Enter and View Report

Adult Inpatient, Ward 1 Queen Elizabeth Hospital

healthwatch Greenwich

Contents

Executive Summary

Ward 1 is a specialised acute medical ward that primarily admits patients from A&E and the Acute Medical Unit. It has 39 beds, with three additional corridor beds which were in use during our visit.

Ward 1 manages a broad range of medical, neurological, and endocrine cases, often involving young patients with complex care needs requiring one-to-one support, such as those coming from intensive care. The ward also manages patients with confusion and risk of falls, and some patients have challenging behaviours as a result of mental health conditions and substance dependencies. Many patients require specialist rehabilitation treatments. Delays in these services lead to longer stays on Ward 1.

Observations of the ward suggest a strong and collaborative team dynamic, with staff demonstrating high levels of dedication and professionalism. The ward is clean, and well-organised. Staff interactions consistently reflected attentiveness and compassion, with numerous instances of proactive support for both patients and their families. Staff were widely praised by patients and families for their kindness and quality of care. Hospital food received generally positive feedback, with patients valuing the variety of meals offered and availability of snacks throughout the day.

Despite these strengths, several areas for improvement were identified. Communication regarding treatment plans and discharge processes were inconsistent, with some families expressing frustration over the lack of timely updates. One patient requested a female staff member for procedures, but her request was not met. Additionally, the lack of dedicated family spaces was raised, particularly for families of long-stay patients. Concerns were raised regarding the staffing ratio, with many patients/relatives and staff acknowledging that while staff were doing their best, the workload was overwhelming.

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 February 2025, we carried out two unannounced visits to Ward 1 at Queen Elizabeth Hospital. While the hospital was informed in advance of our plans, the specific dates were not disclosed. Each visit lasted between two to five hours and involved four authorised representatives.

Before speaking with patients, we collaborated with staff to identify those who were able to participate, ensuring that the conversations were appropriate. 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 six patients, eight family members, and seven 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	3	0	10	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
4	8	2
14		

Age			
Under 24	25-49	50+	Prefer not to say
0	6	8	0
14			

Carer		
Carer	Not a carer	Prefer not to say
6	8	0
14		

Ward Overview

Ward 1 is an acute medical ward, managing a mix of acute medical, neurological, and endocrine cases. The ward accommodates a predominantly young patient group, with 39 beds, plus an additional 3 corridor beds.

Many patients are step-down cases from intensive care, often requiring significant support and rehabilitation before they can be safely discharged. Due to the complexity of care needs, hospital stays can be prolonged, particularly for patients awaiting specialist therapy. The ward also frequently supports patients with confusion, risk of falls, self-harm, and challenging behaviours which can sometimes result in verbal or physical aggression towards staff. Given these complexities, a significant number of patients require one-to-one support for their safety and wellbeing.

Observations

Staff Interactions and Ward Environment

The overall ward environment was clean and well-maintained with minimal signs of wear and tear. Dementia-friendly signage was in place in toilet facilities, supporting accessibility for patients with cognitive impairments. Notice boards were well-organised and contained information for patients and families, including details on their rights, such as Martha's Rule. A mobile screen was available to offer video interpretation services, however, we did not observe it being used during our visit.

Some environmental factors presented challenges. Corridor beds created obstacles that reduced the available space for free movement of both people and equipment. We observed an instance where staff had difficulty manoeuvring a bed through a passageway due to space constraints created by a corridor bed.

During our visit, we observed a dedicated and professional team delivering care with compassion and sensitivity. Staff demonstrated a strong commitment to patient-centred care, balancing efficiency with attentiveness to individual

patient needs. However, it was evident that staff were working to full capacity, and at times beyond, with some appearing rushed and slightly frantic as they managed competing demands. While this did not diminish professionalism the strain was noticeable.

Interactions between staff and patients were consistently warm and reassuring. For example, we observed a staff member noticing a visitor hesitating near the snack cart. Without being prompted, they asked if assistance was needed. On learning that the visitor was searching for water to make tea, the staff member immediately offered to prepare it, despite having other tasks to attend to. In another instance, an older patient with limited mobility struggled to walk across the ward. A nurse, who had been in mid-conversation with a visitor, immediately paused to offer support. She carefully guided the patient, helping him to get safely back to his room. These small but meaningful gestures illustrated a culture of attentiveness and proactive care, even under pressure.

Overall, the ward demonstrated a strong ethos of patient-centred care, supported by a compassionate and attentive staff team. However, the demands placed on staff appeared significant, with moments of visible stress and frustration.

Service Strengths

Patient, Family, and Staff Perspectives

Patient Wellbeing

Despite the demands of a busy ward, patients and families praised staff. Many recognised that staff were working under significant pressure but still provided high-quality care. A strong theme emerged around the compassion and attentiveness of staff, even when visibly overstretched. Comments included:

"They are doing their best despite the circumstances, I admire them"

"Everyone is very attentive and kind even though they look tired."

"They are so busy, but they still take the time to be kind."

This ability to maintain patient-centred care in challenging conditions was valued. For some, small but meaningful interactions—such as a reassuring word, a gentle check-in, or simply taking a moment to listen—had a significant impact on their hospital experience.

Beyond bedside care, communication was a key factor in family satisfaction. While some expressed frustration, one patient felt that staff made an effort to proactively engage them in discussions about care plans.

"They approach me to make sure I'm well informed."

Some patients responded positively to the food provided, noting that options had improved compared to previous hospital stays. While individual tastes varied, many found the portion sizes good enough and the selection reasonable.

Beyond the main meals, the availability of tea and snacks throughout the day had a positive impact on patient experience. This small provision both increased patient comfort and morale. For families visiting loved ones, this was also a welcomed gesture, providing a level of hospitality that helped ease the emotional and physical strain of hospital visits.

Ward Culture

Staff spoke highly of the ward's culture, describing it as a supportive and collaborative environment where colleagues actively helped one another. Staff felt that the ward operated with a strong sense of shared responsibility, where the ability to rely on colleagues was seen as critical in helping to maintain both morale and patient care standards. Leadership played a key role in fostering this culture. Staff described senior team members as visible, hands-on, and genuinely invested in the wellbeing of both patients and the team.

"The ward management is great and very supportive. The teamwork is incredible."

Opportunities for Improvement

Patient, Family, and Staff Perspectives

The NHS Constitution for England outlines patients' rights to safe, effective, and dignified care, along with staff responsibilities to provide accessible communication and uphold patient dignity. Several themes identified in this section highlight areas where these commitments could be strengthened.

While patients and families consistently praised ward staff, concerns emerged regarding communication, staffing pressures, patient dignity, space constraints, and, for staff, discharge delays. Many of these issues are interconnected, and reflect systemic issues affecting NHS hospitals nationwide.

Communication

The NHS Constitution gives patients the right to be informed about their treatment and care in accessible ways, allowing them to be actively involved in decisions. However, one of the most frequently raised concerns was inconsistency in communication between staff, patients, and families. While some patients and relatives felt well-informed, others expressed frustration in not receiving regular updates.

"More information is needed—I don't think I am well informed, I feel I have to chase the doctors."

Some patients and families reported difficulty due to different doctors visiting on different days, making it challenging to receive consistent updates on care plans. One family shared:

"We don’t get to speak to the same doctor. Different doctors come in and out, and we have to keep asking them to get information.”

Some reported reluctance to ask questions, recognising the workload staff were managing:

“They treat everyone with compassion, kindness, and respect, but they are always running around. I feel bad when I need to ask questions because I can see how much pressure they are under."

From a staff perspective, the difficulty in keeping families regularly updated was acknowledged:

"Sometimes families have to chase staff for updates."

With staff further attributing this to overwhelming workloads.

"One person should be responsible for seven patients, but in reality, they have 13.”

Staffing Constraints

Staffing levels were a significant point of concern raised by patients, families, and staff alike. While the dedication of the ward team was widely acknowledged, there was a clear perception that staff were working beyond capacity.

"The staff are overworked and there aren't enough of them. Last week, when I visited my wife, I arrived at 1 PM, then returned later in the afternoon. I found her on the floor, crying for help, and nobody had come to assist her."

Another expressed concern about the ability to manage in urgent situations:

"You can see they are trying their best, but it's not enough. I worry that in an emergency, they won't be able to cope due to the lack of staff."

Staff under pressure may unintentionally affect patient interactions, as one noted:

"One of the nurses was very rude. I understand they are busy, but they could still be more polite."

From a staff perspective, the high workload was a well-known challenge:

"We need more staff. Having lots of patients and not enough staff is a big problem."

"Sometimes the [patient] buzzers go unanswered."

Staff also voiced concerns about discharge delays:

"There are significant delays in rehabilitation for neuro patients, particularly in occupational therapy

and physiotherapy. Even when a patient is medically fit, they cannot return home or be transferred due to pending adjustments, which results in bed shortages."

This creates a cycle where hospital beds remain occupied unnecessarily, further straining ward capacity.

Patient Preferences and Dignity

Under the NHS Constitution, patients have the right to be treated with dignity and respect, with individual needs and preferences taken into account. However, concerns were raised about respecting patient choice, particularly in a case involving requesting same gender health care professionals. One patient reported feeling distressed when their request for a female staff member to carry out a procedure was not met.

"They assigned a male staff member to perform it, but when I refused and requested a female instead, they still proceeded with a male staff member. Despite asking, my request was not accommodated."

Corridor Beds and Space Constraints

The use of corridor beds, and the distress this can cause, were raised by families.

When my daughter was admitted, she was placed in a corridor bed—this is not ideal… She was very close to an isolation room, and we lived

in fear. What if something airborne spread? The distance was too close."

For staff, corridor beds created practical challenges in moving patients and equipment. Staff also highlighted the lack of dedicated spaces for visitors:

"For a ward with long-term patients, there is no adequate family room. The only one available is on the first floor between Wards 18 and 19."

Hospital Food

Food quality received mixed feedback. Some patients found the meals satisfactory, but others expressed concerns about the variety and accuracy of orders.

"The food is tasteless. Yesterday, they even brought the wrong order."

Conclusion

Ward 1 provides specialised care for patients with complex medical needs, balancing the demands of high patient numbers, space limitations, and discharge planning challenges. Despite these pressures, the ward maintains a strong culture of compassionate, patient-centred care. Staff are consistently praised for their professionalism and dedication, offering not only clinical care but also emotional reassurance and small but meaningful acts of kindness.

While Ward 1 upholds a strong ethos of patient-centred care, this report identifies several areas for improvement that would improve patient and family experience and support staff wellbeing. Communication gaps were a recurring concern, with some patients and families reporting a lack of timely updates. Both patients/families and staff acknowledge that high workloads sometimes affect patient interactions and overall care quality. Additionally, not all requests for same gender health care professionals were accommodated. Delays in rehabilitation and discharge planning were also noted, creating bed shortages and increasing pressure on the ward.

The recommendations are designed to build on existing strengths while addressing key challenges.

Recommendations

1. **Communication:**
    - Explore ways to provide more frequent updates, helping patients and families receive timely information without needing to request them.
2. **Patient Dignity:**
    - Review if/how same gender health care professional requests are recorded in patient care plans, helping to make these preferences more visible and prioritised wherever possible.
    - Consider ways to increase staff awareness to reinforce NHS commitments to respectful and individualised care.
    - Assess ways of strengthening patient feedback mechanisms to identify and address concerns more effectively.
3. **Staffing Workloads:**
    - It may be beneficial to explore a workforce review to assess staffing levels and to consider if there are opportunities to further support staff wellbeing.
4. **Corridor Beds:**
    - Recognising the ongoing demand pressures on hospital capacity, use of corridor beds remains a necessary but challenging aspect of patient care. While reducing reliance on corridor beds may not be immediately feasible, exploring ways to improve patient dignity and safety in these spaces could be useful.
5. **Visiting Arrangements:**
    - Explore the possibility of designating a nearby shared space to provide families with a more comfortable and private area for visits. Where space constraints persist, consider more flexible visiting arrangements that accommodate larger families or extended visiting hours.

6. Discharge to Rehabilitation Services:

- Consider ways to strengthening partnerships across the health and care system to facilitate timely and coordinated care, supporting patient transition to the most appropriate setting for their ongoing recovery and reducing ‘bed blocking’ on Ward 1.

Limitations

The findings in this report are based on observations and interviews conducted over two days. While this provides insights into patient and visitor experiences in Ward 1, it represents a snapshot in time. Experiences may vary during different shifts, at weekends, or during busier or quieter periods.

While we spoke to a diverse group of 14 patients and family members, this is a small sample, and therefore, we do not claim that the insights gathered are fully representative of all who were admitted to or visited Ward 1 at the time of our review. Additionally, those who chose to participate may have had stronger opinions—either positive or negative—compared to those who did not speak to us, introducing potential selection bias.

There is also the possibility of an observer effect, where staff and patients may have adjusted their behaviour in response to being observed, leading to a more cautious or positive presentation of care than would typically be the case.

Furthermore, while some staff views were captured, this report primarily focuses on patient and family feedback. A more in-depth engagement with staff would provide additional insight into operational challenges, workload pressures, and areas for 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 1, Queen Elizabeth Hospital, ground floor, Stadium Road, Woolwich, London, SE18 4QH
Service Provider	Lewisham and Greenwich NHS Trust
Service Manager	Priyam Shrestha, Ward Manager, Samantha Kelly, Head of Nursing for Medicine, Marcia Blackwood, Ward Matron
Date	10 February 2025 and 18 February 2025
Admission Information	Patients are admitted through A&E and the Acute Medical Unit

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, Marcia Blackwood, Ward Matron
Date sent:	19/03/2025
Title of Report:	Enter & View Report on Queen Elizabeth Hospital Ward 1, Queen Elizabeth Hospital, Stadium Road, SE18 4QH
Response	If there is no response, please provide an explanation for this within the statutory 20 days (by 16th of April 2025). Please note: This form and its contents will be published by Healthwatch Greenwich.

Date of response provided	10/4/2025
Healthwatch Greenwich Recommendations	Communication: 1. Explore ways to provide more frequent updates, helping patients and families receive timely information without needing to request them. Patient Dignity: 2. Review if/how same gender health care professional requests are recorded in patient care plans, helping to make these preferences more visible and prioritised wherever possible. 3. Consider ways to increase staff awareness to reinforce NHS commitments to respectful and individualised care.

	4. Assess ways of strengthening patient feedback mechanisms to identify and address concerns more effectively. Staffing Workloads: 5. It may be beneficial to explore a workforce review to assess staffing levels and to consider if there are opportunities to further support staff wellbeing. Corridor Beds: 6. Recognising the ongoing demand pressures on hospital capacity, use of corridor beds remains a necessary but challenging aspect of patient care. While reducing reliance on corridor beds may not be immediately feasible, exploring ways to improve patient dignity and safety in these spaces could be useful. Visiting Arrangements: 7. Explore the possibility of designating a nearby shared space to provide families with a more comfortable and private area for visits. Where space constraints persist, consider more flexible visiting arrangements that accommodate larger families or extended visiting hours. Discharge to Rehabilitation Services: 8. Consider ways to strengthening partnerships across the health and care system to facilitate timely and coordinated care, supporting patient transition to the most appropriate setting for their ongoing recovery and reducing ‘bed blocking’ on Ward 1.

General response[2]	Thank you for taking the time to review the care provided on Ward 1. We appreciate all feedback to ensure we are continuously striving for improvement. We believe there is always room for change and development to provide the best possible experiences for our patients on Ward 1. Ward 1 joined the Trust Compassion in Care Programme on 31st March and is currently in the 6 week pre away day engagement process with MDT team away days planned on the 28th April and 5th May. This programme has been really successful on the other wards who were early implementers, and I hope the success they have had will be matched with the Ward 1 Team.
Response to recommendation 1 : Explore ways to provide more frequent updates, helping patients and families receive timely information without needing to request them.	In addition to doctors updating patients during ward rounds, the ward is adopting a proactive approach to keeping patients informed by introducing a communication book in which patients' and relatives' requests and concerns will be recorded for an appropriate staff member to address. The Matron and ward manager will also provide updates and address patients' and relatives' concerns during their daily ward oversight reviews. The Ward Manager is also working with the other nurses in the ward to empower and encourage them to ensure their patients and families know the answers to these 3 questions: what is happening to me today/when will I be going home/what needs to happen before I can go home?
Response to recommendation 2 : Review if/how same gender health care professional requests are recorded in patient care plans, helping to make these preferences more visible and prioritised wherever possible.	We will continue to work with the staff on Ward 1 to ensure that patients' choices regarding treatment, including requests for care from same-gender providers, are adhered to. If this is not possible, which is unlikely due to the gender ratio of our staffing levels, patients and their relatives will be offered an explanation and alternative options. The Nurse in charge and Ward Managers will continue to advocate for patients who require adaptations and adjustments to their care. We aim to develop a welcome leaflet for Ward 1 that explains preferences for care.

Response to recommendation 3 : Consider ways to increase staff awareness to reinforce NHS commitments to respectful and individualised care.	All team leaders at LGT are asked to have discussions with their teams to allow time for reflection on their behaviours. The Trust values are included in staff yearly appraisal conversations to reinforce the Trust's commitment to providing high-quality care that is respectful, compassionate, and individualised. As a ward, we will continue to strive to deliver individualised care; this is highlighted in one-on-ones, role modelling, and staff meetings.
Response to recommendation 4 : Assess ways of strengthening patient feedback mechanisms to identify and address concerns more effectively.	The ward currently uses the Friends and Family Feedback Form (FFT) to receive feedback from patients upon discharge. The ward managers continue to introduce a proactive approach, whereby they will speak to patients and relatives during their senior oversight rounds to gather verbal feedback. This process will offer patients the opportunity to provide feedback directly to the manager and allow the ward manager and staff to address any concerns to improve patient outcomes. We also hold a monthly meeting with the patient experience team, where we return with action plans to address problems.
Response to recommendation 5 : It may be beneficial to explore a workforce review to assess staffing levels and to consider if there are opportunities to further support staff wellbeing.	Staffing has been benchmarked against similar wards in other hospitals across England and is guided by the NHS England Safer Nursing Care Tool (SNCT). Staffing levels are regularly reviewed to ensure safe care is maintained through team collaboration. We hold daily meetings with all ward leaders to assess staffing levels in accordance with risk assessments for each patient. This oversight ensures safe staffing levels. However, there are times when illness or emergencies among staff members leave the ward slightly short. This risk is mitigated by collaborative teamwork and frequent risk assessment.
Response to recommendation 6 : Recognising the ongoing demand pressures on hospital capacity, use of corridor beds remains a necessary but challenging aspect of patient care. While	The decision to have additional patients on wards receiving corridor care has not been easy for the Trust. 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 thereby reducing the risk of ED overcrowding.

reducing reliance on corridor beds may not be immediately feasible, exploring ways to improve patient dignity and safety in these spaces could be useful.	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, during times of extreme pressure, these boarded spaces may be consistently used for patients who are medically stable. Although patients are in an additional bed space, this will not affect the care and treatment they receive from our ward teams. Patients are continually assessed, and if their condition or needs change, staff will revaluate who is the most appropriate patient to occupy the corridor bed space. We have ensured that there are privacy screens, call bells, overbed tables and lockers. There are frequent senior leadership rounds.
Response to recommendation 7 : Explore the possibility of designating a nearby shared space to provide families with a more comfortable and private area for visits. Where space constraints persist, consider more flexible visiting arrangements that accommodate larger families or extended visiting hours.	A designated area along the Ward 18 & 19 corridor offers a private space for visitors, this information can be gained from the nurse in charge. Visiting hours for Ward 1 are from 3 PM to 8 PM, with a maximum of two visitors allowed at a time. In exceptional circumstances, such as for larger families or those needing flexible visiting times, the ward manager will work with visitors to accommodate their requests. Additionally, if a relative is the primary caregiver, they are permitted open visiting and will receive a visitor's pass. This policy also applies to any patients receiving end-of-life care.
Response to recommendation 8 : Consider ways to strengthening partnerships across the health and care system to facilitate timely and coordinated care, supporting patient transition to the most appropriate setting for their ongoing recovery	The Ward 1 staff will collaborate with other departments to identify patients' care needs and establish their plans by liaising with the discharge team, the neurotherapy team, the Trust's Lead Assessor for care homes, and other departments to ensure patients receive appropriate, timely support with their ongoing care, recovery, and discharge to support patient flow, reduce long stays, and ensure that patients are cared for in their preferred place of care. We have a new team of senior discharge matrons who assist in ensuring timely discharge for complex

and reducing ‘bed blocking’ on Ward 1.	social situations. They work alongside our discharge team, whose primary focus is to liaise with external community members and reduce barriers to discharge. There is additional focus on those patients who have a length of stay over 7, 14 or 21 days alongside those who no longer meet the criteria to reside (this relates to those patients who no longer require acute care that can only be delivered in an Acute Hospital Environment) We also regularly meet with our community partners, including Safeguarding, the local authority, ICB colleagues, and community services, to ensure good working relationships and understanding.
Signed:	
Name:	Samantha Kelly
Position:	Head of Nursing QE Medicine

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