



You are in Queen Elizabeth Hospital Ward 17



Enter and View Report

**Surgery and Gastroenterology, Ward 17 Queen
Elizabeth Hospital**

healthwatch
Greenwich

Contents

Executive Summary3

Introduction.....5

Who We Spoke To6

Observations..... 7

Service Strengths.....9

Opportunities for Improvement.....12

Recommendations 16

Limitations17

Acknowledgements and Key Details 18

Provider Response 19

Executive Summary

Ward 17 is a 28-bed surgical and gastroenterology ward, with an additional two corridor beds available during periods of high demand. It also supports gynaecological patients and serves as the designated unit for surgical patients requiring chest drains.

Ward 17 offers a care environment that reflects many of the principles associated with high-quality, person-centred care. Patients and families describe the ward as calm, clean, and well-managed, with emphasis on the professionalism and compassion of staff. The quality of interpersonal relationships between staff, patients, and families stands out, contributing to a sense of safety, dignity, and reassurance. Staff pride in their work and a clear team ethos was evident, suggesting a strong internal culture rooted in shared values and mutual respect.

While the underlying culture of care is positive, there are limitations in how well this is supported by wider systems. Information to promote transparency, empowerment, and accessibility, such as how to give feedback, raise concerns, or access communication support, was notably absent. The existence of translation services via digital tools was confirmed by staff, yet there appears to be no systematic or visible way of alerting patients or families to these options. In a diverse patient population, the absence of proactive communication around these entitlements risks reinforcing existing inequalities and may prevent some patients from fully engaging in decisions about their care.

Communication practices on the ward appear generally strong during weekdays, but inconsistencies arise during periods of high demand and particularly at weekends. Patients and families who felt otherwise well cared for described having to chase information or feeling left out of the loop. These experiences reflect a wider system challenge: even where staff are skilled and committed, structural constraints, such as staffing levels, rota design, and information systems, can compromise the continuity and reliability of communication. Importantly, patients' and families' confidence in care is not shaped solely by clinical quality, but by their ability to understand and

participate in what is happening. Fluctuations in communication quality can undermine this trust.

Staff themselves acknowledged the impact of service pressures on their ability to deliver consistently responsive care. While morale appeared high, there was concern that demand could outweigh capacity. This was evident in discussions around the use of corridor beds. Although their use is framed as a short-term measure to manage flow, the implications for patient dignity, safety, and experience are significant. Our observations of a patient in this space, exposed to foot traffic, noise, and a lack of privacy, highlight how the use of non-clinical spaces for inpatient care can erode fundamental standards, despite the best efforts of staff. The emotional burden this places on staff was also apparent, with one describing corridor care as something “nobody is happy with.”

Food provision emerged as another area where patient experience fell short of expectations. Criticism focused not only on taste and variety but also on cultural appropriateness. While meal quality may seem a peripheral concern in the context of acute medical care, it is in fact closely tied to recovery and emotional wellbeing. The lack of culturally responsive options raises broader questions about how well institutional catering services are aligned with the demographic realities of the communities they serve.

In summary, Ward 17 benefits from a strong foundation of compassionate care, good leadership, and effective teamworking. These qualities underpin much of the positive feedback from patients and families. However, the ward’s ability to maintain this standard consistently is challenged by system-level issues, including staffing capacity, reactive communication processes, the use of inappropriate spaces for care delivery, and the limited responsiveness of wider hospital services (such as catering and information about communication support).

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 website¹.

Method

In June 2025, we made one unannounced visit to Ward 17 at Queen Elizabeth Hospital, the visit lasted approximately three hours and involved three Authorised Representatives. While the hospital was informed in advance, the specific date was not disclosed.

Prior to speaking with patients, we liaised with staff to identify those who were well enough to take part, if they wanted to do so. 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 13 patients, four 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	3	0	14	0	0
17					

Gender			
Woman	Man	Non-binary	Prefer not to say
12	5	0	0
17			

Disability/ long term condition (LTC)		
Living with disability/ LTC	Not living with disability/ LTC	Prefer not to say
9	8	0
17		

Age				
25-49	50-64	65-79	80+	Prefer not to say
5	7	3	2	0
17				

Carer		
Carer	Not a carer	Prefer not to say
4	13	0
17		

Observations

Staff Interactions and Ward Environment

Ward 17 is a calm, clean, well-organised and well-maintained environment. Toilets are clean, with pictorial signage to support patients living with cognitive or visual impairment.

Information about Martha's Rule² is displayed and easily visible to patients and families. However, no information was observed regarding the hospital's complaints process, how to give positive feedback, or how to contact the Patient Advice and Liaison Service (PALS). Similarly, there was no signage or guidance available on how to request interpretation or translation support, or whether hearing loops or other communication aids were available for those with sensory impairments.

Ward leadership informed us that translation services are available via a digital app, with a tablet provided to support patients and families who require assistance with communication. However, there appears to be no clear system or visible communication strategy in place to inform patients and families that these services exist or how to access them. This may limit the ability of patients, particularly those with communication needs or limited English, to advocate for themselves or engage confidently with their care.

Staff on Ward 17 appeared engaged, approachable, and professional. Interactions between staff and patients were observed to be warm and compassionate, with nurses frequently seen smiling, making eye contact, and taking time to listen. The generally calm atmosphere on the ward seemed to support this positive dynamic, allowing staff the time and space for meaningful, unhurried conversations and patient care.

² [Martha's Rule | Lewisham and Greenwich](#)

One corridor bed was positioned directly in front of the nurses' station, significantly obstructing the corridor. The patient had very limited space, and when approached for feedback, declined, saying:

"I am not in the mood to talk, I don't want to talk in front of everyone."

Highlighting the lack of privacy. The positioning of this bed raises questions about how dignity is preserved when constraints on ward space are becoming increasingly challenging.

Service Strengths

Patient, Family, and Staff Perspectives

Ward Environment

Patients praised the overall environment of Ward 17. The high standard of cleanliness was a recurring theme in feedback, with one patient stating,

"Cleanliness, second to none."

While another observed that the bay was

"well-kept, cleaned a number of times a day."

These comments reflect a strong sense of order and hygiene, which appeared to contribute to a calm and reassuring atmosphere across the ward. In addition to general cleanliness, several patients noted the comfort of their surroundings, including bedding and lighting. One remarked simply:

"Very clean and comfortable."

Staff interactions

Patients and families spoke highly of the care provided on the ward, describing staff as kind, attentive, and knowledgeable. Patients reported feeling listened to, treated with dignity, and supported in ways that made them feel safe and valued. One patient shared:

"They listen to me, I can ask questions and they listen."

This sentiment was echoed by others, who noted that staff took time to explain treatments clearly and answer questions patiently, helping to reduce anxiety and foster trust. As one put it:

“Doctors, surgeons, and nurses are amazing.”

Family members shared similarly positive experiences. Staff were described as welcoming and approachable, with families telling us how included and supported they felt throughout their loved one’s stay. One relative commented:

“Staff are amazing, polite and kind.”

While another said:

“I’ve been in plenty of wards in the hospital, it’s the best ward. They help everyone. They are so nice, all of them. They’re happy to help, and you see they care.”

For some, the quality of interpersonal care stood out as exceptional:

“Yes, for the first time in my life I feel so respected in the hospital.”

This feedback suggests a positive ward culture, where respect, empathy, and person-centred care are embedded in everyday practice.

Efforts to maintain communication with families unable to visit were also recognised and appreciated. Staff were praised for keeping relatives updated through phone calls or online messages, helping maintain a sense of involvement and continuity in care. As one family member shared:

“Yes, they do communicate clearly. They also communicate with my son who lives out of the area, this is done online.”

Overall, these interactions helped reinforce a strong sense of reassurance and trust among patients and families, contributing to a positive care experience.

Staff on Ward 17 spoke positively about their work. They expressed a strong sense of pride in the care they provide, emphasising the role of teamwork, mutual respect, and a shared commitment to supporting patients' health and wellbeing. One staff member summed this up by saying:

“We deliver the best care we can. Everyone is passionate and cares for the patients.”

This sentiment was echoed in the behaviours we observed and suggests a cohesive team culture, where individual and collective efforts are aligned around a common purpose: providing high-quality, compassionate care. Staff pride appeared rooted not only in their own professional standards, but in the trust and camaraderie they felt with colleagues.

Opportunities for Improvement

Patient, Family, and Staff Perspectives

Care and Communication

Some patients living with long-term conditions reported that while most staff were kind and attentive, the ward did not always meet their needs. Patients felt this was due to a lack of staff capacity.

"I have special needs due to my illness and require more support; more staff are needed to help me."

Some patients expressed frustration:

"Sometimes you have to shout to get attention."

This suggest that at times, staff may not notice more subtle requests for help. Others told us they hesitated to ask for support when they needed it as they could see how busy staff were:

"When they are very busy, I don't want to ask them, I can see them running."

During weekday visits, communication between staff, patients, and families was generally described as clear. Most patients felt able to ask questions and understood what was happening with their care. However, some patients and families told us about inconsistencies, particularly during busier periods or on

the weekends, when the usual standard of communication seemed to drop. One relative shared:

"Staff do not tell you anything at all, I can't find anyone on weekends."

Others spoke of a lack of proactive communication that left them needing to actively seek out updates, rather than receiving them routinely. These inconsistencies, while not universal, did affect overall confidence in the care provided. Even among patients and families who were otherwise satisfied, a lack of timely updates or the need to 'chase' information affected their experience and sense of involvement.

While staff were positive about their roles and the quality of care delivered on the ward, they also acknowledged the pressures that come with high patient demand, particularly during busy periods. These pressures, they felt, could affect their ability to maintain consistent communication and continuity of care. One member of staff explained:

"The only thing we need is one more HCA (healthcare assistant), especially during busy periods or when corridor beds are in use."

Corridor Beds

The use of corridor beds raised concerns regarding privacy, dignity and safety. During our visit, we observed one bed positioned directly in front of the nurses' station. The area was cramped, lacked personal space, and exposed the patient to constant foot traffic and noise. The corridor bed obstructed the passageway and could cause a problem in the event of an emergency or evacuation.

Staff recognised that corridor beds are far from ideal and expressed concern for the wellbeing of patients placed in these temporary spaces. While they emphasised that such measures are only used in response to critical demand

pressure, they also noted that corridor beds affect both patient morale and staff capacity.

“Boarding is always a problem. Patients are not happy; we’re not happy, but there’s no other option.”

Food

Feedback on the food provided was negative, with patients frequently commenting on issues related to taste, variety, and cultural relevance. While a small number felt that portion sizes were adequate, most expressed dissatisfaction with the overall quality of meals. Many patients described the food as repetitive, and lacking in flavour or seasoning. One patient told us:

“The food is absolutely terrible, portions are very small and bland.”

While another said:

“Food makes me feel sick. Very bland.”

Comments suggest that for some, the meals are not only unappealing but actively off-putting, potentially discouraging them from eating altogether.

Cultural appropriateness of meals was also raised by some patients, who felt that the menu did not reflect or cater to their cultural needs. As one patient noted:

“Menu not suited to fit cultural needs, would appreciate Yoruba dishes.”

This feedback highlights an opportunity to offer a wider range of meal options that reflect the cultural diversity of patients, both to support nutrition and to enhance their overall hospital experience.

Conclusion

On Ward 17, patients and families told us they felt respected, listened to, and well looked after. The ward environment is clean and calm, and staff work together as a team to create a reassuring and supportive space. At the same time, we also saw areas where patient and family experiences could be improved. Some patients found it hard to get the help they needed quickly, especially during busy times or weekends. Others told us they didn't always get clear information or regular updates. We also found that some key information, like how to ask for an interpreter or give feedback, was missing or not displayed. For patients who don't speak English well or have communication needs, this could make it harder to speak up or feel confident in their care.

One of the biggest concerns we saw was the use of corridor beds, which offer little privacy and can make patients feel exposed and uncomfortable. Staff themselves told us this is not how they want to care for people, but sometimes there are no other options due to high demand. Food was another issue raised by many patients, who felt it lacked flavour and did not reflect the diverse cultural backgrounds of those using the service.

These issues aren't about a lack of care or effort from staff, in fact, staff are doing their best in difficult circumstances. But they do point to wider challenges in the system that need attention. Good care depends not just on the people delivering it, but on having the right support, resources, and systems in place.

Recommendations

The following recommendations are made in the spirit of partnership and aim to support the ward in delivering a consistently high standard of care that is not only clinically safe but also inclusive, compassionate, and responsive to needs.

Communication and Feedback

- Explore ways to ensure all patients and families are made aware of how to share feedback or raise concerns. Making this information more visible and routinely shared, particularly at the point of admission, could help support patient and family confidence.
- Review communication approaches during weekends to ensure high standards of communication with patients and families are maintained consistently throughout the week.

Privacy and Use of Corridor Beds

- We recognise that the use of corridor beds is often a necessary response to capacity pressures. However, where they are in use, it may be helpful to review how space is allocated to minimise disruption to the ward environment and protect patient dignity.
- Ensure privacy screens are available and used consistently if corridor beds are occupied.

Catering and Cultural Needs

- Feedback suggests there may be an opportunity to revisit the current catering offer. A focus on flavour and cultural relevance could help ensure meals feel more inclusive and appealing to a diverse patient population.

Staffing and Capacity

- Staff spoke positively about their roles and their commitment to delivering high-quality care, even during periods of increased pressure. Continued attention to how staffing levels align with patient complexity and ward occupancy, particularly when managing corridor care, may help protect time for meaningful interactions and support continuity of care.

Limitations

This report is based on a single unannounced Enter and View visit to Ward 17. Enter and View visits are carried out to observe care in practice, speak with patients, families, and staff, and gather first-hand insights about the experience of care. Because the visit was unannounced, it provides an authentic view of the ward on that particular day, but it's important to note that it offers only a snapshot in time. The observations and feedback in this report reflect what was seen and heard during that visit. As with any one-off visit, there may be variation in what patients and families experience at different times, such as during weekends, evenings, or when the ward is under greater pressure due to high demand. For example, staffing levels, patient needs, and the pace of the ward can all vary depending on the time of day or week.

Feedback was gathered from 17 patients and family members, as well as from staff working on the ward. These conversations offered valuable and often detailed insight into the care being delivered. However, as with any small sample, there are limitations. The individuals who chose to speak with us may have had particularly strong views, either positive or negative, which may not fully reflect the experiences of all patients on the ward. We also recognise that some patients may have been unable or unwilling to take part, which means certain perspectives could be missing. Patients and families with limited English or communication needs may have been less likely to participate, meaning their perspectives may be underrepresented.

Although our visit was unannounced, the presence of observers can influence behaviour. Patients, families, and staff may act more cautiously or positively than usual when they know they are being observed.

While the findings in this report should not be taken as a full evaluation of the ward, they highlight important themes in patient experience and provide an opportunity to reflect on what is working well and where improvements might be made.

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 17, Queen Elizabeth Hospital, Stadium Road, Woolwich, London, SE18 4QH
Service Provider	Lewisham and Greenwich NHS Trust
Service Manager	Ugochi Agbasimelo, Head of Nursing (Surgery), Luise Horan, Ward Matron, Michelle Salt, Ward Manager
Admission Information	Patients are primarily admitted via A&E and some patients are admitted following endoscopic procedures.

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
Date sent:	31.07.25
Title of Report:	Enter and View Report Surgery and Gastroenterology, Ward 17
Response	If there is no response, please provide an explanation for this within the statutory 20 days (by 28th of August 2025). Please note: This form and its contents will be published by Healthwatch Greenwich.

Date of response provided	28.08.2025
Healthwatch Greenwich Recommendations	<p>Communication and Feedback</p> <p>Explore ways to ensure all patients and families are made aware of how to share feedback or raise concerns. Making this information more visible and routinely shared, particularly at the point of admission, could help support patient and family confidence.</p> <p>Review communication approaches during weekends to ensure high standards of communication with patients and families are maintained consistently throughout the week.</p> <p>Privacy and Use of Corridor Beds</p> <p>We recognise that the use of corridor beds is often a necessary response to capacity pressures. However, where they</p>

	<p>are in use, it may be helpful to review how space is allocated to minimise disruption to the ward environment and protect patient dignity.</p> <p>Ensure privacy screens are available and used consistently if corridor beds are occupied.</p> <p>Catering and Cultural Needs</p> <p>Feedback suggests there may be an opportunity to revisit the current catering offer. A focus on flavour and cultural relevance could help ensure meals feel more inclusive and appealing to a diverse patient population.</p> <p>Staffing and Capacity</p> <p>Staff spoke positively about their roles and their commitment to delivering high-quality care, even during periods of increased pressure. Continued attention to how staffing levels align with patient complexity and ward occupancy, particularly when managing corridor care, may help protect time for meaningful interactions and support continuity of care.</p>
General response ³	<p>Thank you very much for your visit and the opportunity to view the care we provide to our patients from another perspective.</p> <p>We are grateful for the positive feedback and will work collaboratively with the wider stakeholders to address the areas of recommendation.</p>
<p>Response to recommendation 1:</p> <p>Explore ways to ensure all patients and families are made aware of how to share feedback or raise concerns.</p>	<p>Friends and Family Test (FFT) surveys and PALS and Complaints leaflets are available on the ward for patients and relatives who want to give feedback and raise concerns.</p> <p>FFT surveys are offered to all patients before discharge, relatives and carers can support patients to complete this.</p>

³ Please expand boxes as needed for your response.

<p>Making this information more visible and routinely shared, particularly at the point of admission, could help support patient and family confidence.</p>	<p>The team will work with the Patient Experience and PALS and Complaints teams to ensure that the information provided is accurate.</p> <p>The nurse-in-charge (NIC) will ensure that all patients and relatives are aware that they are available for daily updates and to escalate concerns.</p>
<p>Response to recommendation 2:</p> <p>Review communication approaches during weekends to ensure high standards of communication with patients and families are maintained consistently throughout the week.</p>	<p>A regular nurse-in-charge (NIC) update will be introduced over the weekend, to ensure that communication is consistent throughout the week.</p> <p>The nurse-in-charge (NIC) will ensure that all patients and relatives are aware that they are available to provide updates and clarify plans.</p>
<p>Response to recommendation 3:</p> <p>We recognise that the use of corridor beds is often a necessary response to capacity pressures. However, where they are in use, it may be helpful to review how space is allocated to minimise disruption to the ward environment and protect patient dignity.</p>	<p>The Trust recognises that boarding is not the desired practice; however, to ensure the timely release of patients from the Emergency Department and maintain patient safety across the Trust, it is sometimes necessary.</p> <p>Boarding is always kept to the minimum amount of time possible, with patients not staying longer than 24 hours.</p> <p>Nursing staff make every effort to declutter the area as much as possible to minimise disruption to the ward environment and protect patient dignity, though this is not always achievable due to limited space.</p>
<p>Response to recommendation 4:</p> <p>Ensure privacy screens are available and used consistently if corridor beds are occupied.</p>	<p>Six privacy screens were procured for Ward 17, ensuring there are sufficient screens available to provide privacy for boarded patients.</p> <p>The ward manager and NIC will monitor that privacy screens remain available on the ward and are kept in good condition.</p>

<p>Response to recommendation 5 :</p> <p>Feedback suggests there may be an opportunity to revisit the current catering offer. A focus on flavour and cultural relevance could help ensure meals feel more inclusive and appealing to a diverse patient population.</p>	<p>This is an ongoing, Trust-wide project, and the food menu is being reviewed due to this being a recurrent concern.</p> <p>The report highlighted that some patients stated food was bland, portions were very small, and did not fit their cultural needs.</p> <p>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. The all-day menu is provided 24 hours a day and has a wider range of food options.</p>
<p>Response to recommendation 6:</p> <p>Staff spoke positively about their roles and their commitment to delivering high-quality care, even during periods of increased pressure. Continued attention to how staffing levels align with patient complexity and ward occupancy, particularly when managing corridor care, may help protect time for meaningful interactions and support continuity of care.</p>	<p>Ward acuity is reviewed daily by the Ward Manager and Matron. When the ward is identified as having high acuity (such as due to having unwell or confused patients), a risk assessment is carried out, and additional staff are booked.</p> <p>The NIC and Ward Manager will continue to monitor the acuity to ensure that staff have the necessary resources to deliver high-quality care to our patients.</p>
<p>Signed:</p>	
<p>Name:</p>	<p>Michelle Silva Reis</p>
<p>Position:</p>	<p>Matron Surgery</p>

healthwatch Greenwich

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