded health and social care services to see and hear them in action. Enter & View helps us gather evidence about what works well and

what could be improved from the perspective of people who use services. It is not an inspection.

### Legislative and guidance context for providers

Our power to Enter & View arises from the Local Government and Public Involvement in Health Act 2007 (as amended) and the Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013. Providers are expected to co-operate with visits and to consider and respond to recommendations. Enter & View complements (and does not replace) Care Quality Commission (CQC) regulation.

## Safeguarding, Independence & Limitations

Our Authorised Representatives are trained and DBS-checked. We plan and conduct visits, report balanced findings, and make recommendations to providers and commissioners, who are expected to consider and respond. We publish our reports and follow up on agreed actions.

### Independence

Healthwatch Coventry is an independent statutory champion for people using health and social care services. Enter & View visits are planned and delivered by Authorised Representatives who are trained and DBS-checked. We report balanced findings based on what their patients, relatives and staff told us and what we observed. Enter & View complements (and does not replace) Care Quality Commission (CQC) regulation.

### Safeguarding

If Authorised Representatives witness or are told about immediate risks of harm during a visit, we follow our safeguarding procedures: we raise concerns promptly with scheme managers and, where necessary, escalate to the local authority and/or CQC. We do not investigate individual cases; our role is to reflect peoples' experience and highlight improvements.

### Scope and limitations

**Scope:** This report focuses on peoples lived experience within Ward 43, covering environment, food, activities, communication, personalisation of care and overall wellbeing. It is not an inspection and does not assess clinical quality.

## Appendix 2

Dates of visits and Authorised Representatives present on 18 February 2026

Date/Time	Ward	Authorised Representatives
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10.00 -12.30	Ward 43	Ruth Burdett, Allen Margrett, Gillian Blyth Sam Barnett
13.00 to 2.30	Ward 43	Ruth Burdett, Mary O'Reily, Kath Lee, Sam Barnett
15.00 – 16.30	Ward 43	Ruth Burdett, Gillian Blyth, Allen Margrett

## Appendix 3

Information about the people we spoke to (including friends and family)

### Age (including family and friends)

Age of person	
25-49 years	2
50-64 years	11
65-79	3
80+	1
Not known	0
Blanks	0
Total	17

### Gender/sex (including family and friends)

Gender/sex	
Man	10
Woman	7
Not known	0
Blank	0

### Sexuality

Sexuality	
Asexual	0
Heterosexual	11
Gay man	1
Lesbian gay woman	0
Not known	4
Prefer not to say	1
Total	17

Ethnicity (family and friends included)

Ethnicity	Patients, family
White British, English, Northern Irish, Scottish, Welsh	12
Black British: Caribbean	1
Any Other	1
Any other Asian British Background	1
No response	2
total	17



# healthwatch

## Coventry

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