

Wards 1 & 2

Acute Medicine Unit

Fire door  
keep shut

Fire door  
keep shut

# Enter and View Report

Adult Inpatient, Ward 2 Queen Elizabeth  
Hospital

**healthwatch**  
Greenwich

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# Executive Summary

Ward 2 is an acute medical unit that specialises in frailty care, providing treatment and support for patients with complex health needs. Patients have spoken highly of staff's kindness, attentiveness, and professionalism, with many expressing gratitude for the care they received. The ward environment is clean and well-organised, with clear signage and information available for families on how to support their loved ones. Staff were observed working collaboratively to meet patient needs, demonstrating a strong team dynamic in delivering high standards of care.

However, a few areas for improvement were identified. Communication regarding treatment plans and discharge processes was inconsistent, with some patients and families reporting that updates were only provided when actively requested. Additionally, there is a need to strengthen support for psychological well-being, particularly for patients who felt isolated during their stay.

The availability and quality of food received mixed feedback. While portion sizes were generally adequate, some patients found the meals bland or lacking in variety. Others reported difficulties getting food outside standard catering times.

We observed two corridor beds, which staff attributed to high patient demand. However, their use compromises patient dignity and privacy and reduces ward accessibility, where a bed blocked a fire exit and another restricted toilet access.

While notice boards provided clear information on feedback options, there was no displayed information on Martha's Rule<sup>1</sup>, and both patients and family members were unaware of this escalation pathway.

Despite these challenges, patients and their families recognised and appreciated staff dedication and compassion. Addressing issues related to communication, psychological wellbeing support, and food quality, as well as reviewing the use of corridor beds and access to essential information, could further enhance patient experience on Ward 2, strengthening its already high standard of care.

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<sup>1</sup> [Martha's Rule | Lewisham and Greenwich](#)

# Introduction

## Purpose of Our Visit

Healthwatch has the legal power to visit and assess health and social care services. Enter & view is not an inspection – this is the role of the CQC. Our role is to offer a lay perspective. Our focus is on whether a service works for those using it. Our authorised representatives, responsible for carrying out these visits, are DBS checked and have received training on conducting Enter & View visits. A list of authorised representatives is available on our website<sup>2</sup>.

## Method

In February 2025, we conducted two unannounced visits to Ward 2 at Queen Elizabeth Hospital. While the hospital was informed in advance, the specific dates were not disclosed. Each visit lasted between three to five hours and involved three 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 comprehensive understanding of the experiences and perspectives of patients, families, and staff.

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<sup>2</sup> [Our Staff | Healthwatch Greenwich](#)

# Who We Spoke To

We spoke to seven patients, nine 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
3	1		11		1
16					

Gender			
Woman	Man	Non-binary	Prefer not to say
9	7		
16			

Disability/long term condition (LTC)		
Living with disability/ LTC	Not living with disability/ LTC	Prefer not to say
8	7	1
16		

Age			
Under 24	25-49	50+	Prefer not to say
	1	14	1

Carer		
Carer	Not a carer	Prefer not to say
4	11	1
16		

# Ward Overview

Ward 2 is a 39-bed unit that primarily admits patients from the A&E department based on their frailty scores. Due to their increased frailty, these patients are at a higher risk of developing sudden changes in their mental state, often resulting in increased confusion or distress. This requires careful monitoring and individualised care plans.

The objective is to discharge suitable patients within 72 hours, balancing hospital capacity with the need to ensure patients receive adequate support before leaving the ward. However, managing patient flow presents a significant challenge, particularly due to high admission rates from A&E and delays in discharge coordination from social care. To address overflow, corridor beds are currently in use, but there are plans to eliminate them when capacity allows.

The ward team consists of nurses, healthcare assistants, physician associates, occupational therapists, physiotherapists, a discharge coordinator, and a pharmacy team. Consultants are available on weekdays from 9 AM to 5 PM, with on-call support during the night. Junior doctors assist with admissions and patient follow-ups and often work extended hours to ensure continuity of care. Additionally, volunteers provide feeding assistance and other appropriate support on the ward.

# Observations

## Staff Interactions and Ward Environment

During our two-day visit, we observed efficient and compassionate care, with staff fulfilling clinical responsibilities with attentiveness and kindness. In several instances, staff demonstrated quick responses to patient needs. For example, one nurse calmly reassured and guided a patient experiencing confusion back to their bay, and another staff member quickly and without being prompted assisted a patient struggling to use a walking frame.

Conversely, we observed a patient who was experiencing confusion left in a state of undress in an open side room, fully visible to visitors. This raised concerns about upholding patient dignity and privacy, particularly for those who are unable to advocate for themselves.

The ward environment was clean, well-lit, and welcoming, with clear signage displayed. However, given the needs of patients on this ward, the signage for toilets was largely inaccessible, lacking enlarged, high-contrast pictorials that would make it more dementia friendly.

We observed what seemed to be an informal storage area located outside an office. It contained spare chairs, full laundry bags, and various pieces of equipment stacked in a disorderly manner. This not only raises potential safety concerns but also gives an impression of disorganisation.

During our visit, we observed that two corridor beds were in use. One of the beds was blocking a fire door, while the other obstructed access to the toilet entrances. This situation not only limits convenience but also poses a potential safety risk during an emergency evacuation. Although the ward was designed to accommodate wheelchair users, the corridor beds restricted the space needed for staff to manoeuvre equipment and for patients or visitors with mobility aids to move around freely.

The notice boards were well-organised and contained useful information about ways to share feedback and complaint procedures. A QR code to comment on

hospital food was also available, reflecting a commitment to gathering patient experiences.

We did not find any printed information about Martha's Rule. Although the Trust has this information available on their website and there is no current requirement to provide physical copies in wards, making this information available to patients, families, and staff would help ensure that their concerns are listened to and addressed efficiently. Hospitals that take early action to implement awareness-raising measures will not only align with best practices but will also be better prepared for full implementation in the future.



# Service Strengths

## Patient, Family, and Staff Perspectives

Patients and their families praised the care and attentiveness of staff, with many feeling well-supported and informed about treatment plans. Staff were frequently described as respectful, kind, and compassionate, with feedback such as:

**“They couldn’t have done more for me.”**

**“They take good care of me.”**

**“Wonderful care!”**

Patients reported that the ward was clean and comfortable, which contributed to a positive hospital experience. Many felt safe and well cared for. While the portion sizes of food were generally satisfactory, other food quality concerns could be improved.

Families acknowledged the pressures on staff, appreciating their ability to remain kind and dedicated despite the challenges of a busy ward. One family member shared:

**“They serve tea every afternoon and are always so nice, they offer support with a smile—small things like that make a difference.”**

Leadership and staff emphasised that teamwork, effective collaboration, and strong working relationships are essential for maintaining high standards of care. They described a culture of mutual support, where colleagues work closely together to meet patient needs efficiently and compassionately.

Staff members spoke positively about the open communication within the team, which encouraged them to share concerns, seek advice, and coordinate patient care effectively. Regular handovers, multidisciplinary meetings, and informal check-ins helped all ward staff stay aligned in their approach, reducing the risk of miscommunication and promoting continuity of care.

Leadership on the ward was described as approachable and supportive, creating an environment where staff felt valued and were encouraged to contribute ideas for improvement. There was a clear emphasis on learning and development, with senior staff providing guidance and mentorship to newer or less experienced colleagues.

Despite the challenges of managing high patient demand, all staff we spoke to were committed to delivering compassionate, patient-centred care. Many expressed a sense of camaraderie within the team and a shared commitment to maintaining high standards, even under pressure.

# Opportunities for Improvement

## Patient, Family, and Staff Perspectives

Patients and families expressed high praise for staff's dedication. However, some felt they were not adequately informed about care plans and discharge processes. While most patients understood their treatment, a few struggled to receive clear answers about what would happen next. Despite acknowledging the busy nature of the ward, the lack of communication left some feeling confused and anxious. One patient described their interactions with staff:

**"It would be nice if they were more polite, more understanding."**

A few patients wanted more stimulation. With no books, magazines, and TV available on the ward and (for some patients) no visitors, a small number of those we spoke to felt isolated. None were aware or had been offered support from the hospital volunteer team. One patient shared:

**"No one talks to you; there's nothing to do. It's a very long day every day here."**

Many patients felt that hospital food could be improved. Although portion sizes were generally considered adequate, some found the meals bland and unappetizing. One patient commented:

**"I never finish my meals because I don't like them."**

Another added:

**"The food is tasteless."**

Additionally, food was not always available for late admissions. One patient who arrived at night shared:

**"When I arrived, they told me the catering company had already left. I was hungry, and they only gave me sandwiches—I was still hungry."**

Comments from patients suggest a need for greater meal variety and increased availability outside standard catering hours.

While most families felt well-informed, some expressed frustration about the lack of communication from ward staff, stating they had to chase information instead of receiving regular updates. One relative noted:

**"If we don't ask, we don't get updates."**

Another added:

**"Nothing since last week; we are not aware of progression or treatment plans."**

Some felt completely in the dark, with one family member stating:

**"We are clueless, we haven't seen a doctor since Friday when he was admitted."**

One family spoke about the limited availability of medical and personal care items.



When Nakkita's father, Thomas, an 84-year-old man with multiple health conditions, was admitted to Ward 2, he needed a new stoma bag. When Nakkita asked the nurse for one, she was surprised to hear the nurse say, "We don't have any." The nurse explained that they don't keep a supply of stoma bags on the ward and usually get them from other departments. Nakkita felt panic set in as Thomas depended on that bag, and without it, he would be left in an uncomfortable situation. "We were lucky that we live nearby," she said. "I was able to bring one from home. But what if we didn't? What if another patient doesn't have that option?" This was not the only problem they encountered. On the first night of Thomas's admission, he was placed in a bed without a pillow. He was exhausted, in pain, and struggling to adjust to his new surroundings, but he had nothing to support his head. "I ended up taking a pillow from another bed," Nakkita admitted, "but it wasn't even a proper one. It was flat and uncomfortable. My father is in bed all day, and something as basic as a pillow shouldn't be missing." Despite these difficulties, she had nothing but praise for the staff and the care Thomas received. However, the gaps in supply management and essential care items made an already stressful situation even harder. "The staff were amazing, but they shouldn't have to work like this," she said.

Staff shared their worries about patient flow and discharge delays:

**"Delays in discharge often happen when care homes are unable to collect their residents due to pending needs assessments. These delays not only extend the patient's hospital stay, which can be dangerous, but also create unnecessary pressure on hospital resources."**

This puts additional strain on bed availability for new admissions.

Staff also raised recruitment and retention challenges, noting that the ward's complexity made it harder to attract and keep new nurses. One staff member shared:

**"We do our best, but it can be difficult. This is not an easy ward, and that makes it harder to attract staff for shifts or hire new nurses. They prefer working in easier wards."**

During our visit, staff expressed concerns about the absence of secure storage for personal belongings, which has resulted in previous theft incidents. While this issue does not directly affect patient care, establishing a secure and supportive working environment can enhance staff well-being and overall service quality. Ward leadership informed us that lockers have been ordered, but the delivery and installation dates are still pending. However, the staff we spoke to seemed unaware of these plans.

Additionally, staff mentioned the lack of a family room, which makes it challenging to accommodate larger families during visits. Currently, only two visitors per patient are permitted, which can be difficult for those with larger families or support networks.

In response to patient feedback, ward leadership announced the creation of a new end-of-life room funded by donations.

"After receiving valuable feedback from families, we created a dedicated end-of-life room to provide a calm and comforting space for patients and their loved ones. Our goal is to ensure dignity, privacy, and a peaceful environment during their final moments."

# Conclusion

Ward 2 provides specialised care for frail patients, effectively balancing the challenges of high patient demand, complex medical needs, and timely discharge planning. Despite these pressures, the ward has created a strong culture of compassionate, patient-centred care. Staff are frequently praised by patients and families for their kindness, professionalism, and attentiveness. Many patients expressed gratitude for the way staff went above and beyond to ensure they felt supported, safe, and well cared for.

Patients appreciated the clean and comfortable ward environment, which contributed positively to their overall hospital experience. Noticeboards were well-maintained and provided useful, though somewhat limited, information on feedback processes, reflecting a commitment to transparency and continuous improvement. Small yet meaningful gestures, such as offering tea to patients and families, were particularly valued; many highlighted how these thoughtful touches made a significant difference during their hospital stays. The introduction of a dedicated end-of-life room designed to provide privacy and comfort for patients and their families further demonstrates a commitment to improvement.

The ward team's collaborative and multidisciplinary approach is a significant strength. Nurses, healthcare assistants, consultants, doctors, occupational therapists, physiotherapists, physician associates, pharmacy staff, and a dedicated discharge coordinator work closely together to provide tailored, high-quality care. Ward leadership is described as approachable and supportive, creating an environment where staff feel valued. However, staff have raised concerns about operational pressures, including delays in discharge due to social care challenges, difficulties in attracting and retaining staff, and limited availability of secure staff storage and visiting spaces for families.

Moreover, communication between staff, patients, and families was noted as inconsistent; some patients and families felt well-informed, while others experienced uncertainty regarding their care and discharge plans. Providing clearer and more proactive updates could help reduce anxiety for both patients and their loved ones. Additionally, greater attention to psychological well-being,



including access to companionship services for isolated patients, could enhance the patient experience and support recovery.

Practical challenges were also observed, including the use of corridor beds, the availability of essential care items, meal quality, and storage solutions. Patients in corridor beds did not always have their dignity and privacy upheld, and one patient who required stoma bags and pillows did not receive them, adding unnecessary stress and discomfort to their hospital stay. A more robust supply management system, along with improved coordination of meal availability outside standard catering hours, could help address these concerns.

Overall, Ward 2 demonstrates a strong commitment to patient-centred care, with dedicated staff working under challenging conditions. By addressing the opportunities for improvement, the ward can further enhance patient experience and achieve the best possible outcomes for those under its care.

# Recommendations

1. **Patient Dignity and Privacy:** Consider ways to ensure that all patients, particularly those using corridor beds and patients who are experiencing confusion or unable to advocate for themselves, are comfortably covered and positioned to maintain their privacy.
2. **Corridor Beds:** Where corridor beds are in use, consideration should be given to their placement to ensure that access to fire exits and essential facilities remains clear.
3. **Psychological Wellbeing:** Raise awareness of hospital volunteer services and available in-ward companionship support.
4. **Martha's Rule:** Display clear information about Martha's Rule on ward noticeboards and in patient/family leaflets and proactively inform patients and families about Martha's Rule as part of routine care discussions.
5. **Communication:** Consider ways to increase clarity around care plans and discharge processes, proactively giving patients and families regular updates.
6. **Essential Care Items:** Consider reviewing the current supply management system to enable essential medical and personal care items, such as stoma bags and pillows, to be consistently available on the ward.
7. **Hospital Food:** Consider ways to increase meal variety and availability outside standard catering hours.
8. **Signage:** Replace existing toilet signage with dementia-friendly, high-contrast pictorial signs to better support patients with cognitive or visual impairments.
9. **Storage:** Review ward space to identify areas where clutter tends to accumulate and explore potential solutions for better equipment storage.
10. **Visiting:** Improve visiting arrangements by considering alternative spaces or flexibility for larger families where possible.

# 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 2, 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 16 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 2 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 2, Queen Elizabeth Hospital, ground floor, Stadium Road, Woolwich, London, SE18 4QH
Service Provider	Lewisham and Greenwich Trust
Service Manager	Elvie Dulhun, Samantha Kelly, Lucie Kabateci
Date	10 February 2025 and 18 February 2025
Admission Information	Admission is based on frailty scoring conducted by clinicians at the A&E.

# Provider Response

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

## Report & Recommendation Response Form

Report sent to:	Samantha Kelly, Head of Nursing for Medicine Lucie Kabateci, Ward Matron
Date sent:	11/03/2025
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 8th of April 2025). Please note: This form and its contents will be published by Healthwatch Greenwich.

Date of response provided	
Healthwatch Greenwich Recommendations	<p>1. Patient Dignity and Privacy: Consider ways to ensure that all patients, particularly those using corridor beds and patients who are experiencing confusion or unable to advocate for themselves, are comfortably covered and positioned to maintain their privacy.</p> <p>2. Corridor Beds: Where corridor beds are in use, consideration should be given to their placement to ensure that access to fire exits and essential facilities remains clear.</p> <p>3. Psychological Wellbeing: Raise awareness of hospital volunteer services and available in-ward companionship support.</p> <p>4. Martha's Rule: Display clear information about Martha's Rule on ward noticeboards and in patient/family leaflets and proactively inform patients and families about Martha's Rule as part of routine care discussions.</p> <p>5. Communication: Consider ways to increase clarity around care plans and discharge processes,</p>

	<p>proactively giving patients and families regular updates.</p> <p>6. Essential Care Items: Consider reviewing the current supply management system to enable essential medical and personal care items, such as stoma bags and pillows, to be consistently available on the ward.</p> <p>7. Hospital Food: Consider ways to increase meal variety and availability outside standard catering hours.</p> <p>8. Signage: Replace existing toilet signage with dementia-friendly, high contrast pictorial signs to better support patients with cognitive or visual impairments.</p> <p>9. Storage: Review ward space to identify areas where clutter tends to accumulate and explore potential solutions for better equipment storage.</p> <p>10. Visiting: Improve visiting arrangements by considering alternative spaces or flexibility for larger families where possible.</p>
<p><b>Response to recommendation 1:</b> Patient Dignity and Privacy: Consider ways to ensure that all patients, particularly those using corridor beds and patients who are experiencing confusion or unable to advocate for themselves, are comfortably covered and positioned to maintain their privacy.</p>	<p>As part of the Compassion in Care Trust initiative, we will increase regular senior quality assurance checks and reviews to ensure ongoing monitoring of patient needs. Through daily safety huddles, staff are encouraged to address any privacy concerns immediately upon noticing them. More privacy screens will be provided to ensure those patients cared for in corridors have their dignity maintained. Each boarded space has a wireless call bell to enhance communication. We will ensure that "This is Me" passports are utilised to improve individualised care. We will continue to conduct risk assessments upon admission to identify any specific needs related to privacy or vulnerability, particularly for patients in corridor beds or those who may be confused or unable to advocate for themselves.</p>
<p><b>Response to recommendation 2:</b> Corridor Beds: Where corridor beds are in use, consideration should be given to their placement to ensure that access to fire exits and essential facilities remains clear.</p>	<p>We have conducted an external fire safety review with recommendations on optimal boarded bed placement to ensure clear access to fire exits and essential facilities. This may result in a reduction in the number of beds available for boarding within the wards. Daily risk assessments will continue to be carried out, with clear communication to maintain safety at all times. Additionally, ongoing fire marshal and fire evacuation training will be provided for all wards to ensure all staff are empowered with this knowledge. The Trust goal is</p>



	to reduce the use of corridor beds as soon as it is practicable.
<b>Response to recommendation 3:</b> Psychological Wellbeing: Raise awareness of hospital volunteer services and available in-ward companionship support.	Ward 2 already utilises volunteers regularly and maintains ongoing relationship with our volunteer services. However, given the specialist nature of the ward, we recognise the need to provide additional training for volunteer staff, ensuring they meet the specific requirements for a frailty ward, including mealtime assistance and other patient needs. To raise awareness, we will also place posters on the ward to inform patients and their families about the presence of volunteers and the support they can offer.
<b>Response to recommendation 4:</b> Martha's Rule: Display clear information about Martha's Rule on ward noticeboards and in patient/family leaflets and proactively inform patients and families about Martha's Rule as part of routine care discussions.	We have ensured that posters displaying Martha's Rule are clearly visible on the ward noticeboards. The relevant leaflet is readily available in the leaflet holder for patients and families. The allocated team holds a Martha's Rule telephone, which patients and relatives can be informed of at any time. To further enhance awareness, we will be adding information about Martha's Rule to the "Welcome to Ward 2 pack which is in the process of being printed and will be provided to all new patients and their families.
<b>Response to recommendation 5:</b> Communication: Consider ways to increase clarity around care plans and discharge processes, proactively giving patients and families regular updates.	The ward has introduced a "Family Patient Update" (PFU) initiative. When a patient or relative requests an update, a PFU magnet is placed on the board to prompt the doctor to provide timely information. Additionally, a communication book is being rolled out across all wards to help patients and families better understand their on-going plan of care. It is also standard practice for nurses and medical teams to communicate the care plan during board rounds and ward rounds. At divisional level, each ward meets monthly with the Patient Experience team to review feedback from patients/families and explore ideas for continuous improvement in communication and patient experience.
<b>Response to recommendation 6:</b> Essential Care Items: Consider reviewing the current supply management system to enable essential medical and personal care items, such as stoma bags and pillows, to be consistently available on the ward.	We conduct regular reviews of stock levels in collaboration with the procurement team to ensure availability, and this process remains ongoing. Items such as pillows can be requested from the linen stores when additional supplies are needed, and this procedure will be reiterated to all staff. Stoma bags are typically provided by our specialist teams who support patients directly; however, if needed, we are able to borrow stock from the surgical wards to ensure continuity of care.

<p><b>Response to recommendation 7:</b> Hospital Food: Consider ways to increase meal variety and availability outside standard catering hours.</p>	<p>There are ongoing projects in collaboration with our catering teams aimed at improving the overall quality and variety of meals. To support meal availability outside standard catering hours, hot meals or sandwiches can be ordered 24/7 via the portering team. Additionally, bento boxes are available for patients who prefer smaller portions or for those with cognitive impairments who may benefit from finger foods. This information will be communicated to staff and incorporated into the daily safety huddle to ensure consistent awareness and access for all patients.</p>
<p><b>Response to recommendation 8:</b> Signage: Replace existing toilet signage with dementia-friendly, high contrast pictorial signs to better support patients with cognitive or visual impairments.</p>	<p>We will work closely with our dementia lead to ensure that all toilet signage is replaced with dementia-friendly, high-contrast pictorial signs. These will be carefully selected to support patients with cognitive or visual impairments while also meeting infection control standards. This approach will help create a more accessible and supportive environment for all patients.</p>
<p><b>Response to recommendation 9:</b> Storage: Review ward space to identify areas where clutter tends to accumulate and explore potential solutions for better equipment storage.</p>	<p>As a Trust, we recognise the ongoing challenges posed by limited space across the Trust. To address this, a centralised equipment room has been introduced to store shared equipment, helping to free up space on the wards and reduce clutter. Ongoing collaboration with our operational and Allied Health Professional colleagues continues to ensure all available space is utilised effectively to support a clutter-free environment. In addition, ward housekeepers play a vital role in maintaining these standards day-to-day, despite the space constraints.</p>
<p><b>Response to recommendation 10:</b> Visiting: Improve visiting arrangements by considering alternative spaces or flexibility for larger families where possible.</p>	<p>We acknowledge the limited space on Ward 2 due to the absence of a dedicated family room. However, we do offer flexibility with visiting, particularly for larger families when a patient is critically unwell or at the end of life. The current limit of two visitors per bedside is in place to ensure patient safety and allow nurses or medical staff quick and unobstructed access. Individual requests for additional visitors can be made directly to the nurse in charge. A shared room between Wards 18 and 19 on the first floor (located above Ward 2) is available, and larger family rooms within those wards can be accessed following discussion with the relevant Ward Managers.</p>
<p>Signed:</p>	
<p>Name:</p>	<p>Lucie Kabatesi</p>
<p>Position:</p>	<p>Matron Ward 2</p>



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