healthwatch Coventry

Report of pilot Enter and View visit to UHCW

November 2023

Contents

Wards Visited	Ward 32 and 33
Date and Time of visit	27/07/2023 between 10am – 3pm
Address	UHCW Clifford Bridge Road, Coventry, CV2 2DX
Size and Specialism	Gastroenterology at UHCW is a department delivering gastroenterology, hepatology, nutrition, and endoscopy services.
Authorised Representatives	Gillian Blyth, Nick Darlington, Kath Lee, Ruth Burdett & Fiona Garrigan

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 and speak to Healthwatch.

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.

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.

We carried out this pilot visit to test our method. We worked with UHCW liaising and meeting with the Director, Associate Director of Quality, and Head of Patient Relations. Both parties sharing guidance documents, and this enabled us to develop our approach to this piece of work.

The pilot aimed to visit one ward and ward 32 was selected on the day of the visit. During the visit our authorised representatives were invited by the Group Director of Nursing and AHPS medicine, to also go into adjoining ward, ward 33. We include findings from both in this report highlighting ward specific information when appropriate.

During the visit we collected information by speaking to patients, speaking to staff in different roles and carrying out observations in ward areas. Information was recorded on semi-structured questionnaires asking open questions.

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 peoples' 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

On ward 32 we spoke to seven patients, two nursing staff and a support staff member. We received two returned questionnaires from a visitor/carer who were there at the time.

On ward 33 we spoke to four patients, and one support staff.

In total we spoke to four women and five men and two people did not give their gender.

Ethnicity	Count
Asian/Asian British: Indian	1
White: Any other White background	1
White: British / English / Northern Irish / Scottish / Welsh	8
Not known	1
Grand Total	**11**

Age Group	Count
25 to 49 years	5
50 to 64 years	2
65 to 79 years	2
Not known	2
Grand Total	**11**

Faith	Count
Christian	5
No religion	1
Sikh	1
No answer	4
Grand Total	**11**

5. Findings

Initial Impressions

On arrival to ward 32 there was a door entry bell and hand sanitizer. The door was labelled. A nurse came to greet us, welcomed us in and asked us to wait for the nurse in charge. There was an electronic notice board offering practical useful info i.e. Wi-Fi details, car parking, food outlets, research opportunity etc.

The ward co-ordinator arrived and was welcoming and informative. They advised that there was no fire alarm due today, and if it sounded to follow staff to a safe area. We were advised not to visit side rooms due to vulnerable people in isolation, and staff were administering barrier nursing.

The corridors were bright with handrails contrasting colour against a plain background. The area was free of obstacles and no visible hazards. There were hand gel and personal Protective Equipment (PPE) stations set out on the

wards, along with patient guidance on wearing of masks. There were no odours on entry.

Two staff were observed writing notes and updating records in the main reception area. A consultant was talking to other staff and healthcare workers were milling around delivering jugs of water. It was a busy environment with lots of background noise i.e., machines / equipment beeping.

It appeared efficient with a calm atmosphere throughout.

Ward 33

By invitation we stepped onto ward 33 as an extension to ward 32 so did not have to ring the main bell etc. We were welcomed by the ward coordinator.

The nurse's station was busy as handover was taking place, and we were informed that this ward had recently become open in escalation to the need for beds.

We were told that in two of the side rooms at the end of the ward, people were being supported by the Police, and Prison Officers. They had chosen to close off that area as it was safer to manage this and avoid disruption to other patients as there had been complaints about shouting and swearing during the night.

There were no posters or information on the walls, and cleaning was in progress.

The ward appeared calm and well managed.

Admission to hospital

Seven of the patients we spoke to said they had been on another ward prior to ward 32 or 33.

All but one was an emergency admission, with most describing spending time on the medical assessment unit.

Two patients described lots of moves in the hospital:

- *"Yes, they keep moving me. Last time at 3:30 in the morning"*
- *"Been on several wards. Sometimes moved in middle of night. No beds"*

One commented about A&E *"had to wait 15/16 hours before transferred, left on hard chair with back pain.*

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

On ward 32 four patients said they felt the ward was good and three said it was ok. On ward 33 three said it was good and one said it was bad. Therefore, the majority said that the ward they were on felt 'good'.

We gathered the following reasons from people:

- *"Staff make you feel comfortable. They come to see me every couple of hours to ask me how I am and do observations. They ask if I am in any pain.*
- *"Got company, meals brought to you".*
- *"Staff great but not enough of them. Sometimes good, sometimes okay. Not enough time with doctors, some nurses don't seem to care, my experience especially night staff, there is no point having a buzzer if you don't get help when you need it. Waiting 20 minutes if you are bed bound". [Ward 32]*
- *"If you need assistance / painkillers etc - press the red button - nurse takes a long time to come". [Ward 32]*
- *"Mix of differing needs makes it difficult to rest some have lots of support needs, [we] get disturbed, can't get comfortable".*

Privacy and dignity of patients

We asked patients if they had ever felt uncomfortable or embarrassed on this ward.

Ward 32 - four patients said they had felt uncomfortable or embarrassed.

Ward 33 - no patients said they felt uncomfortable or embarrassed although one commented that another patient keeps retching and that made them feel ill.

Some comments we heard were:

- *"Press bell / need toilet / wait 30 mins. Worse at nighttime they leave me in there. I said it's ok to leave me and ring when ready*

but have to wait 20 mins in toilet. Dignity - never been offered a shower - I don't want a strip wash. I can sit in the shower with help. Told to poo in the bed".

- *"No privacy - all ward hears what's wrong. Curtains offer no privacy".*

Staff appeared to be communicating with patients. The staff appeared calm, not rushed, and were using the correct language and tone.

We observed a nurse visit a patient to ask how they were. They drew the curtain and had a quiet chat. When the nurse had gone the patient said, *"I have never seen that nurse before, and I have never been asked that."*

Staff appeared to be communicating with patients well. Although on ward 32 (area 2) we observed two staff speak to a patient, they pulled the curtain and shouted loudly at the patient telling them they must not eat and drink and asking them if they understood in English. This conversation could be heard across the ward.

Do staff introduce themselves?

Ward 32 five said yes, they do, one said some do and one highlighted that some agency staff do not.

Ward 33 two said yes, one said no, and one said that one member of staff has not.

- *"Turn up in the morning or night introduce themselves 'I am going to be your nurse for the day/night'".*
- *"Generally, not all the time"*
- *"The best ones who come in the morning. Personal Health Assistants we go to for the smaller thing's different shifts different people, know your name - human touch".*

Patient's feeling informed and involved in care and treatment

Do nurses explain the care they are giving to you?

We found there was a largely positive response about Nurses e.g.

- *"Yes - explain what they are doing and why they are doing it."*
- *"Nurses discuss drugs and drips. Will explain if asked but not always volunteered."*
- *"Yes - when she was putting things in (my arm) she explained every little thing, told me what it was going to be like."*

Although on ward 32 (area 2) we observed two separate patients having blood taken. The staff member did not introduce themselves or explain procedure. We asked the patient if they wanted us to leave, and both times the staff member said we could stay without consulting the patient. Both times we said we would ask the patient what they wanted.

On another occasion on ward 32 we observed a nurse ask a semi-conscious patient if they consented to them taking bloods - the curtain was not drawn. The member of staff spoke to the patient about discharge, they then drew the curtains, but we could still hear part of the conversation. When the curtains were pulled back the patient pulled an angry/ fed up expression on their face.

The response was less positive when asked about doctors explaining the treatment.

Three people were positive about this e.g.

- *"Doctors are very good. Explain procedure, give timeline if possible".*

Some had a mixed viewpoint:

- *"Yes - blunt with it. Asked me to put nicotine patches on, stop drinking and eat healthy. I had a chest infection which led to*

issues with my liver and an ulcer in my left lung. I have been on antibiotics and had physio to walk. Staff offer me support to wash".

- *"Yes - most of the time. Can ask questions, as they can change medication without reasons".*

- *"Yes - only seen the Consultant once. His assistant is brilliant. Explains everything. Haven't see Consultant for almost a week but [assistant] explains.*

Examples of concerns:

- *"Not really - you have to ask the doctors. I had a scan yesterday and I had to ask the doctors for the results today".*

- *"Doctors strike hasn't helped, haven't time to communicate".*

- *"Doctors didn't explain".*

Rating of how informed feel about treatment and care

Ward 32
One person rated 10 i.e. very informed; three rated 8; one rated 6 and one rated 4 not particularly informed. One could not answer.

"Involved in a sense of being told what's happening. They respond when I tell them, trust they'll give the right treatment. Different Doctors every day. Communication is shocking. I don't know if and when I will be leaving. If I know I will stop fretting. Waiting for test results since Monday. Eye drops since Sunday". [Ward 32]

Ward 33
One person rated 1 i.e. not at all informed: one rated 7, one rated 9 and one rated 10 so very informed or informed.

"I don't feel involved in it at all. Had Xray not told what results are. Had an MRI not told what the results are. They haven't told me what they are going to do. Been in a number of times - no answer to my problem". [Ward 33]

Involvement in care examples

- *With the doctors - yes. The nurses carry out their instructions.*
- *They explain the medication or what they are going to give you. I've been told I'm nil by mouth because I'm going for a scan - when it will be I don't know*
- *Included, ask opinions, explain why and reasons*
- *Mixed. Depends on Consultant. Don't see Doctors often enough, not able to leave the ward because never know when treatments will be.*
- [sometimes when] *get drugs I want to know what they are for, give long word which I ask them to explain. information is not always volunteered.*
- *They talk to me. I know my plan*
- *Not always good enough. Doctors on strike. Doc running on own. Nurses work so hard - need support*
- *One really frustrating thing is you have to tell the same story to lots of staff.*
- *Can joke with the doctors and nurses. Supportive and helpful*
- *I have a notebook and will refer back and they are happy to listen.*

Do you feel listened to rating

	Ward 32	Ward 33
No	1	1
Partly	3	1
Yes	3	2
Grand Total	**7**	**4**

Support

Out of the nine people we spoke too, nobody had a hospital passport, although one person responded: *"no, but since seizures I have some confusion."*

A hospital passport provides important information about patients care and communications needs, including personal details, the type of medication they are taking, and any pre-existing health conditions.

When nursing and support staff were asked "How do you know which patients have communication support needs or disabilities?" and "how do you use the hospital passport to help" responses were mixed:

- *"Read through it for information. Really helpful to get knowledge of patient."*
- *"Works - might / don't use that much."*
- *"Ermm don't use it that much."*
- *"If somebody tells you – handover before shift but not today as too busy. If I was struggling, I would usually go to staff in charge – ward facilitator."*

The hospital passport highlights the key areas that you must know, are important to that person i.e., communication and any aids required. Eating and drinking and any specialised cutlery, plate guards, drinking cups, along with the likes and dislikes, and support required that will aid staff in the delivery of personalised care.

Ward environment

Both wards were bright and airy, and it was a comfortable temperature throughout, with no noticeable odours. There was cleaning in progress at times during our visit.

Toilets and bathrooms

The bathrooms were odour free. There were cleaning sprays on the floor, and yellow waste bins. One had a bottle containing urine left on it.

Comments from some people we spoke to were negative with one saying:

> *"Bathrooms bins are not cleaned; makes you feel sick - don't want to use".*

And another person saying:

> *"Bathrooms are left with waste - don't want to use".*

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

Emergency pull cords were cord not plastic – which makes them less easy to clean and increases the risk of infection.

A toilet was out of action on ward 33, and we observed a ward coordinator asking a member of staff to put a sign up.

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.

This can make the area look cluttered and there were display boards i.e. a board stating 100% harm carefree left blank with no details feeding into the statement.

The visible signs to alert staff that patients were high risk of a 'Fall' were on display. Some of the bays on ward 32 had this behind every bed, and it was not clear if this related to the named patient.

The staff details board with pictures and their role and responsibilities is a useful guide, as was the poster explaining the 'care home red bag'.

There were specific posters and useful information above patients' beds, with one being - 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.

See the appendices for a list of information we observed.

Food and drink

Just two patients were positive about the food on the wards. Most said they were able to get a drink when they wanted one and described drinks trolleys that came around.

Comments about food and drink	*Food is not brilliant. Relative brings food in.*
	Tea/coffee ok. Food is embarrassing. Food here is dog food in St. Cross its hotel food.
	Rank, sloppy, can't get seconds, sometimes not the right order, meals are awful, I order off the culture menu as they are better, and you get bigger portions … you eat with your eyes.
	Not most exciting. Odd combo's - curry and mash. Just ok. Beans with everything. I have my own sauces to put on food.
	Drinks enough times, don't always get a bedtime drink.
	You can ring for a jug of water, if mobile get one ourselves
How do you choose, and do you get the food you choose?	*Had to ask for a menu, not given a menu had to ask.*
	You always get something someone else has ordered - no option. They give me a menu and I tick what I want.
	They come with a pad and tell me what's available.
	Menu - 3 options they sort the food I have chosen
	Staff take order. Order food from culture menu. Often wrong order.
	Hope they bring something round later
Does the food meet your dietary needs?	*Diabetic - never been asked if its ok to eat*
	Yes - but the food choice is food I would not choose
	Almost they don't give you enough

We observed a bell being rung to signal lunch time and staff began to focus on handing meals out. It was quite calm, and the process was not rushed.

Meals were brought over to people, although the personal tray areas were not cleaned, and people were not asked to wash their hands etc.

We observed a staff member asking if the person was ok to have something to eat. We did not observe anyone being asked if they needed help with eating etc.

Drinks were visible and in reach of people at the time of the observation on ward 33.

However, on speaking with a day patient in a side room on ward 32 they advised:

"Staff come round a couple of times with drinks and brought me a jug of water this morning."

In this case we observed that the person was lying on a bed with a drip attached and the jug of water was on a table approximately a metre away, on the opposite side of the bed.

They could not reach the water and said staff had been in earlier to refresh the jug but had not moved the table nearer or pour water into a beaker for them, even though they had asked for it to be moved.

We highlighted and raised this with a member of staff.

Leaving hospital

One patient was positive about discharge preparation and communication. Others felt they had not received information, and some said they were worried about discharge:

How informed do you feel about the plans for your discharge from the hospital?
Haven't got a clue, frightening because I'm living on my own. I don't know what they are doing. Worried about discharge
They told me what will happen, but that will be in weeks.
Not sure as I thought it was today. They are sending me to Rugby as I can't make two flights of stairs. Got to wait for further info - bit unsettling
Discharge due today. Waiting to see Surgeon for next steps. When under a couple of teams difficult as to who leads and takes responsibility for discharge.
Very well - info given and contact details and aids for home
Not at all. Have no clue when I can go. Waiting for outcome of tests a "few days, one day next week etc" waiting game, nearly discharged at weekend, had to wait 5 hours for drugs. Still here.
Zero - just roughly an estimation would help I want to leave to get home, I need to let people know. I have children.
No one told me because of infection and X ray wouldn't be discharged. Had ordered [food] from Asda but not going home. Need to know a plan as [relative] is taking me home.

Feedback from patients' visitors

We spoke to two visitors of patients; one was a relative and one was patient's friend. Both felt happy with the care on the ward, with one commenting that their questions were answered by staff. Nether had any suggestions or concerns to raise.

6. Learning from the pilot

We found working directly with the Quality team through the pilot, and having a point of contact on every visit, has allowed us to ensure a smooth process for volunteers when entering and moving through the wards.

The pilot allowed us the time to look at the methodology and processes, in particular the questionnaires used. We gathered feedback from the volunteers in attendance, during a de-brief meeting following visit.

On reflection we have since adapted some questions on the questionnaire related to the patient, and in the process shortened the semi structured surveys used.

Following the pilot visit we received an evaluation form from the staff on the two wards. This confirmed the process had worked with a quote from staff saying:

- *"The representatives were open and friendly and respectful to both patients and staff."*

7. Conclusions

This pilot of enter and view to two wards identified there were many positive aspects to the care provided to patients.

Patients were largely positive in their overall assessment of their experience on these wards.

From what people told us and our observations there were person centred approaches in delivery, but confidentiality, privacy and dignity were not always maintained. We observed that consent for treatment was not always sought by staff.

People highlighted the challenges of communicating in a busy ward environment, especially around discharge planning and people feeling included and involved in their treatment and care.

People raised issues related to:

- Half of those we spoke to feeling listened to and half not
- On Ward 32 four patients saying they had felt embarrassed due to the way they were cared for – issues included access to the toilet
- Some patients reporting being moved within the hospital in the middle of the night.
- Patients feeling they did not have enough information about hospital discharge and what would happen.

Patients did not like the food on the wards. Just two patients were positive about the food. Some of the protected mealtime process was implemented during the visits.

Some concerns around the cleanliness of toilets/bathrooms were also raised.

8. Recommendations and response

Considering the information and observation from patients, staff, carers, and relatives we have gathered. Healthwatch Coventry makes the following recommendations for response by the Trust:

Recommendation	Response / action
1. Preparation for discharge Improve communication with patients about plans for discharge with clear staff responsibilities and check points to ensure this happens.	The Trust is currently implementation the Improving Lives Programme with a roll out planned across the hospital. The programme includes planning and preparation of patients from the hospital. All patients are provided with a copy of the Hospital Discharge Planning together leaflet on admission to the ward.
2. Communication support a) Build on the existing training to develop staff awareness of the Hospital passport, as an aid in support of communication and ensure the importance of using the passport is recognised by nursing and medical staff. B) Ensure staff are using tools available to meet the language needs of patients.	A) The hospital passport is utilised for those patients with a learning disabilities and impaired communication needs only. New passports are also available on the intranet if the patients does not bring them. B) Once staff are aware of patient's language requirements, they can utilise several options to support communication including Language Line. Other methods of communication are available for example, picture boards and cards.
3) Food and drink A) Prepare people for mealtimes, ensure they have space to eat and the correct cutlery, and support in place if needed.	A) Both Ward 32 and 33 have implemented stop the clock at 11:30 where patients are prepared for mealtimes if they are able to eat and drink. The Wards are also introducing a nutrition guardian to support with mealtime preparation.

B) Ensure drinks are available and in reach of the person. C) Find out why people don't like the food.	B) Staff have been reminded of the importance of returning patients bedside tables to ensure that drinks are in reach, this is reviewed through senior nursing rounding and observation. C) The standard of food is monitored through the Patient Led Assessment of the Care Environment. Feedback is also monitored that is received via Complaints and PALs enquiries
4) Privacy and dignity Put in place training and support to ensure staff a) Gain consent from individuals and inform people during procedures eg blood tests. b) Maintain patient dignity and support people with going to the toilet c) loud conversations with patients in the ward are avoided	A) Consent for blood tests is through "implied consent" i.e offering arm to take blood. The importance of consent will be shared at clinical forms with medical and nursing staff to raise awareness B) Shared bathrooms are part of the ward layout and are same sex designation as per national guidelines C) All communications between health care professionals and patients are conducted in a manner that respects individual circumstances. A number of ward areas have sensitive conversations with patients
5) Environment A) Check cleanliness of bathrooms/ toilets B) Consider changing the pull cords in bathrooms and toilets to plastic, to reduce the risk of infection	A) Regular checks of toilet facilities are completed and cleaning schedules are in place, in line with the national cleaning standards. Any concerns are escalated B) All pull cords in bathrooms and toilets have a PVC polymer coating with built in Biomaster Antimicrobial Technology which means it can be wiped clean and compliant with Infection, Prevention and Control standards

9. Disclaimer

Please note that this report relates to findings observed on the specific date set out above. Our report is not a representative portrayal of the experiences of all service users and staff, only an account of what was observed and contributed at and during the time of our visit.

10. Copyright

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

Information observed on the corridor walls, doors, and display boards.

- Patient guidance on wearing of masks on a poster on the door.
- Visible signs on some doors to room (FALL in red - see nurse in charge)
- Staff details board with pictures and titles of responsibility on a board.
- A visible board saying 100% harm carefree with no details feeding into the statement.
- An accreditation for Ward 32 on the board.
- A 'Did we get it right poster'.
- Accessible info standard poster with 5 essential steps and a QR code to a language line.
- A raising concerns poster giving staff details of who to contact and a QR code.
- PPE equipment and a visible sluice room sign on door.
- Cleaning in progress on the ward signs.
- A 'when am I going home' information board.
- A poster explaining the "care home red bag" which aims to help health and social care systems to develop efficient and effective arrangements, for Hospital transfer pathways when a resident moves between a care home and clinical setting such as a hospital etc. The bag stays with the patient and holds standardised information about the persons general health, any existing conditions and medication they are taking, as well as highlighting the health concern. When due for discharge a copy of the summary is placed in the bag for the care home to support the transfer back home. A red bag also highlights to staff that the person is from a care home.

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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