

# Ward 3



## Enter and View Report

Adult Inpatient, Ward 3 Queen Elizabeth  
Hospital

**healthwatch**  
Greenwich

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# Executive Summary

Ward 3 is a 34-bed respiratory care ward, with an additional three beds, bringing the total capacity to 37. The ward primarily admits patients from A&E but also frequently receives transfers from ITU and other hospital departments. During periods of high demand, patients not requiring respiratory care may also be admitted when other wards are at full capacity. An outpatient clinic also operates on the ward Monday to Friday.

Staff report that, on average, five to seven people are admitted and four to seven are discharged each day. However, patients who need neurorehabilitation often face long waits to move on. Some stay on the ward for months while waiting for a suitable place.

During our visits, we spoke with 10 patients, five family members, and eight staff members, and observed the ward environment and interactions between staff, patients, and visitors.

## What We Found

We found a calm, clean, and well-organised environment where staff were professional, polite, and attentive. Patients described their care positively and praised the kindness and responsiveness of nurses and doctors. Families highlighted the friendliness of staff and the sense of reassurance they provided. Staff also spoke about strong teamwork and a shared commitment to delivering good care.

The ward layout was thoughtfully arranged, and efforts had been made to maintain patient dignity and privacy, even when accommodating extra patients. Signage was clear and accessible, and the ward included a dedicated family room and useful information was on display. However, we noted that this family space could be enhanced and that there was no visible information about Martha's Rule to help patients and relatives escalate concerns.

## Areas for Improvement

While most feedback was positive, a number of areas for improvement were raised:

- Some patients reported delays in responses to call bells and unmet basic needs, such as being left thirsty or not receiving promised help. These lapses, though not widespread, affected patients' sense of being valued and safe.
- Relatives told us they often felt left in the dark about patient progress and had to chase updates. More proactive communication would help reduce stress and improve trust in the care process.
- Staff highlighted several logistical issues, including a lack of quiet space for clinical work, occasional shortages of essential supplies like gloves, and uncoordinated break schedules that sometimes left bays unattended.
- Concerns were raised about the attitude of some bank staff, with permanent staff needing to step in to maintain patient comfort and confidence.

## Summary

Ward 3 offers a supportive and compassionate care environment, with many examples of excellent practice in patient interaction, teamwork, and ward organisation. However, there are opportunities to strengthen care further—particularly around consistent responsiveness, proactive communication with families, and staff working conditions. Addressing these areas would support the ward's efforts to provide high-quality, person-centred care where everyone feels safe, respected, and informed.

# 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>1</sup>.

## Method

In March 2025, we conducted two unannounced visits to Ward 3 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 four authorised representatives.

Before speaking with patients, we collaborated with staff to identify those who were able to participate, ensuring that the conversations were appropriate. We employed a mixed-method approach that combined interviews and direct observations to gain a broad understanding of the experiences and perspectives of patients, families, and staff.

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<sup>1</sup> [Our Staff | Healthwatch Greenwich](#)

# Who We Spoke To

We spoke to 10 patients, five family members, and eight members of staff, including ward leadership. Details of patients and family members spoken to are displayed in the tables below.

Ethnicity					
Asian, Asian British	Black, Black British	Mixed ethnic groups	White (any)	Other ethnic groups	Prefer not to say
	1	0	14	0	0
15					

Gender			
Woman	Man	Non-binary	Prefer not to say
10	5	0	0
15			

Disability/long term condition (LTC)		
Living with disability/ LTC	Not living with disability/ LTC	Prefer not to say
4	11	0
15		

Age			
Under 24	25-49	50+	Prefer not to say
0	4	11	0
15			

Carer		
Carer	Not a carer	Prefer not to say
1	14	0
15		

# Observations

## Staff Interactions and Ward Environment

At the time of our visit, Ward 3 was clean, calm and well-organised, with staff appearing focused yet unhurried. The ward is well maintained, with minimal signs of wear and tear, and the overall environment felt pleasant and comfortable. Unlike some wards that place extra beds in corridors, Ward 3 has included extra beds in bays to accommodate additional patients. This approach offers more privacy and a less disruptive environment for patients. However, it also means bays are more crowded with patients having reduced personal space.

Observed staff interactions were consistently polite, kind, and professional, both with patients and among themselves. Patients appeared content and at ease, reinforcing the sense that the ward was not only well-managed but also a caring environment. During our visit, we observed staff warmly welcoming visitors. For example, a couple arrived looking confused about where to find their relative, and a nurse quickly approached them with a smile, calmly guiding them to the correct bay while offering reassurance. This level of attentiveness contributed to the ward's positive and supportive atmosphere.

The ward includes a dedicated family room with access to a garden, designed to provide a quiet and private space for patients and visitors to connect. However, on the day of our visit, the room included stacked chairs and boxes in a corner, making it a less welcoming and comfortable space. Ensuring that this space remains free of unnecessary items would help create a more comfortable and relaxing environment for families.

Notice boards throughout the ward were well-organised and contained useful information for staff, visitors, and patients, including clear guidance on how to provide feedback or raise complaints. However, there was no visible information on Martha's Rule<sup>2</sup>. While this information is available on the Trust's website,

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<sup>2</sup> [Martha's Rule | Lewisham and Greenwich](#)

having physical posters or information on the ward would ensure that patients and families are aware of the escalation process should they have concerns.

Toilets throughout the ward were dementia-friendly, featuring clear text and pictorial signage to enhance accessibility for patients with cognitive impairments.

We noted that some isolation rooms had their doors propped open despite clear signage instructing that they should remain closed.

Overall, Ward 3 operates as a well-organised and compassionate environment, where staff work collaboratively to provide high-quality care. Despite the challenges of managing a busy respiratory unit, the ward remains structured, supportive, and welcoming, fostering a positive experience for both patients and visitors.



# Service Strengths

## Patient, Family, and Staff Perspectives

Patients praised the care, attentiveness, and professionalism of ward staff, describing their experiences positively:

“The nurses are great—always making sure I get help when I can’t manage alone.”

“The younger nurses, especially, always ask what I need and are very nice.”

“Absolutely wonderful staff, very polite and helpful.”

Patients appreciated clear and informative communication from staff:

“Doctors always explain clearly why medication changes are made, helping me understand my treatment.”

“Excellent communication; they regularly update me on my progress.”

The ward environment was described by patients as clean and comfortable, and patients felt respected and listened to.

“Staff give you time to talk and genuinely listen.”

**"I'm treated with real respect and kindness."**

Family members also recognised the compassionate and dedicated approach of the staff, appreciating their continuous support despite the demanding ward environment:

**"The friendliness and caring attitudes of staff really make a difference."**

Staff highlighted strong teamwork and mutual support as essential components in maintaining high standards of patient care:

**"The ward is very well-organised. Everyone works together efficiently; you never feel like you're alone in managing the workload."**

**"Great teamwork."**

# Opportunities for Improvement

## Patient, Family, and Staff Perspectives

While overall patient feedback was largely positive, indicating that most felt satisfied with the care they received, a number of comments highlighted specific concerns about staff responsiveness and attentiveness. Although these concerns were not raised by all patients and may not reflect the standard of care across the entire service, they are nonetheless important. Issues such as delayed responses to call bells, unmet basic care needs, and a lack of follow-through on staff promises suggest potential weaknesses in care consistency and communication. These seemingly small lapses can have a significant impact on how safe, valued, and respected patients feel during their stay:

“Sometimes the nurses chat amongst themselves, and it can be frustrating when they say they'll come back and don't.”

“When I press the call button, sometimes there's no response or staff arrive much later.”

“I came to visit my friend, and he was parched, he told me nobody offered him a glass of water since morning.”

“Usually staff communicate well, but sometimes they're busy and hard to understand what they say, they are rushed.”

Patients views on hospital food were mixed. Some identified the need for better meal variety, temperature, and overall quality:

“The food can be bland and tasteless; sometimes it's cold when it arrives.”

“Food is lovely, but the menu should change weekly—it's always the same choices.”

“Sometimes meals aren't filling enough, but I can always request extra biscuits.”

Visitor parking was also a concern:

“Parking is very poor; there aren't enough spaces for visitors.”

Family members indicated a need for improved communication regarding patient progress:

“We have to chase updates; there's no proactive communication from staff.”

“We haven't had an update since the admission, leaving us unsure about treatment plans.”

Some families told us they feel left in the dark and forced to keep asking for updates at an already stressful time. When there's no regular communication, it can lead to worry, confusion, and a sense that they're not part of what's happening with their relative's care. We heard that even basic information, like how treatment is going or what the next steps are, can be hard to get. This puts extra pressure on families and makes it harder for them to support their loved ones or to plan ahead.

Staff expressed challenges around workplace logistics and infrastructure:

**"There's no dedicated office for doctors, forcing us to work in corridors where we're frequently interrupted by patients and families."**

**"Sometimes equipment like gloves isn't restocked promptly, and we need to borrow from other wards."**

**"All staff taking breaks simultaneously can leave bays unattended; it would help to rotate breaks."**

Staff told us that some of the day-to-day practical challenges they face are getting in the way of providing the best possible care. These are more than just frustrations for staff, they affect patients too. When there's no quiet space for clinical staff to work, important decisions about care might be rushed or made without the focus they require. When essential supplies like gloves aren't immediately available, it can delay care and affect hygiene and safety practices. And when no one is watching over a bay because staff breaks aren't staggered, patients, especially those who are vulnerable, may be left without help when they need it most.

Concerns about the attitude and efficiency of some temporary (bank) staff were raised:

**“Occasionally, bank staff are rude to patients; permanent staff often have to intervene to smooth things over.”**

Every member of staff, whether permanent or temporary, plays a key role in creating a safe, respectful space for patients. This feedback highlights the importance of shared values across the whole workforce. Patients shouldn't have to worry about who's on shift to feel they'll be treated with dignity and care.

# Conclusion

Our visit to Ward 3 suggests a well-run and compassionate ward environment, where staff interactions are largely professional, kind, and centred around patient wellbeing. The ward is clean, calm, and thoughtfully organised, with strong evidence of teamwork and a shared commitment to delivering high-quality care. Overall, patients and families described staff as respectful, attentive, and supportive, and the ward atmosphere felt positive and welcoming.

However, there are areas for improvement. While many patients were highly satisfied with their care, a number raised concerns about inconsistent communication and responsiveness, particularly around call bell delays, follow-through on promises, and unmet basic needs. These issues, though not universal, can have a significant impact on patients' sense of safety, dignity, and trust.

Family members told us they want clearer, more proactive updates on their loved ones' progress. Not knowing what's happening or having to repeatedly ask for information adds unnecessary stress at an already difficult time. Improved communication would help families feel more included and confident in the care being delivered.

Feedback from staff pointed to practical challenges in the work environment, such as a lack of dedicated workspace, intermittent equipment shortages, and the need for better break coordination. These factors may seem operational but have a real knock-on effect on patient care, staff wellbeing, and overall service quality. Additionally, concerns around the conduct of some temporary (bank) staff suggest a need for stronger oversight and consistent standards across all team members.

Ward 3 demonstrates many strengths, and there is much to commend in how staff support patients and each other. By addressing the areas highlighted in this report, particularly around communication, basic care consistency, and infrastructure, there is an opportunity to further strengthen the patient experience and ensure that everyone feels cared for, respected, and safe.

# Recommendations

## 1. Communication with Families and Patients

- Consider how to increase or improve giving regular updates about treatment plans and progress to families.
- Use clear, simple language to help patients and families understand next steps.
- Display information about Martha's Rule to enable patients and families to understand how to raise concerns.

## 2. Staff Responsiveness

- Review responsiveness to call bells and patient requests.
- Rotate staff breaks to enable bays to be covered.

## 3. Ward Facilities and Environment

- Keep the family room clear of boxes/stacked chairs and consider some decoration to make it more comfortable and welcoming.
- Maintain infection control rules – keeping isolation doors closed.

## 4. Catering

- Consider ways to improve menu variety and temperature.

## 5. Staffing and Infrastructure Support

- Explore options for giving medical staff a dedicated room to reduce interruptions and protect confidentiality.
- Consider how best to support bank staff to enable demonstration of shared organisational values in patient care.

## 6. Visitor Experience

- Look at ways to improve parking for visitors.



# 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 3, 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 3 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. In addition, only patients who were able and willing to participate were included. This means the voices of those with more complex needs or who were too unwell to engage 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 attend, 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 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 3, Queen Elizabeth Hospital, ground floor, Stadium Road, Woolwich, London, SE18 4QH
Service Provider	Lewisham and Greenwich NHS Trust
Service Manager	Don Mercado, Ward Manager, Samantha Kelly, Head of Nursing for Medicine, Lucie Kabatesi, Ward Matron
Date	14 March 2025 and 31 March 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:	Samantha Kelly, Head of Nursing for Medicine Lucie Kabatesi, Ward Matron
Date sent:	17/04/2025
Title of Report:	Enter & View Report on Queen Elizabeth Hospital Ward 3, Queen Elizabeth Hospital, Stadium Road, SE18 4QH
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	20/04/2025
Healthwatch Greenwich Recommendations	<ol style="list-style-type: none"><li>1. Consider how to increase or improve giving regular updates about treatment plans and progress to families.</li><li>2. Use clear, simple language to help patients and families understand next steps.</li><li>3. Display information about Martha's Rule to enable patients and families to understand how to raise concerns.</li><li>4. Review responsiveness to call bells and patient requests.</li></ol>

	<ol style="list-style-type: none"> <li>5. Rotate staff breaks to enable bays to be covered.</li> <li>6. Keep the family room clear of boxes/stacked chairs and consider some decoration to make it more comfortable and welcoming.</li> <li>7. Maintain infection control rules – keeping isolation doors closed.</li> <li>8. Consider ways to improve menu variety and temperature.</li> <li>9. Explore options for giving medical staff a dedicated room to reduce interruptions and protect confidentiality.</li> <li>10. Consider how best to support bank staff to enable demonstration of shared organisational values in patient care.</li> <li>11. Look at ways to improve parking for visitors.</li> </ol>
General response <sup>3</sup>	<p>Ward 3 welcomes the feedback provided and appreciates the opportunity to reflect on and improve our practices. We are committed to delivering high-quality, compassionate care that places patients and their families at the centre of everything we do. Each of the recommendations has been carefully considered, and we have outlined practical steps to address them—ranging from improving communication and responsiveness, to enhancing the ward environment and supporting both permanent and bank staff. We recognise that even small changes can make a significant difference in the</p>

<sup>3</sup> Please expand boxes as needed for your response.

	<p>patient and family experience, and we are dedicated to continuous improvement. We value the voices of patients, families, and staff, and will continue to listen, learn, and adapt. By working collaboratively across teams and with support from wider Trust departments, we aim to create a safe, respectful, and supportive environment for everyone on Ward 3.</p>
<p><b>Response to recommendation 1:</b></p>	<p>In addition to doctors updating patients during ward rounds, a proactive approach is being introduced with the nurse in charge leading senior rounds. These rounds will highlight requests and concerns from patients and their relatives, which the relevant staff member will then address. The Matron and Ward Manager are committed to providing updates and responding to patient and family inquiries during their daily senior rounds.</p> <p>Additionally, the Ward Manager is working closely with the entire team to empower and encourage them to ensure that patients and families receive clear answers to these three questions: what is happening to me today, when will I be going home, and what needs to happen before I can go home?</p>
<p><b>Response to recommendation 2:</b></p>	<p>We encourage all staff to avoid medical jargon and check that the information we share is being understood. Where possible, we explain things in understandable language, break down information into understandable sections, and invite questions to ensure that nothing is missed or misunderstood.</p>
<p><b>Response to recommendation 3:</b></p>	<p>We acknowledge the importance of ensuring patients and families know how to escalate concerns.</p> <p>We now have Martha's Rule posters on the Ward with leaflets readily available.</p>

	<p>Displaying information about Martha's Rule is a valuable addition to the ward environment as it provides clear guidance on how patients and their families can raise concerns, ensuring that their voices are heard and that there is a clear, accessible pathway for addressing any issues or concerns. This will help empower patients and families, improve communication, and enhance trust in the care provided.</p>
<p><b>Response to recommendation 4:</b></p>	<p>We recognise the importance of timely responses to call bells and patient requests in ensuring that patients feel safe, valued, and well cared for.</p> <p>We are committed to reviewing the current system to respond to patient needs and will explore ways to improve the efficiency and consistency of staff responses. This may involve including responsiveness to call bells during huddles, and ensuring that call bell responses are prioritised.</p> <p>We aim to minimise delays and ensure that all patients receive prompt attention and care. This review will also incorporate regular monitoring and feedback from patients to help drive continuous improvement.</p>
<p><b>Response to recommendation 5:</b></p>	<p>Ward 3 understands the importance of consistently providing patient care, even during staff breaks.</p> <p>We have reviewed the current break schedule to identify opportunities for rotating staff breaks in a way that ensures continuous coverage of the bays. This will help ensure that patients' needs are met without interruption and that staff can take their necessary breaks in a manner that does not compromise patient care.</p>

	<p>We are also exploring potential solutions, such as cross training staff to cover breaks effectively by handing over to another staff member. This approach will help maintain a balanced workload and support staff wellbeing and patient safety.</p>
<p><b>Response to recommendation 6:</b></p>	<p>We appreciate the recommendation to improve the family /Day room's environment. The Day Room has already been decluttered, and unnecessary items such as boxes and stacked chairs have been removed.</p> <p>We are also considering adding some decoration to enhance the comfort and welcoming atmosphere of the space. We aim to create a more relaxing and supportive environment for families to feel at ease during their visits.</p> <p>We will continue to monitor this area and make further improvements as needed to ensure it remains a positive space for families.</p>
<p><b>Response to recommendation 7:</b></p>	<p>We fully recognise the importance of maintaining strict infection control protocols, including closing isolation doors. We are committed to reinforcing this practice and ensuring all staff members follow the guidelines consistently. We have provided reminders and additional training with the support of the Infection Prevention and Control team, to make sure that isolation rooms are properly maintained in accordance with infection control rules.</p> <p>Ensuring the safety and well-being of our patients is our top priority; therefore, occasionally, doors must be left open to allow for monitoring of patient conditions. However, if this is the case, then a sign would be placed on the door explaining this reason.</p>



	Ward Managers and Infection Link Nurses will monitor the ward's compliance.
<b>Response to recommendation 8:</b>	<p>Ward 3 recognises that offering a diverse and appropriately served menu is essential for patient satisfaction and comfort. We are working closely with the Catering team and kitchen staff to address concerns about meal temperature and ensure that all food is served promptly to enhance the overall dining experience for patients.</p> <p>The team are aware of the cultural menu that is available and will be working with their nutrition assistant to ensure that their patients are given appropriate food options.</p> <p>The ward is proactively involved in the 'Mealtime Matters' programme and this includes protected mealtimes to ensure all patients receive their meal as soon as it is served.</p>
<b>Response to recommendation 9:</b>	<p>We understand the importance of offering medical staff a designated area to minimise disruptions and maintain patient confidentiality.</p> <p>Given the limited number of rooms on the ward, the medical team uses the Pleural waiting room (inside Ward 3) on Mondays, Wednesdays, and Fridays. On Tuesdays and Thursdays, the room is reserved for patients awaiting outpatient appointments in the Pleural Clinic, which is also located within the ward. On these days, doctors work in the quieter Ward 3 extension to reduce interruptions.</p>
<b>Response to recommendation 10:</b>	Ward 3 acknowledges the crucial role of bank staff in delivering excellent patient care, and we concur that aiding them in aligning with our common organisational values is important.



	<p>Each temporary member of staff has a local induction to the ward on their first shift with the team where the Trust and team values are reiterated.</p> <p>This feedback will also be communicated to the bank office.</p>
<b>Response to recommendation 11:</b>	<p>Ward 3 acknowledges the ongoing challenges with visitor parking and understands the impact it has on families and visitors. While this issue falls under the responsibility of the Trust's Executive Management, we will ensure that this concern is raised with the appropriate teams for further consideration. If a patient is under the Palliative Care team, we do have discounted car park tickets to ensure that families can visit their loved ones as they wish.</p>
Signed:	DDM
Name:	Don Mercado
Position:	Ward Manager

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