

Follow up visit to Ward 43 at University Hospital Coventry

April 2024

Contents

Introduction	3
Method	3
Findings	4
Conclusions	7
Next steps	7
Copyright	8
Acknowledgements	8

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.

Healthwatch Coventry completed a series of visits to adult wards at University Hospital Coventry in the second half of 2023. Individual reports and recommendations were produced for each ward and actions were identified by the Trust.

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

Healthwatch Coventry returned to re-visit ward 43 because of concerns identified from the original visits. We met with Hospital Nursing leaders to share our findings regarding ward 43, which led to a specific action plan being put in place to address the concerns raised. The original report of ward 43 which is available and can be found on www.healthwatchcoventry.co.uk

This was an unannounced visit approved by the Healthwatch Coventry Steering Group to see how actions taken by the Trust on this ward had made a difference for patients and visitors.

This visit was on 29 February at 11:10am and our Authorised Representatives on the visit were: Fiona Garrigan, Ruth Burdett, Allen Margrett and Sam Barnett. Three had visited the ward before and one had not.

We used the same checklists and method as the original visits.

Findings

Initial Impressions

We were welcomed onto the ward in a positive manner having rung the bell which was answered swiftly. We did not experience the issues getting into the ward we had previously.

Staff were smiling and happy to engage in conversation. Although it was also felt that a few staff were hesitant and less receptive to our visit.

Some staff had researched Healthwatch and our role, and we spoke to staff member who had read the recent reports of our enter and view visits and about Healthwatch and was able to talk about this with other staff.

The ward was busy with lots of activity by staff, but the atmosphere was positive and calm, with staff moving purposefully around.

Ward environment

Cleaning was in progress and more importantly there were no noticeable odours along the corridors, and in the bays - a positive change from previous visits.

We observed the toilets and found one that was slightly dirty, but on checking later it had been cleaned.

There was plenty of soap in the dispensers, hand towels, hand sanitizer, masks available in the PPE stations on the ward.

There was also much more equipment in evidence on the ward than our previous visits. For example, hoists, and specialist chairs to enable patients to sit up and have time out of bed.

Patient care

We observed staff engaging well with patients and communicating with each other.

We saw staff kneeling next to a bed, using the patient's name, repeating instructions, and changing the question for better understanding.

Staff were using short sentences, listening, and allowing time for patients to respond.

One patient commented *"staff can't do enough for you"* and another told us: *"The HCA is golden [sic] they build you up through recovery, take time and have a laugh and joke"*.

We saw curtains being closed to protect patient dignity, and staff interacting with patients whilst carrying out procedures. Side room doors being knocked before people entered and observed a nurse showing someone around and introducing them to the patients.

However, we saw a couple of male patients in hospital pyjamas that looked too small and uncomfortable and were not fully covering them.

We observed a medication round and some procedures taking place during mealtime.

A patient was quite distressed saying they had a headache; a nurse spoke to them offering reassurance and asking if they would like some pain relief.

We observed an HCA offering reassurance to a patient who was distressed and wandering around the ward. Asking *"Would you like to call family"* and *"would you like to watch some television"*.

We observed a patient being supported to sit out in a specialist chair the Occupational Therapists (OT) had bought in. They were chatting with her and talking through the steps of the process.

There were a lot more productive activity and more visible staff on the ward than during our previous visits.

Food and drink

UHCW has already created a 'Protected Mealtimes' process on wards which is designed to enable a focus on mealtimes and on supporting patients. Mealtimes were an area of concern during our previous visits to ward 43 as the protected mealtime process was not being implemented and patients needed more support to eat and drink.

We observed a lunchtime during our revisit to the ward. Staff were very responsive and focussed on the task in hand. The Trust had created a named nutrition guardian on the ward in response to our previous findings to ensure patients were suitably prepared for mealtime and being supported to eat as

required. We saw the staff member doing this role and the positive focus to mealtimes this brought.

We heard staff going around and encouraging patients to drink fluids whilst having general conversations. Patients were sitting up to eat, food was in reach, trays with sealed utensils, napkin, wet wipe, salt, and pepper, hands were washed, and the area cleaned etc.

Visitors were asked to step away, curtains were closed, and patients supported into position. The staff then let the visitors know they could come back in and support the patient with mealtime.

The food looked good and had noticeable steam coming off it.

The staff were prepared with aprons and confirming food choices for patients and the process appeared organised. There was a focus on ensuring patients had the lunch they requested, and a further choice was being given. Although one patient said they had not received their choices.

We observed a patient sitting with a puzzle book, with a drink in reach on the table. The nutrition guardian went over and said, "Are you having sips of water".

Food and the amount eaten was also being checked when staff were picking up the trays and encouraging patients who had eaten small amounts to have more.

Communication with visitor/relatives

One group of visitors we spoke to said their experience of communication has been good, and they had found no restriction on visiting the ward outside of the usual hours.

Another told us their family member was being well looked after, "staff are friendly and work hard".

Of the family / visitors we spoke to said they were happy with the care received. One person expressed they were okay with the care but not happy with how a physio spoke to their loved one whilst moving them into a chair. The patient is at risk of falls and the physio was saying "no, no, no if you fall you fall" and not taking the time to listen. The family member said "they shouldn't be spoken to like that as they are dependent on others, as they can't talk".

Other developments

It was clear that ward staff were being supported by senior staff. There was an emphasis on staff wellbeing with a visible focus board and the introduction of a 'freedom to speak up guardian' explaining who to contact and the support offered through the process.

Conclusions

We found our revisit to be a positive experience. Our authorised representatives who had visited the ward before found the feel of the ward to have changed for the better and the authorised representative who had not been to the ward before described a positive atmosphere. There were a couple of staff who seemed wary of, or overly interested in our presence. The majority were welcoming.

We could see a lot of positive changes in the activity and interaction on the ward. Communication between staff was improved. We saw lots of positive communication and interaction between staff and patients. The relatives we spoke with were also happy with the care.

The mealtime process was much improved and the positive impact of the nutrition guardian and the focus on supported mealtimes was clear.

We saw more staff engaged in patient focused, productive activity around the ward areas. There was also more/new equipment and the ward environment felt fresher and cleaner.

Next steps

There was much progress to be seen and it is clear nurse leaders have worked hard to implement the detailed action plans they discussed with us to bring about swift improvements. The additional input into the ward was evident.

The next important step is to continue the detailed action plan and to ensure that changes to the culture and approaches on the ward are sustained and fully embedded.

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