



SAFARI WARD

Enter and View Report

Children's Inpatient, Ward 5 Queen Elizabeth
Hospital

healthwatch
Greenwich

Contents

Executive Summary3

Introduction.....4

Who We Spoke To5

Observations.....6

Service Strengths.....7

Opportunities for Improvement.....10

Conclusion12

Recommendations13

Limitations14

Acknowledgements and Key Details15

Provider Response16

Executive Summary

This report presents findings from observational visits and interviews conducted on Ward 5, a 22-bed paediatric ward that includes the Tiger Unit for children and young people requiring isolation or specialist care. The review highlights the ward's strengths in delivering person-centred, compassionate care within a well-maintained and child-friendly environment. Families consistently described a culture of kindness, attentiveness, and professionalism, with both nursing staff and student nurses praised for their communication, empathy, and responsiveness.

Children and families reported feeling safe and supported, with play specialists forming an important role in promoting emotional wellbeing. The ward's physical environment, including the playroom, family room, and flexible dining options, was also seen as supportive of comfort, normality, and routine during hospital stays.

Most families felt well-informed and involved in their child's care, describing good communication from staff. However, some gaps were noted in the timeliness and clarity of updates following investigations and around discharge planning. These communication delays, though not widespread, caused distress for some families and indicate a need for more consistent information-sharing processes.

Staff described a strong commitment to high-quality care but identified challenges linked to staffing pressures, particularly during nights or busy periods. Unplanned absences and rising patient acuity were seen to impact capacity and emotional resilience, with some staff concerned about their ability to maintain the same quality of interaction under strain.

While the ward provides a high standard of care, several opportunities for improvement were identified, including clearer communication, better visibility of information on rights and support (such as Martha's Rule¹ and translation services), and action to address the sustainability of staffing levels.

¹ [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 website².

Method

In June 2025, we conducted two unannounced visits to Ward 5 at Queen Elizabeth Hospital. While the hospital was informed in advance, the specific dates were not disclosed. Each visit lasted between two to three hours and involved three authorised representatives.

Before speaking with patients, we checked with staff to make sure that patients were well enough to speak with us if they wanted to do so. We used a mix of interviews and observations to get a fuller picture of the views and experiences of patients, families, and staff.

² [Our Staff | Healthwatch Greenwich](#)

Who We Spoke To

We spoke to 2 patients (children) with parents' consent, nine family members from multiple families, 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
2	1	0	8	0	0
11					

Gender			
Woman	Man	Non-binary	Prefer not to say
9	2	0	0
11			

Disability/long term condition (LTC)		
Living with disability/ LTC	Not living with disability/ LTC	Prefer not to say
2	9	0
11		

Age				
Under 18	19-24	25-49	50-64	65+
2	1	8	0	0
11				

Carer		
Carer	Not a carer	Prefer not to say
4	7	0
11		

Observations

Staff Interactions and Ward Environment

Ward 5 is 22 bed ward for children and young people and provides a calm, bright, and welcoming environment. The walls are decorated with colourful animal-themed stickers, creating a child-friendly space. The ward includes a well-equipped playroom/schoolroom to support stimulation and emotional wellbeing for children staying on the ward. In addition, a family room offers a clean and well-stocked space for parents and carers.

The Tiger Unit, a self-contained section, consists of four single rooms separated by double doors from the rest of the ward. This area accommodates patients who require additional isolation or specialist care. The Tiger unit also includes its own family room and playroom. At our visits, only one patient was using the Tiger Unit.

Staff display a calm and professional presence, and we observed many kind and confident interactions with child patients. We saw a nurse comforting a baby who had begun to cry after their parent briefly left the room. The nurse immediately responded with warmth and reassurance, holding and soothing them until they calmed down.

At the time of our visits, we did not see any information displayed regarding Martha's Rule. In addition, we did not see any information on how to access translation or communication support.

Service Strengths

Patient, Family, and Staff Perspectives

Compassionate and Attentive Care

The ward was described as friendly and emotionally supportive:

“They always smile and say hello when they see you– it really helps you feel welcome.”

Families praised the ward team for their kindness, attentiveness, and professionalism, highlighting not just the clinical care provided but the human connection that staff built with both children and families. Parents spoke about the compassion and empathy shown by the staff, describing how they took time to explain things clearly and offer comfort during stressful moments. They valued how staff made an effort to engage with children in ways that were age-appropriate and reassuring, reducing fear and building trust:

“The nurses are really good at what they do. You can tell they care about the children as people, not just patients.”

Children also spoke positively about their experiences, describing feeling safe, looked after, and even entertained during their stay. One young patient told us:

“I press the button and they come – and the nurses are really funny too.”

Another child said:

“Malcolm [ward nurse] makes everyone laugh – he makes it easier to be here.”

Parents highlighted the role of the play specialist, particularly for children with complex needs or longer admissions. They described how the play specialist helped to distract children during difficult or painful procedures and provided emotional support and continuity during uncertain or distressing times. Their presence helped children retain a sense of normalcy, which in turn supported family wellbeing as a whole.

Communication and Involvement

Most families told us they felt involved and informed about their child’s care. Parents described how staff made a conscious effort to include them in discussions and decisions, helping them feel like partners in their child’s treatment rather than observers. This inclusion was particularly reassuring during periods of uncertainty or when complex decisions needed to be made:

“They always explain things properly and speak kindly – that means a lot when you’re worried.”

Student nurses received frequent praise from families for their clarity, warmth, and approachability. Parents spoke positively about the way student nurses explained procedures and updates in a straightforward and empathetic manner, taking the time to make sure families understood what was happening and why:

“They tell me everything, and I feel confident about what’s happening.”

“The student nurses are amazing—they keep us in the loop and take the time to check in.”

Food

All patients and families who commented on the food provided gave positive feedback, reflecting a general sense of satisfaction with both the quality and choice available. Parents and children noted that having a variety of options helped make the hospital experience feel less institutional and more comfortable. One young patient said:

“You get to choose different meals and the portions are good.”

As one child put it simply:

“Food is good, I like it.”

Food provided was described as enjoyable and well-prepared. While mealtimes are not typically considered a highlight of hospital stays, children and families described them as something to look forward to, offering familiarity, comfort, and a welcome routine in an unfamiliar setting.

Opportunities for Improvement

Patient, Family, and Staff Perspectives

Communication

Some families described delays in receiving updates following investigations or diagnostic procedures. For these families, the lack of timely or clear information contributed to feelings of uncertainty and, at times, distress. In particular, parents spoke about waiting for updates– without knowing when they would be shared, who to speak to, or what the next steps might be. This sometimes left them feeling overlooked or unsure about their child’s treatment or progress:

“My daughter had an X-ray and we’re still waiting for a proper update.”

Another reflected on the early stages of their hospital experience:

“... at the beginning, we were just waiting with no news.”

In addition to delays in receiving updates, some families spoke about a lack of clarity around discharge planning. While they understood that plans could change depending on a child’s condition or test results, the absence of communication about likely timelines or next steps made it difficult to prepare practically and emotionally for going home. Parents said they would appreciate more frequent and clearer updates, even if just to confirm that results were pending or that discharge decisions had not yet been made. While a poster in the family room contains information about how to give feedback or raise concerns via the Patient Advisory Liaison Service (PALS), this was not visible

elsewhere on the ward. As a result, some families were unsure how to raise concerns or provide feedback.

“No one told us how to give feedback...”

Staffing

Staff spoke about the pressures they face in managing unpredictable demands on the ward. Unplanned staff absences, due to illness or unexpected leave, combined with the complex needs of patients, were described as key challenges. These pressures were particularly felt during night shifts or periods of high activity, when maintaining appropriate staff-to-patient ratios becomes more difficult. Team members expressed a strong commitment to delivering safe, compassionate care, but acknowledged that stretched staffing levels could impact their ability to spend as much time as they would like with each child and family. The emotional and physical toll of balancing multiple needs in a fast-paced environment was a recurring theme.

“When we’re short-staffed and there’s a complex patient, it puts a lot of pressure on everyone.”

Staff called for more consistent cover and increased planning capacity to protect both patient care and team resilience.

Conclusion

What stood out most in our visits to Ward 5 was the emotional feeling of the care. Families didn't just describe what staff did, they spoke about how staff made them feel. Again and again, parents and children told us about moments of connection that helped ease anxiety, build trust, and provide reassurance during what were often difficult and uncertain times. This emotional side of care, while harder to measure than clinical outcomes, left the deepest impression.

Children talked about nurses who made them laugh, came quickly when called, and helped them feel less frightened. Parents described staff who took time to explain things kindly and clearly, checked in without being asked, and treated their children as people, not just patients. These moments, small in scale but powerful in impact, were made possible by a ward culture that prioritises kindness, attentiveness, and respect. It was clear that this was not the work of individuals acting in isolation, but of a cohesive, supportive team that shares a deep commitment to compassionate care.

Yet the capacity to deliver this kind of care is not guaranteed. It relies on the time, stability, and space for staff to do their jobs well. When the ward is under pressure because of unplanned absences, high patient acuity, or the sheer demands of a busy shift, the emotional labour required to offer this level of connection becomes harder to sustain. The same is true when communication systems falter: when families are left waiting without updates, or when information about feedback, translation, or escalation is not easily accessible, the sense of partnership and trust can be undermined.

The ward's strengths lie not only in what is currently working well, but in the commitment of its team to do right by children and families, even when under pressure. Supporting that commitment with the right structures and resources will be key to ensuring that every child and family who comes through Ward 5 continues to feel cared for, not just treated.

Recommendations

1. Strengthening Communication with Families

Families generally felt well-informed, but a few described uncertainty around investigations and discharge planning. There are opportunities to:

- Offer more consistent and timely updates following investigations or changes in care plans.
- Share estimated discharge timelines early, with regular check-ins to manage expectations and reduce anxiety.
- Let families know when results are still pending; even a short update can provide reassurance during uncertain moments

2. Making Rights and Feedback Processes More Visible

While information was available in some areas, families weren't always aware of how to raise concerns or access support. It may be helpful to:

- Ensure signage is visible and easy to understand throughout the ward, including information on PALS and Martha's Rule.
- Offer information about interpreting and communication support as routine for all admissions.

3. Supporting Staff Capacity and Resilience

Staff were clearly committed to delivering high-quality care, even under pressure. They spoke openly about the impact of unplanned absences and high-acuity cases. To help sustain this strength, the team might consider:

- Exploring the involvement of ward volunteers to support play, companionship, and light-touch assistance for families.
- Expanding the role or availability of play specialists, especially for children with longer stays or additional emotional or behavioural needs.
- Increasing informal opportunities for reflection or peer support, helping staff maintain their emotional wellbeing and team cohesion.

Limitations

The findings in this report are based on observations and interviews conducted over two visits. While this provides insights into patient and visitor experiences in Ward 5, it represents a snapshot in time. Experiences may vary during different shifts, at weekends, or during busier or quieter periods.

While we spoke to 11 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 5 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.

It is also important to note that, while this is a paediatric setting, only two of the interviews conducted were with children themselves. This limits our ability to fully reflect the voices and perspectives of children and young people, particularly those who may be less confident, less verbal, or have additional communication needs.

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	Tiger Safari Ward 5, Queen Elizabeth Hospital, ground floor, Stadium Road, Woolwich, London, SE18 4QH
Service Provider	Lewisham and Greenwich NHS Trust
Service Manager	Jenna Lloyd, Interim Matron for Children and Young People Services, Hannah Lawrence, Matron for Children and Young People Services
Admission Information	Admission is mainly via A&E and direct access for oncology patients.

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:	Jenna Lloyd, Interim Matron for Children and Young People Services, Hannah Lawrence, Matron for Children and Young People Services, Michelle Acquah, Patient Experience Manager
-----------------	---

Date sent:	28/07/2025
------------	------------

Title of Report:	Enter and View Report Children's Inpatient, Ward 5 Queen Elizabeth Hospital
------------------	---

Response	<p>If there is no response, please provide an explanation for this within the statutory 20 days (by 8th of April 2025).</p> <p>Please note: This form and its contents will be published by Healthwatch Greenwich.</p>
----------	--

Date of response provided	03/09/2025
Healthwatch Greenwich Recommendations	<p>1. Strengthening Communication with Families</p> <p>Families generally felt well-informed, but a few described uncertainties around investigations and discharge planning. There are opportunities to:</p> <ul style="list-style-type: none">• Offer more consistent and timely updates following investigations or changes in care plans.• Share estimated discharge timelines early, with regular check-ins to manage expectations and reduce anxiety.

- Let families know when results are still pending; even a short update can provide reassurance during uncertain moments

2. Making Rights and Feedback Processes More Visible

While information was available in some areas, families weren't always aware of how to raise concerns or access support. It may be helpful to:

- Ensure signage is visible and easy to understand throughout the ward, including information on PALS and Martha's Rule.
- Offer information about interpreting and communication support as routine for all admissions.

3. Supporting Staff Capacity and Resilience

Staff were clearly committed to delivering high-quality care, even under pressure. They spoke openly about the impact of unplanned absences and high-acuity cases. To help sustain this strength, the team might consider:

- Exploring the involvement of ward volunteers to support play, companionship, and light-touch assistance for families.
- Expanding the role or availability of play specialists, especially for children with longer stays or additional emotional or behavioural needs.

Increasing informal opportunities for reflection or peer support, helping staff maintain their emotional wellbeing and team cohesion.

General response³

³ Please expand boxes as needed for your response.



<p>Response to recommendation 1: Offer more consistent and timely updates following investigations or changes in care plans.</p>	<ul style="list-style-type: none"> • The Consultant provides any updates available during ward round and also discusses any changes to the care plans with the patient and families at the time, this includes when the patient would likely be discharged. • We have Introduced a daily nurse's round. This is taking place after consultant board round where the nurses are expected to speak to their allocated patients/parents to ensure that they understand the plan after the ward round. This gives parents the opportunity to ask any additional questions. The allocated nurse should update the patient's care plan with any changes. • Just commencing Compassion in Care programme in Paediatrics which sets out expected standards of care that will be provided to patients. These standards will be specific to paediatrics.
<p>Response to recommendation 2: Share estimated discharge timelines early, with regular check-ins to manage expectations and reduce anxiety.</p>	<ul style="list-style-type: none"> • The medical team inform patients/parents of their expected discharge date during ward round. • The Expected Discharge Date should be updated daily during consultant/nurse's board round on the whiteboard / electronic bed board and this information can be shared with parents during the nurse's round.
<p>Response to recommendation 3: Let families know when results are still pending; even a short update can provide reassurance during uncertain moments</p>	<ul style="list-style-type: none"> • This has been added to the 3x a day huddle. These huddles take place on the ward with the senior nursing team to review activity on the ward, acuity (how unwell a patient is and the level of care they require) and any safety concerns. Any patients still waiting for results can be discussed at huddles and checked with the medical team. This can be fed back to families if results are still pending or if results are back. • The junior doctors to join the afternoon huddles.
<p>Response to recommendation 4: Ensure signage is visible and easy to understand throughout the ward, including information</p>	<ul style="list-style-type: none"> • The current Ward Information Booklet will be reviewed and updated to include PALS information and who to contact e.g. Ward Sister, Matron and Head of Nursing (HoN). This booklet will be given to patient/parents on admission. Once national guidance has been obtained re "Martha Law", this will be added.

on PALS and Martha's Rule.	<ul style="list-style-type: none"> • Posters are visible on ward entrance and ward corridor to illustrate the Senior Management team. • PALS information posters will be displayed in each cubicle, bay and information board. • A 'Do you have a question' poster will be created to sign post parents on who to contact if they have a query, concern or question. This poster will include speaking to their allocated nurse or asking to speak to the nurse in charge, ward sister, Matron and HoN. The poster will also include contact details to make it easier for parents to speak to the Matron or HoN if required. • Martha's Rule is not rolled out in Paediatrics – we are still awaiting national guidance for paediatrics from the South Thames Paediatric Network (STPN). Once agreed the guidance will be included in the parent information leaflet and guidance displayed on the ward. Until then parents are advised by the nurse in charge / consultant on how to obtain a second opinion if they have concerns.
Response to recommendation 5: Offer information about interpreting and communication support as routine for all admissions.	<ul style="list-style-type: none"> • Ensure information about the availability of interpreting services is included in the Ward Information Booklet. • Posters highlighting interpreting services available will be displayed in each cubicle, bay and information board visible for patients and parents to see.
Response to recommendation 6: Exploring the involvement of ward volunteers to support play, companionship, and light-touch assistance for families.	<ul style="list-style-type: none"> • To meet with Voluntary services to explore getting volunteers on the ward to support with play and assistance. • Discuss with the Trust Youth Board for suggestions and participation.
Response to recommendation 7: Expanding the role or availability of play specialists, especially for children with longer stays or	<ul style="list-style-type: none"> • We currently have a play specialist who works Monday – Thursday. To explore if we are able to get funding for a play support worker to cover Friday – Sunday to provide play support 7 days a week.

additional emotional or behavioural needs.	<ul style="list-style-type: none"> • There are designated play times/plan for patients who are in hospital long term or who have additional needs.
Response to recommendation 8: Increasing informal opportunities for reflection or peer support, helping staff maintain their emotional wellbeing and team cohesion.	<ul style="list-style-type: none"> • The senior team will: • Ensure staff have regular 1:1 Wellbeing discussions with their managers • Include staff check in's during 3x day huddles on the ward • Ensure staff get their breaks on shift with ward sisters/ Practice Development Nurses supporting when needed • Provide Professional Nurse Advocate (PNA) Support information • Monthly Oxleas Child and Adolescent Mental Health (CAMHS) Support forums open to all staff to attend • Introduce/update wellbeing board with updated information of support services • Ensure all staff are trained in long term ventilation and cancer care. This will ensure all staff have the necessary competency and skills to deliver safe care. • Monthly Oxleas Child and Adolescent Mental Health (CAMHS) Support forums open to all staff to attend. • Staying on top of recruitment – recruitment plan in place.
Signed:	
Name:	Robert Cole
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](https://www.facebook.com/Healthwatchgreenwich)

Registered Charity Number 1209971
Company registered in England Number 9891557



**Committed
to quality**

