Enter and View Report

Adult Inpatient, Ward 15 Queen Elizabeth Hospital

healthwatch Greenwich

Contents

Executive Summary

In April 2025, Healthwatch Greenwich undertook an unannounced Enter and View visit to Ward 15 at Queen Elizabeth Hospital. As the hospital's largest surgical ward, Ward 15 also accommodates medical patients during times of increased demand. The purpose of our visit was to understand how well the ward is meeting the needs of patients and families, and to offer a lay perspective on their experiences of care. The visit was carried out by four authorised representatives and included interviews with nine patients, six family members, and four members of staff, including ward leadership, alongside direct observations.

Overall, patients and families described staff as kind, respectful, and hardworking. Staff interactions were warm and compassionate, and there was a strong sense of dignity in the way care was delivered. Staff also spoke positively about the ward culture, highlighting mutual support, shared values, and strong teamwork.

Communication emerged as a mixed area. Some patients felt well-informed and included in decisions about their care, while others, particularly family members, described difficulty obtaining updates, confusion caused by clinical language, and uncertainty during ward transfers. Delays in responding to call bells and in administering pain relief were also highlighted by some patients.

While the ward was generally clean and well-organised, we observed inconsistencies in cleaning standards, with some areas of litter and untidiness noted. Toilet signage intended to support accessibility was present but makeshift in appearance, photocopied and attached with Blu Tack, reducing its effectiveness. Food was described as adequate in portion and temperature, but some patients felt it lacked flavour and variety.

Although posters promoting Martha's Rule[1] were prominently displayed, there was no visible information on how to raise concerns, make complaints, or provide feedback. The absence of this information may discourage patients and families from speaking up, particularly those who are less confident or unsure of

[1] Martha's Rule | Lewisham and Greenwich

their rights and reduce the ward's ability to respond to issues before they escalate.

This report brings together the experience of patients and families to offer a lay perspective on care, one that reflects what is important to them, rather than clinical or operational metrics. While audits, performance targets, and clinical outcomes are vital for understanding service quality, they do not always capture how care feels to the people receiving it. A lay perspective provides a fuller picture of the patient experience and areas that may not be routinely measured but significantly affect wellbeing, trust, and recovery. By listening directly to patients and families, this report helps identify where care is working well and where improvements can be made.

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[2].

Method

In April 2025, we completed one unannounced visit to Ward 15 at Queen Elizabeth Hospital. While the hospital was informed in advance, the specific date was not disclosed. Our visit lasted between two to three hours and involved four authorised representatives.

Before talking to patients, we worked with staff to check who was well enough and happy to take part. We employed a mixed-method approach using interviews and direct observations to gain a broad understanding of the experiences and perspectives of patients, families, and staff.

[2] Our Staff | Healthwatch Greenwich

Who We Spoke To

We spoke to nine patients, six family members, and four 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
0	13	0	1	1	0
15					

Gender			
Woman	Man	Non-binary	Prefer not to say
7	8	0	0
15			

Disability/long-term condition (LTC)		
Living with disability/ LTC	Not living with disability/ LTC	Prefer not to say
5	10	0
15		

Age			
Under 24	25-49	50+	Prefer not to say
0	0	15	0
15			

Carer		
Carer	Not a carer	Prefer not to say
6	9	0
15		

Observations

Staff Interactions and Ward Environment

During our visit, the ward appeared outwardly calm, though nurses were visibly rushing to manage continuous demands, suggesting significant pressure. Staff–patient interactions were courteous and compassionate. We observed warm and respectful exchanges, including staff creating a friendly environment by engaging in 'small talk' with patients. Despite being busy, staff took time to connect with them, and it was evident that patients appreciated it. However, we did notice that call bells were not responded to immediately, and patients often had significant delays before their call bells were answered.

Posters on Martha's Rule were displayed throughout the ward, and noticeboards offered a variety of useful information for patients and families. However, no information was displayed on how to raise concerns or how to access communication support, such as translation services.

Toilets included pictorial signage on doors, but the signs were basic photocopies attached with Blu-Tack. While the intention to improve accessibility was clear, the temporary and makeshift presentation undermined its effectiveness. The signs lacked durability and could be easily removed or damaged, increasing the risk of confusion, particularly for patients with learning disabilities, limited literacy, or visual impairments. This approach may also suggest a lack of permanence or priority given to accessibility features. Ultimately, a thoughtful inclusion was weakened by poor execution, missing an opportunity to demonstrate a genuine commitment to inclusive design.

At first glance, the ward appeared clean and well-organised; however, on closer inspection, we found areas of concern such as sections of dirty flooring, untidy corners, and small amounts of litter left on the ground, indicating that cleaning routines may not be consistent.

Service Strengths

Patient, Family, and Staff Perspectives

Patients and families commonly described staff as kind, approachable, and professional, with communication emerging as a consistent strength. Many patients felt that nurses and healthcare assistants took time to explain procedures in a way they could understand, helping them feel more informed and involved in decisions about their care. As one patient shared:

"They always tell me what's happening—I feel included"

This contributed to a feeling of being respected and taken seriously. Families echoed these sentiments, highlighting the warm and welcoming atmosphere on the ward. One relative remarked:

"Everybody made me feel welcome—they even brought me tea"

This captures how small gestures helped foster trust and reassurance. This emphasis on kindness and approachability eased anxiety and created a positive experience for patients and families.

Patients reported being treated with dignity and respect. Staff were described as polite, attentive, and caring.

"They treat me with dignity"

"Yes, everyone is very polite and kind"

These comments suggest that respectful, person-centred interactions were a common thread in the care experience. There was also a strong sense that staff worked hard, often under pressure. As one patient put it:

“So far, they are doing good. This is a good hospital—I can see they are doing their best”

Overall, most patients and families felt seen, supported, and valued.

Staff spoke positively about the ward work environment, highlighting strong teamwork, shared values, and a genuine sense of mutual support, particularly the way they worked together under pressure. One staff member reflected:

“I couldn’t ask to work with a better team”

Another added:

“Everyone supports each other—it makes a big difference; we are a unit”

Staff described an environment where colleagues stepped in to help one another, where shared values guided decision-making, and where mutual respect created a strong work environment.

Opportunities for Improvement

Patient, Family, and Staff Perspectives

While many patients described staff as compassionate and kind, several expressed frustration with delays in care and poor communication. There were consistent concerns about long waits for assistance, a lack of coordination among staff, and limited updates for families, especially when patients were moved between wards.

More than one patient shared experiences of being left in pain for extended periods. One patient commented:

> "Today is a bad day—I've been left in agony for hours. I called the bell with no response"

Another said:

> "Mostly they do respond quickly, but when staff are busy, everybody waits. They are doing their best, but there's not enough staff"

Delays in receiving assistance and care were echoed by other patients:

> "No, they are not fast, … I needed painkillers and none have arrived"

Families raised concerns about communication. Many felt inadequately informed about their loved ones' care plans, with several describing a lack of updates and an over-reliance on technical language. One person explained:

"They use too much jargon"

While another added:

"I don't get enough information—my mum moves from ward to ward, tests all the time, but we have no updates and still don't know what is wrong with her"

These statements suggest there are significant gaps in how information is shared with families during periods of transition or uncertainty.

In some instances, patients observed poor coordination and confusion among staff. One patient noted:

"Often nurses don't know what each other is saying or doing"

One patient described a tense atmosphere, saying:

"The nurses and staff are fighting with each other and are not happy—not a great environment to be in"

Cleanliness standards were also inconsistent. While most areas were described as clean and well-maintained, patients reported neglect in specific areas. One patient commented:

"Rubbish. I've had rubbish under my bed for a week now, and used towels are left in the toilet"

This raises concerns about the reliability of cleaning routines and the potential impact on infection control.

Patient feedback on food was generally positive. Most said that meals arrived on time, were served hot, and were appropriately portioned. However, some described the food as tasteless and lacking variety. As one patient put it:

> "The food is okay in terms of size, but I don't like it—it's bland"

While basic nutritional needs are met, there are opportunities for improvement to better cater to diverse preferences.

Overall, while patients receive compassionate care most of the time, challenges, particularly around responsiveness to call bells/requests for assistance and communication with families, affect the quality and consistency of care and the broader patient experience.

Conclusion

During our visit, we observed a ward environment that, despite visible pressures, was calm and professionally managed. Staff demonstrated dedication, compassion, and a strong sense of teamwork. Their interactions with patients were warm and respectful, and many patients reported feeling seen, cared for, and treated with dignity. Although none of the patients we spoke to suggested they had been offered or had received hair and nail care on the ward, small but meaningful initiatives like this can, when rolled out more widely, humanise the care experience and contribute to a sense of dignity and wellbeing among patients.

Staff reflected positively on the team dynamic, describing a culture of mutual support and shared responsibility. This strong internal culture helped staff manage the challenges of a busy ward and contributed to a positive atmosphere that many patients and families noticed and appreciated.

However, several patients shared experiences of delays in care, especially when using call bells to request assistance. In addition, communication stood out as both a strength and a weakness. Some patients praised staff for explaining things clearly and involving them in decisions about their care. Others, particularly family members, described feeling excluded or uninformed, often struggling to get updates or understand information that was too clinical or simply unclear.

While the ward was mostly clean, some patients raised concerns about specific lapses, such as rubbish left on floors or used linen left in bathrooms. Similarly, the use of casual photocopies as makeshift signage for toilets, though well-intentioned, detracted from the impact of an otherwise thoughtful accessibility feature and may reflect a broader lack of prioritisation of inclusive design.

Food was generally viewed as adequate, with most patients satisfied with temperature, timing, and portion size. However, feedback around blandness and limited variety points to an opportunity to improve meal offerings.

Although posters promoting Martha's Rule were prominently displayed, there was no information visible on the ward about how to raise a concern, make a complaint, or give feedback, either informally or through formal channels. The absence of this information can create barriers for patients and families who may not feel confident asking staff directly or who may fear repercussions. It also limits the ward's ability to identify and address issues early. In settings where patients are unwell, fatigued, or anxious, visible prompts and accessible information on rights and feedback routes are essential to making patients and families feel heard and safe.

Recommendations

1. Staff Responsiveness

- Review response times to call bells, particularly during busy periods.

2. Communication with Patients and Families

- Encourage staff to use jargon-free, accessible language when speaking with patients and families.
- Strengthen the consistency and visibility of communication with families to ensure that updates are clear, regular, and proactive.

3. Feedback, Patient Rights and Information Accessibility

- Ensure information on how to give feedback, raise concerns, or make complaints/compliments is clearly displayed.
- Include information about advocacy services, translation support, and other communication aids on noticeboards.

4. Cleanliness and Ward Environment

- In addition to existing cleaning routines, consider involving staff and patients in real-time cleanliness feedback, using quick reporting tools (e.g. "How Clean is This Area?" cards, QR codes, or visible reporting posters) to flag areas of concern between scheduled cleans.
- Encourage staff, patients, and families to report cleanliness concerns, with a clear and responsive process for follow-up.

5. Food and Mealtime Experience

- Review how patient food preferences are recorded and accommodated.

6. Facilities and Accessibility

- Replace makeshift signage with permanent signage.

Limitations

The findings in this report are based on observations and interviews conducted over a few hours on a single day. While this provides insights into patient and family experiences in Ward 15, 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 group of 15 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 15. Additionally, those who spoke to us may have had stronger opinions, either positive or negative, compared to those who did not speak to us, introducing potential selection bias. In addition, only patients who were able to speak to us were included. This means those with more complex needs or who were too unwell to take part may be underrepresented in our findings. 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.

Feedback from families was limited to those present at the time of our visits. We recognise that family members who visit at different times, or who were unable to visit, may have different experiences and perspectives.

Furthermore, while some staff views were captured, this report primarily focuses on patient and family feedback. A more in-depth review 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 15, Queen Elizabeth Hospital, first floor, Stadium Road, Woolwich, London, SE18 4QH
Service Provider	Lewisham and Greenwich NHS Trust
Service Manager	Roni Papachan, Ward Manager, Ugochi Agbasimelo, Head of Nursing (Surgery)
Date	16 April 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:	Ugochi Agbasimelo Head of Nursing (Surgery), Michelle Acquah, Patient Experience Manager LGT
Date sent:	20.05.25
Title of Report:	Enter and View Report Adult Inpatient, Ward 15, Queen Elizabeth Hospital
Response	If there is no response, please provide an explanation for this within the statutory 20 days (by 17th of June 2025). Please note: This form and its contents will be published by Healthwatch Greenwich.

Date of response provided	23 June 2025
Healthwatch Greenwich Recommendations	1. **Staff Responsiveness** • Review response times to call bells, particularly during busy periods. 2. **Communication with Patients and Families** • Encourage staff to use jargon-free, accessible language when speaking with patients and families. • Strengthen the consistency and visibility of communication with families to ensure that updates are clear, regular, and proactive. 3. **Feedback, Patient Rights and Information Accessibility**

	• Ensure information on how to give feedback, raise concerns, or make complaints/compliments is clearly displayed. • Include information about advocacy services, translation support, and other communication aids on noticeboards. 4. **Cleanliness and Ward Environment** • In addition to existing cleaning routines, consider involving staff and patients in real-time cleanliness feedback, using quick reporting tools (e.g. "How Clean is This Area?" cards, QR codes, or visible reporting posters) to flag areas of concern between scheduled cleans. • Encourage staff, patients, and families to report cleanliness concerns, with a clear and responsive process for follow-up. 5. **Food and Mealtime Experience** • Review how patient food preferences are recorded and accommodated. 6. Facilities and Accessibility • Replace makeshift signage with permanent signage.
General response[3]	Thank you very much for your visit and the opportunity provided us (the ward) to view the care we provide from the layman's perspective. We are grateful for the positive feedback and will work collaboratively with the wider stakeholders to address the areas of recommendation.

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

Response to recommendation 1: Review response times to call bells, particularly during busy periods.	Ward Managers and Matron are working together to embed the practice that **'the call bell is everyone's business'.** When a bell is activated the available staff nearest the patient will respond to the call. We hope that this will minimise the waiting times for call bells to be responded to.
Response to recommendation 2: Encourage staff to use jargon-free, accessible language when speaking with patients and families.	The nurse-in-charge (NIC) are ensuring that all patients and relatives are aware that they are available to clarify the updates that they receive. Matrons and Ward Managers are working with the NIC and ensuring as part of the twice daily rounds that patients have been seen and understand the plan in place.
Response to recommendation 3: Strengthen the consistency and visibility of communication with families to ensure that updates are clear, regular, and proactive.	The nurse-in-charge (NIC) is ensuring that all patients and relatives are aware that they are available to clarify the updates that they receive. Matrons and Ward Managers are working with the NIC and ensuring that twice daily rounds are undertaken to check that patients have been seen and they understand the plan, this is now in place.
Response to recommendation 4: Ensure information on how to give feedback, raise concerns, or make complaints/compliments is clearly displayed.	Ward managers will work with the reprographics team to update the posters we have. The team will also ensure that leaflets are available for patients and relatives who want to give feedback. The team will work with the patient experience team to ensure that the information provided is accurate.
Response to recommendation 5: Include information about advocacy services, translation support, and other communication aids on noticeboards.	Ward managers will work with the reprographics team to update the posters we have. The team will also ensure that leaflets are available for patients and relatives who want to give feedback. The team will work with the patient experience team to ensure that the information provided is accurate.

Response to recommendation 6: In addition to existing cleaning routines, consider involving staff and patients in real-time cleanliness feedback, using quick reporting tools (e.g., "How Clean is This Area?" cards, QR codes, or visible reporting posters) to flag areas of concern between scheduled cleans.	In the immediate and medium term, Ward leadership team, the NIC and Ward Managers are working with our service providers (supported by the Matron) to see that clutter is removed promptly, areas that require cleaning is done and patients and relatives are empowered to report any area that needs cleaning. During the comfort rounds, patients are encouraged to identify any areas of concerns including areas that may need additional cleaning or decluttering since the area was last cleaned. The suggestion regarding cards and QR codes can also be explored as a long-term solution
Response to recommendation 7: Encourage staff, patients, and families to report cleanliness concerns, with a clear and responsive process for follow-up.	In the immediate and medium term, Ward leadership team, the NIC and Ward Managers to work with our service providers (supported by the Matron) to see that clutter is removed promptly, areas that require cleaning is done and patients and relatives are empowered to report any area that needs cleaning during the comfort rounds undertaken by staff. The suggestion regarding cards and QR codes can also be explored as a long-term solution
Response to recommendation 8: Review how patient food preferences are recorded and accommodated.	This is an ongoing, Trust-wide project. The report has highlighted that preference and size is acceptable, but taste (being bland). The Trust continues to work with the relevant contractors to improve the taste of the food. Condiments (salt, pepper and sauces (such as ketchup and mayonnaise) are provided to enhance food taste.
Response to recommendation 9: Replace makeshift signage with permanent signage.	Matron to work with our Estates and Facilities contractors to ensure that permanent signage is in place
Signed:	
Name:	Ugochi Agbasimelo
Position:	Head of Nursing

healthwatch Greenwich

Gunnery Works
9-11 Gunnery Terrace
Woolwich Arsenal
SE18 6SW

www.healthwatchgreenwich.co.uk
t: 0208 301 8340
e: info@healthwatchgreenwich.co.uk
@HWGreenwich
Facebook.com/Healthwatchgreenwich

Registered Charity Number 1209971
Company registered in England Number 9891557

Committed to quality

INVESTING IN VOLUNTEERS™