



# Enter and View Report

**Adult Inpatient, Ward 4 Queen Elizabeth  
Hospital**

**healthwatch**  
Greenwich

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# Executive Summary

Ward 4 is an acute cardiology ward with 24 designated beds, plus two additional beds located within patient bays rather than in corridors, bringing the total to 26 beds. It primarily admits patients through A&E or after elective procedures in the catheterisation lab (where tests and treatments on the heart and blood vessels are carried out), if patients are not well enough to return home the same day. The ward also has an 8-bed Coronary Care Unit (CCU) for patients who need closer monitoring due to more serious heart conditions. These patients are continuously monitored using special equipment (telemetry) that tracks their heart activity in real time.

During our visit, we observed a calm, clean, and well-organised environment. Staff were visible, responsive, and worked as a cohesive, dedicated team. Patients consistently praised the care, describing staff as kind, knowledgeable, and respectful. Most said they felt safe, well cared for, and informed about their treatment.

Hospital food received positive feedback from most patients for both taste and portion size, and many were satisfied with the meals provided. However, patients with special dietary needs identified a need for a wider range of options.

While overall feedback from patients, visitors, and staff was positive, there were areas for improvement including noise at night, and less than optimal communication as a result of delays in receiving test results. Clearer information and signage about how to raise a complaint, better access to translation support, and smoother discharge and patient flow processes would improve patient experience.

# Introduction

## Purpose of Our Visit

Healthwatch has the legal power to visit and assess health and social care services. Enter & view is not an inspection – this is the role of the CQC. Our role is to offer a lay perspective. Our focus is on whether a service works for those using it. Our authorised representatives, responsible for carrying out these visits, are DBS checked and have received training on conducting Enter & View visits. A list of authorised representatives is available on our website<sup>1</sup>.

## Method

In April 2025, we conducted an unannounced visit to Ward 4 at Queen Elizabeth Hospital. While the hospital was informed in advance, the specific date was not disclosed. The visit lasted three hours and involved three authorised representatives.

Prior to engaging with patients, we consulted with staff to identify individuals who were clinically well enough to take part, ensuring that all conversations were appropriate and sensitive to each patient's condition. We employed a mixed-method approach that combined interviews and direct observations to gain a broad understanding of the experiences and perspectives of patients, families, and staff.

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<sup>1</sup> [Our Staff | Healthwatch Greenwich](#)

# Who We Spoke To

We spoke to patients, family members, and staff, including ward leadership. Details of patients and family members spoken to are displayed in the tables below.

Ethnicity					
Asian, Asian British	Black, Black British	Mixed ethnic groups	White (any)	Other ethnic groups	Prefer not to say
1	2	0	11	0	0
14					

Gender			
Woman	Man	Non-binary	Prefer not to say
7	7	0	0
14			

Disability/long term condition (LTC)		
Living with disability/ LTC	Not living with disability/ LTC	Prefer not to say
7	7	0
14		

Age			
Under 24	25-49	50+	Prefer not to say
0	0	14	0
14			

Carer		
Carer	Not a carer	Prefer not to say
1	13	0
14		

# Observations

## Staff Interactions and Ward Environment

During our time on the ward, we observed a calm and well-managed environment. Staff are respectful toward patients and interact with one another in a professional and composed manner. Staff have good rapport with patients, we observed laughter, light conversation, and a warmth that creates a less formal clinical atmosphere.

The ward is maintained to a high standard of cleanliness, with spotless floors, well-kept bathrooms, and uncluttered spaces. Staff address patients by name and respond promptly to call bells, creating a reassuring and dignified environment. The family/visiting room features British Heart Foundation leaflets with helpful information on heart conditions. However, we noted a discarded meal and dirty cup left in the room for the duration of our visit, suggesting shared spaces could benefit from more frequent spot checks.

Martha's Rule<sup>2</sup> is clearly displayed in multiple locations across the ward, but we did not see any information on how patients or families could raise a concern or complaint. In addition, no information is displayed on how to access interpretation services. While staff confirmed use of Language Line and Card Medic app to support communication needs, this information is not displayed to patients and families.

While overall signage is clear, signs for toilets lacked large print or pictorial symbols, which may be helpful for some patients. One patient reported difficulty accessing the toilet when needed, due to high demand linked to a large number of patients receiving diuretic medication. Although shower chairs were observed to be in place, one patient reported needing to find and take a chair from elsewhere to avoid placing clothing on the floor. This may indicate that equipment is occasionally relocated and not returned in a timely manner.

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<sup>2</sup> [Martha's Rule | Lewisham and Greenwich](#)

# Service Strengths

## Patient, Family, and Staff Perspectives

During our conversations with patients and families, a strong and consistent sense of satisfaction with the ward emerged. Feedback highlighted not only the quality of clinical care but also the interpersonal aspects of patient experience. Patients praised staff for their professionalism, compassion, and attentiveness, describing them as approachable, respectful, and highly responsive to individual needs.

Many spoke of feeling well-supported throughout their stay, noting that staff took time to listen, provide clear explanations, and involve them in decisions about their care. This open and empathetic communication helped to foster a sense of reassurance and trust, contributing significantly to patients' overall comfort and well-being.

Both verbal comments and non-verbal cues we observed conveyed genuine appreciation, with patients and visitors expressing gratitude for the respectful, person-centred approach shown by all members of the team. The positive atmosphere on the ward was frequently mentioned, with many attributing it to the supportive relationships between staff and patients, as well as the calm and well-maintained environment.

**"The staff are brilliant. They always help me when I need it."**

**"They're attentive and they explain what they're doing—makes me feel safe."**

**"I'm treated with real respect and kindness."**



When asked about the food, most patients gave positive feedback, commenting on both the quality of the meals and the generous portion sizes.

**“This is the best food I’ve had in any hospital—plenty of choice, tasty, good portions.”**

Staff reinforced positive feedback shared by patients and their families, emphasising the high standard of care provided on the ward. They also highlighted the effectiveness of the ward’s management, noting strong leadership, clear communication, and a well-coordinated team approach as key factors contributing to the quality of patient care.

**“The team is amazing. Everyone supports each other.”**

**“We have very good training and strong leadership. That’s what keeps standards high.”**

The ward’s participation in the Compassion in Care programme was noted as a positive step, with the team working toward accreditation.



# Opportunities for Improvement

## Patient, Family, and Staff Perspectives

While most patient feedback was positive, some raised concerns about noise levels during the night. In particular, being disturbed when new admissions were processed in the early hours, noting that staff conversations could be loud and wake them up.

**“They could be a bit quieter at 3am—some of us are trying to sleep.”**

This feedback may offer an opportunity to review nighttime procedures and staff communication practices to better support restful environments and patient comfort.

Another patient suggests difficulty accessing the toilet when needed.

**“Sometimes having one toilet in the room for so many people is an issue. One extra toilet could help. I am on water tablets—it increases the urgency”**

While most gave positive feedback on hospital food, a small number of patients raised dissatisfaction with limited options available for those with specific dietary requirements. Although the general standard of food is well received, there may be opportunities to improve the menu for patients with specialised dietary needs.

**“I’m a vegetarian and there wasn’t much for me—I had to rely on my daughter bringing food.”**

Most patients provided positive feedback regarding the responsiveness and attentiveness of staff, however, some expressed concerns about delays in receiving test results, which they felt had a direct impact on their discharge planning and overall sense of recovery.

One patient reported waiting over a week for test results, which led to feelings of uncertainty and anxiety about their progress. Others noted that while they understood delays can occur, they would have appreciated clearer and more consistent communication from staff when procedures or investigations were postponed. This feedback may offer an opportunity to consider how communication on diagnostic timelines can be more clearly communicated to support patient confidence and engagement in their care.

**“The care is great—it’s just the waiting that’s frustrating.”**

Staff reported ongoing challenges related to patient flow, noting that beds are often filled immediately following a discharge. This rapid turnover leaves limited time for staff to carry out essential post-discharge protocols and properly prepare for the next admission. Staff raised concerns that these pressures can compromise the thoroughness of handovers and checks, potentially increasing the risk of errors or lapses in standard processes.

Additionally, staff shared worries about the use of extra beds placed within bays. While necessary to manage capacity, these additional beds restrict space, making it more difficult to move patients quickly and safely during emergencies. Staff described the negative implications for timely clinical interventions, resuscitation efforts, and the overall safety of both patients and staff in high-risk situations, detracting from care quality and providing a safe ward environment.

We encourage ward management to consider the concerns raised by staff regarding patient flow and the use of additional beds within bays. Addressing these issues will support patient safety, minimise operational risks, and enable staff to maintain delivery of high-quality, responsive care.

# Conclusion

Ward 4 demonstrates many examples of high-quality, person-centred care delivered by a committed and professional team. Patients and families consistently described staff as kind, attentive, and respectful, and the ward environment was observed to be calm, clean, and well managed. Strong team dynamics contribute to the ward's positive culture and high standards. The ward's participation in the Compassion in Care programme further reflects a proactive approach to maintaining excellence and improving patient experience.

At the same time, a number of improvement opportunities were identified. These include improving communication around delays to test results, displaying information on how to access interpretation services and how to raise concerns and complaints, addressing night-time noise disturbances, and, where possible, reviewing toilet access. These areas had a noticeable impact on ward experience for a small number of patients.

Feedback from staff highlighted pressures on patient flow and the use of additional beds within bays. These issues could affect the safe delivery of care in high-pressure situations, and further review could be considered to minimise risk and support staff in maintaining high standards. Addressing these points would further enhance the already strong care delivered on Ward 4.

# Recommendations

## 1. Communication and Responsiveness

- Consider reviewing noise levels during night shifts and overnight admissions to support patient rest and recovery.
- Consider how best to provide patients with regular, clear updates when delays occur in tests, procedures, or the communication of results, as this may help reduce anxiety and support informed decision-making.
- Explore opportunities to expand food options and meals that accommodate specific dietary needs.

## 2. Facilities and Patient Experience

- Ensure shower chairs remain in place and are consistently available across all shower rooms to improve ease of use and reduce inconvenience for patients.
- Consider providing hooks or small shelves in shower areas to keep patient clothing and personal items off the floor.
- Where possible, review toilet access in shared bays, particularly for patients taking diuretics, to ensure facilities are adequate.

## 3. Accessibility and Inclusion

- Display clear information on how to access interpreter services to help patients and families feel confident in navigating available support.
- Display clear information on how to raise concerns or complaints.

## 4. Patient Flow and Emergency Readiness

- Review admission and discharge process to identify opportunities to strengthen handovers and allow sufficient time between discharges and new admissions.
- Assess the use and layout of additional beds within bays to ensure that patients can be moved safely and quickly in the event of an emergency.

## 5. Environment and Shared Spaces

- More frequent checks of shared areas, such as the family/visiting room, could help maintain a consistently clean and welcoming environment for patients and visitors.

## 6. Wayfinding

- Enhancing signage for key facilities (e.g., toilets), including large print or pictorial symbols, may improve accessibility for patients with visual or cognitive impairments.

# Limitations

This report is based on a single, unannounced Enter and View visit lasting approximately three hours. As such, it reflects a snapshot of ward activity and patient experience at a specific point in time. It is possible that the issues observed or reported may not fully capture day-to-day variation, such as differences between weekday and weekend, or the impact of shift changes and seasonal pressures.

Feedback was obtained from 14 patients and family members and from ward staff. Although these interactions provided rich insights, the sample size is small. Additionally, patients were selected based on clinical appropriateness as advised by ward staff, which may have excluded those who were too unwell or unable to communicate easily. This could result in a bias toward more positive or less complex patient experiences.

The findings presented in this report are based on the views and observations of trained Healthwatch lay representatives, rather than clinicians or inspectors. The report does not make judgments about the clinical appropriateness of treatment, adherence to clinical guidelines, or clinical decision-making. It should therefore be read as complementary to, but distinct from, regulatory inspections such as those conducted by the Care Quality Commission (CQC).

# Acknowledgements and Key Details

Healthwatch Greenwich would like to thank the service provider, staff members and visitors for their contribution to the Enter and View Programme.

Key detail	
Premises Name and Address	Ward 4, Queen Elizabeth Hospital, ground floor, Stadium Road, Woolwich, London, SE18 4QH
Service Provider	Lewisham and Greenwich NHS Trust
Service Manager	Samantha Kelly, Head of Nursing for Medicine, Lucie Kabatesi, Ward Matron
Date	15 March 2025
Admission Information	Patients are admitted through A&E and Acute Medical Units.



# Provider Response

**Healthwatch was established in 2013 in accordance with the Health and Social Care Act 2012. Within this legislation Healthwatch has a right to a reply within 20 working days to Reports and Recommendations submitted by local Healthwatch to a service provider/commissioner.**

Report & Recommendation Response Form	
Report sent to:	Samantha Kelly, Head of Nursing for Medicine, Lucie Kabatesi, Ward Matron
Date sent:	28.04.25
Title of Report:	Enter and View Report Adult Inpatient, Ward 4, Queen Elizabeth Hospital
Response	<p>If there is no response, please provide an explanation for this within the statutory 20 days (by 27th of May 2025).</p> <p>Please note: This form and its contents will be published by Healthwatch Greenwich.</p>

Date of response provided	
Healthwatch Greenwich Recommendations	<p><b>1. Communication and Responsiveness</b></p> <p>Consider reviewing noise levels during night shifts and overnight admissions to support patient rest and recovery.</p> <p>Consider how best to provide patients with regular, clear updates when delays occur in tests, procedures, or the communication of results, as this may help reduce anxiety and support informed decision-making.</p> <p>Explore opportunities to expand food options and meals that accommodate specific dietary needs.</p>

## **2. Facilities and Patient Experience**

Ensure shower chairs remain in place and are consistently available across all shower rooms to improve ease of use and reduce inconvenience for patients.

Consider providing hooks or small shelves in shower areas to keep patient clothing and personal items off the floor.

Where possible, review toilet access in shared bays, particularly for patients taking diuretics, to ensure facilities are adequate.

## **3. Accessibility and Inclusion**

Display clear information on how to access interpreter services to help patients and families feel confident in navigating available support.

Display clear information on how to raise concerns or complaints.

## **4. Patient Flow and Emergency Readiness**

Review admission and discharge process to identify opportunities to strengthen handovers and allow sufficient time between discharges and new admissions.

Assess the use and layout of additional beds within bays to ensure that patients can be moved safely and quickly in the event of an emergency.

## **5. Environment and Shared Spaces**

- More frequent checks of shared areas, such as the family/visiting room, could help

	<p>maintain a consistently clean and welcoming environment for patients and visitors.</p> <p><b>6. Wayfinding</b></p> <ul style="list-style-type: none"> <li>• Enhancing signage for key facilities (e.g., toilets), including large print or pictorial symbols, may improve accessibility for patients with visual or cognitive impairments.</li> </ul>
General response <sup>3</sup>	<p>Ward 4 is grateful for the feedback and values the chance to reflect on and enhance our practices. We are devoted to providing compassionate, high-quality care that prioritises patients and their families in all our efforts.</p> <p>Each recommendation has been thoroughly evaluated, and we have detailed actionable steps to address them—such as improving communication and responsiveness, enhancing the ward environment, and supporting both permanent and temporary staff. We understand that even minor adjustments can greatly influence the experiences of patients and families, and we are committed to ongoing improvement.</p> <p>We appreciate the insights from patients, families, and staff, and we will persist in listening, learning, and adapting. By fostering collaboration among teams and receiving support from broader Trust departments, we strive to cultivate a safe, respectful, and supportive environment for everyone in Ward 4.</p>
<b>Response to recommendation 1:</b> Consider reviewing noise levels during night shifts and	<p>Unfortunately, the noise from the central monitor cannot be turned down, as it needs to be audible for safety reasons. The ward has earplugs allocated in the budget, which can be provided to each patient upon admission. Discussions</p>

<sup>3</sup> Please expand boxes as needed for your response.

overnight admissions to support patient rest and recovery.	continue regarding noise levels at each nursing huddle as part of the Compassion in Care programme.
<b>Response to recommendation 2:</b> Consider how best to provide patients with regular, clear updates when delays occur in tests, procedures, or the communication of results, as this may help reduce anxiety and support informed decision-making.	<p>The new Catheter Laboratory is now open. This should provide a comprehensive service that meets the needs of our patients.</p> <p>During the inspection, Ward 4 used a portable Catheter Laboratory. Therefore, the nurses working in the bay were given limited information about when the angiograms were scheduled.</p> <p>The nurse in charge updates patients daily on their status on the procedure list.</p>
<b>Response to recommendation 3:</b> Explore opportunities to expand food options and meals that accommodate specific dietary needs.	<p>The ISS (food provider) helpdesk offers an all-day menu with a wide variety of food for patients with special dietary needs, available 24 hours a day. Nurses can request this service at any time. Additionally, a finger food menu is available, which is often suitable for those with cognitive impairments.</p>
<b>Response to recommendation 4:</b> Ensure shower chairs remain in place and are consistently available across all shower rooms to improve ease of use and reduce patient inconvenience.	<p>The Ward 4 team will make a formal request for the procurement of chairs to be placed in all shower facilities. This initiative aims to ensure that every shower has a chair readily available for use whenever required. The team recognises the importance of providing accessible support for patients who may need assistance while bathing, thereby enhancing their overall comfort and safety. By ensuring these chairs are available, the Ward 4 team is committed to upholding a standard of care that caters to the diverse needs of all patients under their supervision.</p>

<p><b>Response to recommendation 5:</b></p> <p>Consider providing hooks or small shelves in shower areas to keep patient clothing and personal items off the floor.</p>	<p>We will liaise with our facilities team to establish a storage area for personal belongings during showers.</p> <p>We will implement this as soon as possible, as we recognise the need to keep personal belongings safe while showering.</p>
<p><b>Response to recommendation 6:</b></p> <p>Where possible, review toilet access in shared bays, particularly for patients taking diuretics, to ensure adequate facilities.</p>	<p>Currently, there are four side room toilets in Ward 4 and four toilets shared among 24 patients. We aim to provide the necessary care to all our patients and ensure appropriate facilities.</p> <p>Patients are encouraged to mobilise to the toilet to avoid deconditioning while in the hospital.</p>
<p><b>Response to recommendation 7:</b></p> <p>Display clear information on accessing interpreter services to help patients and families feel confident in navigating available support.</p>	<p>Ward 4 will request the Reprographics team to print a poster on accessing an interpreter in the ward.</p> <p>Ward 4 utilises the Dals interpreting system on the Ward 4 iPad for patients facing a language barrier, utilising this interpreting service ensures timely care continuity.</p>
<p><b>Response to recommendation 8:</b></p> <p>Display clear information on how to raise concerns or complaints.</p>	<p>There is a poster next to the kitchen in Ward 4 on raising concerns for patients (PALS/Martha's law) and staff (speaking up and escalating concerns).</p> <p>The ward will make sure that leaflets are also available regarding PALS and Martha's Law.</p>
<p><b>Response to recommendation 9:</b></p> <p>Review admission and discharge process to identify opportunities to strengthen handovers</p>	<p>There are ongoing processes to review the admission and discharge processes with the Ward 4 multi-disciplinary team. We are trialling a board-round project highlighting patients available for early discharge the following</p>



and allow sufficient time between discharges and new admissions.	morning to ensure their medication and investigations are completed promptly.
<b>Response to recommendation 10 :</b> Assess the use and layout of additional beds within bays to ensure that patients can be moved safely and quickly in the event of an emergency.	<p>The Trust's decision to have additional patients on wards or in corridor care has not been easy. Corridor care has been implemented as an alternative to patients queuing in ambulances outside the hospital. It has enabled earlier patient flow from the Emergency Department (ED), reducing the risk of ED overcrowding.</p> <p>The decision regarding corridor care is reviewed three times a day at our site flow meetings. We aim to keep patients in boarded bed spaces for the shortest time possible, ideally no longer than 24 hours. However, these boarded spaces may be continuously used for medically stable patients during extreme pressure.</p> <p>Although patients are in an additional bed space, this will not affect the care and treatment they receive from our ward teams, and they can be reviewed quickly in an emergency. Patients are continually assessed, and if their condition or needs change, staff will re-evaluate who is the most appropriate patient to occupy the corridor bed space. We have ensured privacy screens, call bells, overbed tables, and lockers. There are frequent senior leadership rounds.</p>
<b>Response to recommendation 11 :</b> More frequent checks of shared areas, such as the family/visiting room, could help maintain a consistently clean and welcoming environment for patients and visitors.	<p>The Nurse in Charge and the Ward Manager conduct spot checks throughout the day. Bins are placed throughout the wards for rubbish disposal; however, the nursing team will ensure that the patient day room, which is often used for relatives, is well maintained. We will also ensure that a bin is located in the day room.</p>

<b>Response to recommendation 12:</b> Enhancing signage for key facilities (e.g., toilets), including large print or pictorial symbols, may improve accessibility for patients with visual or cognitive impairments.	There is an upcoming meeting with the Vinci team (facilities provider) to aid in redesigning the Wards to ensure appropriate signage for individuals with cognitive impairments. The teams are collaborating with the Nursing staff, Dementia CNS, and therapists to achieve the best outcomes for our patients. In the meantime, we will ensure that pictures are provided for key facilities.
Signed:	Esme Morgan
Name:	Esme Morgan
Position:	Ward Manager



# healthwatch Greenwich

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