Enter and View Report

Elderly and Medical, Ward 18 Queen Elizabeth Hospital

healthwatch Greenwich

Contents

Executive Summary

Ward 18 is a 28-bed medical ward that specialises in the care of older adults with frailty and complex medical needs. Many patients require assistance with daily tasks such as walking, eating, and using the bathroom, and some are living with dementia or experiencing delirium. During our visits, the ward was operating at full capacity, with two additional corridor beds in use.

Overall, the ward environment was clean, well-maintained, and organised. Staff demonstrated strong teamwork and supported one another to meet the needs of patients. Patients and families praised the kindness, attentiveness, and commitment of staff, who were described as hardworking and compassionate. We directly observed staff delivering care with patience, empathy, and kindness, even in high-pressure situations.

Despite these strengths, several areas for improvement were identified. Most notably, it was suggested by patients, families, and staff themselves that staffing levels were insufficient to meet the complex and often intensive needs of patients on the ward. We observed patients frequently waiting for assistance with basic needs. Staff described feeling stretched and frustrated at being unable to provide the level of care they knew was needed.

While staff were generally kind in their interactions, patients with hearing difficulties or cognitive impairments sometimes struggled to understand information, particularly when medical language was used. Families also reported inconsistent communication, saying they often had to chase updates themselves and were not always kept informed about their loved one's condition or treatment plan.

Although information on how to give feedback or raise concerns was displayed on the ward, patients and family members said they were unsure how to do so in practice. In some cases, concerns only appeared to be taken seriously after they were escalated or backed up with evidence, which left relatives feeling dismissed or mistrustful.

We received mixed reports on the quality, texture, and variety of meals, with some patients satisfied and others less so. Some patients also found the shared ward environment unsettling when others in their bay were distressed, confused, or noisy. Staff also highlighted ongoing problems with delayed discharges due to equipment or support not being in place at home, delays which extend hospital stays unnecessarily and place additional strain on ward capacity.

In summary, Ward 18 is staffed by a dedicated and compassionate team working in a highly pressured setting. While the ward offers a clean and caring environment, improvements are needed in staffing levels, communication practices, discharge planning, and patient experience to ensure safe, timely, and person-centred care for all patients.

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[1].

Method

In April 2025, we conducted two unannounced visits to Ward 18 at Queen Elizabeth Hospital. While the hospital was informed in advance of our plans to visit, the specific dates were not disclosed. Each visit lasted between two to five hours and involved four authorised representatives.

Before we approached patients, we checked with staff to make sure each person was well enough to take part if they wanted to. 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.

[1] Our Staff | Healthwatch Greenwich

Who We Spoke To

We spoke to seven patients, four family members, and three members of 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	0	0	7	0	3
11					

Gender			
Woman	Man	Non-binary	Prefer not to say
6	2	0	3
11			

Disability/long term condition (LTC)		
Living with disability/ LTC	Not living with disability/ LTC	Prefer not to say
4	4	3
11		

Age			
Under 24	25-49	50+	Prefer not to say
0	0	8	3
11			

Carer		
Carer	Not a carer	Prefer not to say
3	4	4
11		

Observations

Staff Interactions and Ward Environment

The ward was clean, well-maintained, and well-organised. Bathrooms, toilets, and patient areas were tidy and accessible. Noticeboards offered helpful information for patients, and families, including posters on Martha's Rule[2] and how to raise concerns or make compliments. On the days of our visit, the ward was at full capacity with two additional corridor beds in use. Only one of which utilised privacy screens to protect the patient's dignity.

We observed staff consistently supporting patients with limited mobility to access facilities. Interactions were both compassionate and professional, for example, we observed staff taking time to speak calmly to a confused patient, reassuring them, before helping them to the bathroom. Some patients, clearly agitated, shouted at staff or were confused about their surroundings and repeatedly asked to go home. In response, staff were frequently seen calmly de-escalating situations and caring for patients with patience and kindness. While most patients spoke positively about their care, many also noted the lack of timely responsiveness to their needs. One patient noted:

"They need more people, more staff!"

Staff concurred with this sentiment:

"Everyone is stretched. We want to deliver the best...but we don't have enough staffing."

Our observations also noted that patients often and routinely had to wait for help. While staff were present on the ward and appeared attentive, they were frequently occupied with other tasks or supporting other patients. Although we

[2] Martha's Rule | Lewisham and Greenwich

cannot say for certain, it appeared that these delays were due to insufficient staff to meet the demands of a busy ward. For example, while staff helped one patient, another patient, clearly anxious and needing help, had to wait. In another case, a thirsty patient asked us to refill her empty water jug because staff had not responded to her request.

The delays we observed in patients receiving help have implications for the quality and safety of care on the ward. When patients are left waiting for assistance with basic needs it can lead to discomfort and distress. This is particularly concerning for the many patients on the ward living with dementia or other cognitive impairments who may struggle to communicate their needs clearly or repeatedly. Patients may feel overlooked or hesitate to ask for help again. A care environment that feels overstretched risks undermining the sense of safety and person-centred care that patients should be able to expect. Moreover, sustained pressure of this kind adds an additional layer of stress for staff, which may further impact patient care.

Patient, Family, and Staff Perspectives

Communication

Patients and families said staff were kind in how they communicated, but updates were not consistently shared. Some felt well informed, while others were confused or frustrated. One patient noted that staff had tried to explain their treatment, but the terms used were technical and not easy to make sense of.

"Yes, they try to tell me what's going on, but it's not always easy to understand because of the language they use."

Another patient told us their hearing difficulties made communication difficult, but this had not been accommodated, leaving them feeling dismissed and dissatisfied:

"There are people who require more help than others. The staff fail to understand that, and they tend to get angry that the patients don't understand them. I've seen this happen more with elderly people with hearing problems. You can't speak with the staff because they don't listen to me. They need more time for patients."

Some families told us they felt communication from the ward was inconsistent and often inadequate. While they appreciated the care being given, they described feeling excluded from the process due to a lack of regular updates. In many cases, families said they only heard from staff when something serious had happened, and even then, the information was sometimes unclear or

difficult to access. This left some relatives feeling anxious, uncertain, and disconnected from their loved one's care.

Some relatives described having to take the initiative to seek out updates themselves, rather than being kept informed as a matter of routine. One family member explained:

"...we have to ask for updates ourselves. Last week, they told me my father was deteriorating, but today I had to chase them for information."

Another added:

"...they do [give updates]... but you have to find them first."

These comments reflect a sense that families are not always seen as active partners in care, but rather as outsiders who have to push for information.

Others spoke of difficulties getting through to the ward by phone. One person described:

"I did try to ring the ward this morning. I thought I got through, but then the line got cut off. I wasn't able to talk to anyone."

These communication breakdowns add further distress, especially when families are already concerned about the wellbeing of a loved one. In many cases, lack of communication creates significant anxiety and uncertainty. One relative told us:

"I don't really know what they've been treating him for. We don't know why he's in this ward, we only

know he's here because he collapsed. No updates and he is already here for 5 weeks."

Experiences like these suggest poor communication can leave families feeling confused and powerless at a time when reassurance and clear information are most needed.

Concerns about staffing levels were a consistent theme raised by patients, families, and staff alike. All felt that the number of staff on duty was not sufficient to meet the complex needs of patients on the ward. Staff shared their frustration at being unable to provide the level of care they knew was needed, particularly for patients with high needs. One staff member explained:

"We need one-to-one care tonight, but it's not in place. They're thinking [management] about removing night-time one-to-one shifts, but that's when the risk is highest."

Patients described the impact of staff shortages on their experience of care. They spoke of long waits for help, limited interaction with staff beyond essential tasks, and a lack of time for meaningful communication or comfort. As one patient put it:

"There's just not enough time. They're doing their best, but they can't do everything properly with the time they have."

This sense of being rushed or overlooked, even unintentionally, left some patients feeling that their needs could not always be met in a timely or compassionate way.

Family members shared similar concerns, highlighting situations where their loved one's needs were not fully recognised or followed up on. One relative recounted:

"My dad can't eat regular food, so my sister asked if he could at least have a nutritional drink. But they thought a few sips were enough. No one checked if he was still hungry or if he'd had enough."

These experiences raised questions about the ward's ability to provide consistent and attentive care, particularly when patients were unable to advocate for themselves or needed more personalised support.

Giving Feedback and Raising Concerns

Some families told us they found it difficult to raise concerns or felt their concerns weren't taken seriously until they pushed for answers. One relative described an incident involving her father that left her feeling distressed and mistrustful of the care being provided.

"There's been an injury with my dad after he got admitted here, and there's been a bit of a cover-up. I came to see him, and I saw a tear on his skin, and [it looked like] someone might have grabbed him. Later, one of the nurses called me about the wound, but it was only after I asked them about what had happened. I took photos on my phone two days ago and today the doctor took a picture of my phone and said he's going to investigate."

This experience left her feeling that her concerns were only taken seriously after she presented photographic evidence, rather than being listened to from the outset. The delay in acknowledging the injury and the lack of proactive

communication from staff created worry and undermined her confidence in the care her father was receiving.

Ward Culture

While staff generally spoke positively about teamwork, there were areas of weakness.

> "Some of the staff attitudes [need improvement], there's a bit of blame culture, occasionally, not always. There's a 'not my patient' culture and a hierarchy of nurses, HCAs, and everyone else."

This suggests that, at times, professional boundaries or hierarchies may lead to delays or reluctance in responding to patient needs if the individual is not seen as the direct responsibility of a particular staff member. The reference to a "blame culture" also points to a possible lack of psychological safety among staff, which can hinder teamwork. While this was not a view shared by all, it raises considerations about how internal culture may influence the consistency and quality of care delivered on the ward.

Food

While most patients told us they were satisfied with the portion sizes of their meals, some expressed disappointment with the overall quality, taste, and variety of the food provided. Complaints included the texture and temperature of meals, as well as how well the options met individual dietary needs, particularly for those requiring vegetarian meals or softer food. Some patients felt that while there was technically a choice, the available options were not particularly appealing or enjoyable. As one patient put it:

> "It's alright, there's a choice. It's not necessarily things that you enjoy."

Another commented on both the flavour and presentation of the food, saying:

"Not very nice, very light today which is unusual. Doesn't appeal at all, very strange tasting. The portions are adequate."

Patients following a vegetarian diet described limited options. One patient told us:

"I'm living on bread and butter and some marmite. The peas are hard, and the mashed potatoes don't taste right. Portion and size are good if you can eat it. Jellies are good because they are vegetarian and vegan. Custard is not bad, but the pudding is too sweet."

Texture was an issue of particular concern for those with dental problems or difficulty chewing:

"It varies. Today I had the most awful meal you can imagine—frozen haddock. Portion is alright but the fish was like concrete. It was the most tasteless meal I've had in any hospital."

These comments suggest that while the nutritional provision may meet the required standards, the lack of palatable options could affect patient wellbeing, appetite, and overall satisfaction with care.

Balancing Patient Needs in Shared Spaces

Some patients told us that they found the shared ward environment difficult, particularly when others were distressed, confused, or noisy. While it's understood that wards must care for a wide range of patients with differing needs, patients said the lack of quiet and calm made it harder for them to rest,

sleep, and feel at ease during their recovery. One patient described their experience:

> "You've got noisy, disruptive patients, who should not have been put here. Ghastly experience!"

Comments like this suggest that while patients may be sympathetic to others' needs, the impact of a noisy or unsettled ward can still feel overwhelming and undermine the therapeutic value of their hospital stay.

Ward Cleanliness

Overall, patients and families spoke positively about the cleanliness of the ward. Communal areas and patient bays were generally described as clean and well-maintained, helping to create a calm and reassuring environment. Cleanliness was reflected in the high standards observed during our visit. However, one patient raised a concern about the condition of the shower area:

> "The showers are sometimes unclean."

While this was not a widespread issue, it suggests that some parts of the ward, particularly shared facilities, may require more regular monitoring to remain consistently clean throughout the day.

Delayed Discharge

One issue raised by staff was the frequent delay in putting in home support or delivering essential equipment, such as hospital beds, hoists, or mobility aids, to patients' homes. These delays often prevented patients from being discharged, even when they were medically fit to leave. As a result, patients stayed on the ward longer than necessary, occupying beds that are needed for others.
Staff explained that while the clinical discharge plan may be completed and the family ready to receive the patient, the absence of necessary equipment or additional support means it would not be safe for the patient to go home. One member of staff described the situation:

“Sometimes we’re just waiting on a piece of equipment to get someone home. The care plan is ready, the family is on board—but without the right support in place, it’s not safe to discharge.”

These delays cause frustration for both patients and families, as well as for staff. Staff also noted that these delays can impact patient wellbeing, as patients may become more anxious, confused, or deconditioned the longer they remain in hospital unnecessarily.

Service Strengths

Feedback from most patients and families suggests Ward 18 provides compassionate care despite being under significant pressure. Many patients and families spoke highly of staff for doing their best, describing staff as caring, committed, and hardworking. Most patients said the ward was clean and staff treated them with kindness and respect. Staff were praised for being gentle and thoughtful when providing personal care. One patient shared:

"They respect me, and I respect them. When they do things for me, they always ask, 'Is there anything else I can do?' If I need to use the bedpan, they make me feel very comfortable afterwards. Very friendly and pleasant."

However, patients consistently told us they often had to wait for assistance and responsiveness to requests for help was not always timely. As one patient noted:

"They're attentive as they're allowed to be, they're so busy!"

Despite some communication challenges (covered elsewhere in this report), many patients told us that staff were polite and tried their best to explain treatment and care plans. Most patients and families felt the tone of most interactions with staff was friendly and reassuring, even when staff were clearly busy.

Overall, staff spoke positively about the ward's culture, especially the strong teamwork. At the same time, staff acknowledged the emotional and physical challenges involved in caring for frail, elderly patients. These patients often require one-to-one support and closer supervision, which can be demanding. Staff described the work as rewarding but also exhausting at times, noting that managing complex needs alongside routine care tasks required significant

resilience. Some explained that while they generally felt well supported by colleagues, the intensity of the workload could be difficult to sustain without adequate staffing and resources.

Opportunities for Improvement

A consistent theme raised by patients, families, and staff was the lack of sufficient staff to meet the needs of a busy ward. Patients frequently had to wait for assistance with basic needs, and we also confirmed this in our observations. These delays did not appear to be due to staff unwillingness, but rather because they were already occupied supporting other patients. Staff themselves described feeling stretched and frustrated at not being able to provide the level of care they knew patients needed. Although staff praised teamwork overall, some highlighted concerns around a "blame culture" and a sense of hierarchy between roles, which could delay care or reduce a shared sense of responsibility for patients.

While patients experienced kind and respectful communication from staff, some found it difficult to understand information on their treatment or care, especially when staff used clinical language or did not adapt communication for hearing impairments or cognitive challenges. Families described communication as inconsistent and often inadequate. Some relatives reported a lack of updates about their loved one's condition or care plan and only received information when they actively chased and proactively insisted on finding out what was happening.

Although posters about how to raise concerns or give feedback were displayed, patients and families were unsure about the process. Some said they didn't know who to approach, while others felt that concerns were not taken seriously unless they escalated them. Gaps in communication and a lack of awareness of how to raise worries or concerns left families feeling anxious, excluded, and uncertain or suspicious about the quality of care being delivered.

While patients generally found the meals adequate, some were dissatisfied and felt options were limited or unappealing. Improving the palatability and variety of meals would support better nutrition, enjoyment, and overall patient experience.

Some patients found the shared bay environment difficult, especially when other patients were distressed, noisy, or confused. While they expressed sympathy, they also felt the lack of peace made it harder to rest or recover.

Staff raised concerns about patients being medically ready for discharge but unable to leave hospital due to delays in arranging essential equipment or support at home. These delays, often linked to community health and social care services, caused frustration for patients, families, and staff, and extended hospital stays unnecessarily. This not only affects patient wellbeing and recovery but also contributes to bed pressures and limits access for other patients.

Conclusion

Ward 18 provides care for some of the most vulnerable patients in the hospital—older adults with complex needs, frailty, and cognitive impairments such as dementia or delirium. Our visits found a ward where staff were committed, compassionate, and resilient, despite working under considerable pressure. Staff showed kindness and professionalism in their interactions, supporting patients with empathy even in high-pressure or emotionally challenging situations. Patients and families frequently praised the dedication and kindness of staff, and there was evident pride among the team in the care they delivered.

However, many of the challenges observed—such as waits for assistance and inconsistent communication with families, were consistently attributed, by patients, families, and staff themselves, to insufficient staffing levels. The needs of patients on the ward are high, and the available workforce does not always match the intensity and complexity of the care required.

Recommendations

1. Staffing and Responsiveness

- Review staffing levels to support and enable safe, timely, and person-centred care across all shifts on the ward. Include feedback from staff on workload pressures when reviewing rota patterns and staffing models.
- Review and improve systems to enable timely responses to patient requests, including during staff breaks or peak periods. Where delays are identified, explore underlying causes and make practical adjustments to support better responsiveness.

2. Discharge Coordination

- Escalate ongoing work with community health and social care partners to improve coordination on equipment delivery and care packages.

3. Communication with Patients and Families

- Provide regular, proactive updates to families.
- Encourage use of simple, accessible, and jargon-free language when speaking with patients and families.
- Provide reasonable adjustments when communicating with patients/families with additional communication needs.
- Beyond displaying posters, consider ways to amplify how patients and families can raise concerns or give feedback.

4. Food Quality and Suitability

- Review the variety, quality, and flavour of meals, with particular attention to patients with dietary restrictions such as vegetarian or soft food diets.

5. Managing Distress in Shared Bay Areas

- Support staff with tools and training for thoughtful patient placement, aiming to reduce disruption caused by distressed or agitated behaviour in shared bays.

6. Ward Culture

- Address concerns about blame or role-based hierarchies and encourage shared responsibility across the ward team.

Limitations

The findings in this report are based on visits and interviews conducted across two observation days on Ward 18. While this provides useful insights into the experiences of patients, carers, and staff, it offers only a snapshot in time. Patient, family, and staff experiences may vary depending on the time of day, staffing levels, and ward activity.

We spoke with a range of patients, families, and staff members, but the number of those we spoke to is small. As such, the findings in this report should not be considered fully representative of all those admitted to or working in Ward 18 during the period of our visit. Additionally, those who agreed to share their experiences may have held stronger views, whether positive or negative, than those who declined to take part, introducing potential self-selection bias.

It is also possible that the presence of our team influenced the behaviour of staff and patients who may have modified their actions or responses because of being observed. This may have led to more positive or cautious interactions than would otherwise be typical.

Lastly, while this report incorporates some feedback from staff, its primary focus is on the views of patients and families. A more detailed engagement with a broader range of staff across roles and shifts would provide deeper insight into internal processes, workforce pressures, and opportunities for service improvement.

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 18, Queen Elizabeth Hospital, ground floor, Stadium Road, Woolwich, London, SE18 4QH
Service Provider	Lewisham and Greenwich NHS Trust
Service Manager	Marlyn Elias, Ward Manager, Samantha Kelly, Head of Nursing for Medicine, Doris Wright, Ward Matron
Date	1 April 2025 and 8 April 2025
Admission Information	From A&E and Ward 2 when their stay in the Acute Frailty Unit exceeds 72 hours and they no longer require acute intervention.

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, Doris Wright, Ward Matron, Michelle Acquah, Patient Experience Manager
Date sent:	22.5.25
Title of Report:	Elderly and Medical, Ward 18 Queen Elizabeth Hospital
Response	If there is no response, please provide an explanation for this within the statutory 20 days (by 20th of June 2025). Please note: This form and its contents will be published by Healthwatch Greenwich.

Date of response provided	
Healthwatch Greenwich Recommendations	**1. Staffing and Responsiveness** • Review staffing levels to support and enable safe, timely, and person-centred care across all shifts on the ward. Include feedback from staff on workload pressures when reviewing rota patterns and staffing models. • Review and improve systems to enable timely responses to patient requests, including during staff breaks or peak periods. Where delays are identified, explore underlying causes and make

practical adjustments to support better responsiveness.

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- Escalate ongoing work with community health and social care partners to improve coordination on equipment delivery and care packages.

3. Communication with Patients and Families

- Provide regular, proactive updates to families.
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- Provide reasonable adjustments when communicating with patients/families with additional communication needs.
- Beyond displaying posters, consider ways to amplify how patients and families can raise concerns or give feedback.

4. Food Quality and Suitability

- Review the variety, quality, and flavour of meals, with particular attention to patients with dietary restrictions such as vegetarian or soft food diets.

5. Managing Distress in Shared Bay Areas

- Support staff with tools and training for thoughtful patient placement, aiming to reduce disruption caused by distressed or agitated behaviour in shared bays.

	6. Ward Culture • Address concerns about blame or role-based hierarchies and encourage shared responsibility across the ward team.
General response[3]	Sister Elias and her team would like to thank the Healthwatch team for their review of Ward 18. She has found the feedback constructive and will use this to plan in the future. Ward 18 has also recently been commenced on the Trust Wide Compassion in Care Programme and Sister Elias is confident with the support of her Matron and Head of Nursing that this will improve some of the concerns raised in the feedback.
Response to recommendation 1: Review staffing levels to support and enable safe, timely, and person-centred care across all shifts on the ward. Include feedback from staff on workload pressures when reviewing rota patterns and staffing models.	The electronic roster for staff is prepared eight weeks in advance to facilitate proper planning. The skill mix of the team is considered to effectively manage the daily workload. All wards at Queen Elizabeth Hospital utilise self-rostering to promote a better work-life balance, allowing staff to request their preferred shifts. These requests are then reviewed by the ward manager to ensure safety and appropriate skill mix. The Trust utilises the Safer Nursing Care Tool, a national resource for determining staff levels based on the acuity of the patients being cared for. Wards are audited every 6 months. Currently, Ward 18 is staffed with five registered nurses and four healthcare assistants during long day shifts. At night, the number of registered nurses is reduced to four, while the number of

[3] Please expand boxes as needed for your response.

	healthcare assistants remains at four. This is in line with the current safer staffing audit information. Additionally, a Band 7 Ward Manager is available to support managerial responsibilities and to help develop junior staff. Enhanced care for individual patients is requested as needed, particularly for safety cases, and these requests are escalated for approval. Ward 18 holds monthly staff meetings, which are essential for gathering feedback and sharing learning experiences. One-to-one meetings are also in place providing staff an opportunity to discuss any concerns.
Response to recommendation 2: Review and improve systems to enable timely responses to patient requests, including during staff breaks or peak periods. Where delays are identified, explore underlying causes and make practical adjustments to support better responsiveness.	Breaks are carefully scheduled to ensure that staff have adequate rest periods. Each staff member will take their breaks at a designated time, while the remaining staff will stay in the bays to ensure the safety of patients who may be at risk of falling. Any delays in breaks due to workload and high patient acuity are reviewed, and adjustments made as needed. All staff are reminded that call bells should be answered by everyone, and it is important to remember that the ward operates as a single team working together for the benefit of our patients.
Response to recommendation 3: Escalate ongoing work with community health and social care partners to improve coordination on equipment delivery and care packages.	The ward collaborates closely with the multidisciplinary team (MDT) during daily board rounds. The MDT maintains regular communication with community partners to prevent delays in patient discharges. Each day, all patient discharges are reviewed during the board round, and strict escalation procedures are implemented to avoid any

	internal delays. Additionally, we hold a "meets criteria to reside" meeting twice a week, along with joint meetings with our community partners. These efforts aim to reduce discharge delays and ensure clear communication with our partners in the community.
Response to recommendation 4: Provide regular, proactive updates to families.	Family updates are crucial for maintaining clear communication and enhancing understanding between clinical teams and patients. The current process in place is as follows: The ward clerk contacts family members when their loved one is admitted in to Ward 18. Families receive the ward's direct telephone number. We verify the accuracy of next of kin details to ensure that the correct person's information, including telephone numbers and address, is up to date. Most importantly, the next of kin is provided with the contact information needed to reach the clinical teams for updates or to arrange discussions with specific clinical staff members. When family members are present on the wards the nursing staff are encouraged to update them of the plans for their loved ones.
Response to recommendation 5: Encourage use of simple, accessible, and jargon-free language when speaking with patients and families.	The team strives to present information to patients and their families clearly and simply. We recognise that some patients may experience memory challenges or may prefer to have a family member present. Because of this, we often involve family members, especially when discussing sensitive topics. Family members are encouraged to ask questions for clarification. In addition to the conversations between doctors and relatives, our nursing staff are also available to address any concerns that patients and their families may have.

Response to recommendation 6: Provide reasonable adjustments when communicating with patients/families with additional communication needs.	We have a variety of communication tools available on the ward to assist patients. - We use whiteboard communication techniques that allow patients with hearing impairments to write down what they want to communicate. - We ensure that the batteries for hearing aids are functioning properly. - A hearing loop is available on the ward. - We provide iPads for translation services via Card medic. - DALS interpreting services are also offered. - The Speech and Language Therapy team assist patients with complex communication needs, including the use of picture boards. - Additionally, dementia and learning disability specialist nurses educate staff on the most effective ways to communicate with patients who have additional needs. These resources are in place to facilitate better communication and support for all patients.
Response to recommendation 7 Beyond displaying posters, consider ways to amplify how patients and families can raise concerns or give feedback.	It is essential for the Ward Manager to be present during visiting hours and to ask patients about the quality of care they receive. We conduct daily assurance audits carried out by the nurse in charge to check in with patients and their relatives. This aims to ensure the quality of care we provide while addressing any immediate concerns. The Trust's Friends and Family Test is a valuable tool for gathering feedback from patients' families and friends. We meet monthly with the patient experience team to review this feedback, share positive experiences, and identify areas for improvement.
Response to recommendation 8: Review the variety, quality, and flavour of meals, with	The "Making Mealtimes Matter" campaign at LGT is part of the Compassion in Care project within the Trust.

particular attention to patients with dietary restrictions such as vegetarian or soft food diets.	In Ward 18, we have designated ward link nurses and a healthcare assistant. The Trust holds monthly nutrition meetings, and we also conduct quality rounds to review the nutrition and hydration care provided on the wards. There is a board in the kitchen where the names of patients with special dietary requirements are updated daily, in collaboration with our catering and nursing staff. For patients with dementia, we offer a daily finger food platter. Additionally, patients who prefer home-cooked meals are encouraged to have their families bring in their favourite dishes to the ward.
Response to recommendation 9: Support staff with tools and training for thoughtful patient placement, aiming to reduce disruption caused by distressed or agitated behaviour in shared bays.	Moving patients between departments can lead to delirium, particularly in those patients with cognitive impairments. Additionally, medically unwell patients are at a higher risk of developing delirium. Staff members are trained to support these patients when necessary, having completed both Tier 1 and Tier 2 dementia training. They also have access to a nurse specialist who can help adapt specific care plans to address these concerns. When a patient is admitted via the Emergency Department (ED), they are assessed for any vulnerabilities and then given a blue band, this highlights them as being a vulnerable patient. A "THIS IS ME" passport is completed to ensure nursing staff understand the patient's likes, dislikes, and normal behavioural patterns. The walls of the ward have been painted with soothing colours to benefit patients with dementia. Improvements have also been made to name badges for better identification.

	Relatives are encouraged to visit and, when possible, stay with the patient throughout the day to provide comfort to their relatives. Volunteers are welcomed to provide additional support for patients, they are a significant support in assisting in mealtimes, having discussions with patients and assisting in being a companion to those on the ward. Due to the risk of falls or accidental harm, patients often need to be monitored in the bay, as side rooms are typically used for those with infections. Patients are placed where they can be observed at all times to ensure their safety.
Response to recommendation 10: Address concerns about blame or role-based hierarchies and encourage shared responsibility across the ward team.	Staff are actively involved in improvement projects aimed at sustaining a positive working environment. The team must collaborate effectively to ensure excellent teamwork, patient care, and development for the ward. Regular one-to-one meetings with ward managers take place, and the matron is highly visible and actively participates in these meetings. The Trust places great importance on staff well-being, and the ward is implementing several initiatives to promote a happy workforce. Staff members are encouraged to take on daily supervisory roles in small areas to enhance engagement and foster team development. Additionally, the ward hosts a Cultural Food Day, where staff bring in dishes from home to share and learn from each other. This initiative has received very positive feedback.
Signed:	ME
Name:	Marleen Elias
Position:	Ward Manager

healthwatch Greenwich

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