Enter and View Report

Trauma and Orthopaedics, Ward 16 Queen Elizabeth Hospital

healthwatch Greenwich

Contents

Executive Summary

Ward 16 is the hospital's dedicated trauma and orthopaedic ward, with 25 beds and two additional corridor beds used during periods of high demand. Most patients are admitted through A&E or the fracture clinic, with some transfers from other wards. While the average stay is 3 to 5 days, patients with complex or rehabilitation needs may remain longer.

Overall, the ward environment was clean, calm, and well-organised. Patients and families described the ward as welcoming, with high standards of cleanliness and good attention to patients' dignity and comfort. Feedback about staff was largely positive. Staff were described as kind, approachable, and emotionally aware, with patients and families praising the way interactions went beyond just meeting clinical needs. Small gestures from staff, such as offering tea, accommodating visitors outside standard hours, or responding discreetly to personal care needs, were mentioned as making a big difference to patient wellbeing and trust in the care received.

Patients were also generally satisfied with food provision, with positive comments about meal variety, portion sizes, and quality. For some, mealtimes were described as a highlight of their day. However, a few patients noted that food could sometimes be bland or lukewarm, and that cultural preferences were not always accommodated.

Despite these strengths, several areas for improvement emerged. A key theme from our visits was the lack of proactive communication. Families reported feeling they had to take the initiative to seek updates and that the ability to be involved in care planning was often dependent on being physically present. Some described frustration with receiving limited or no updates, despite efforts to seek information. In other cases, families had adapted their routines—arriving early or staying beyond visiting hours to catch staff to ask questions or get updates.

The clarity of communication received was also a concern. While some staff communicated clearly, others were perceived as less approachable, and there were reports that communication quality could vary depending on individual

staff members. Some patients and families noted that updates were rushed, difficult to follow, or filled with medical jargon. This led to confusion, particularly for those trying to understand complex care plans or changes following transfers between wards.

One patient shared her experience of receiving inadequate interpreter support before surgery. The interpreter failed to clearly translate medical information, leaving the patient confused about what procedure had taken place.

Although the Patient Advice and Liaison Service (PALS) is a key support mechanism, awareness of the service among patients and families was inconsistent. It did not appear that PALS was actively promoted or explained on Ward 16.

Staff raised the issue of delayed discharges due to difficulties arranging care packages, home support, or equipment. These delays place additional pressure on staff, impact patient flow, and can negatively affect the wellbeing of patients who are otherwise medically fit for discharge.

In summary, Ward 16 is staffed by a team that demonstrates professionalism, empathy, and dedication to high standards of care. The physical environment and staff interactions are clear strengths, contributing to a positive experience for many patients and families. However, improvements in communication practices, interpreter quality, and the visibility of support services like PALS would significantly strengthen the ward's ability to deliver equitable, inclusive, and patient-centred care for all.

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[1].

Method

In May and June 2025, we made three unannounced visits to Ward 16 at Queen Elizabeth Hospital, each 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 12 patients, 10 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
2	2	0	18	0	0
22					

Gender			
Woman	Man	Non-binary	Prefer not to say
16	6	0	0
22			

Disability/ long term condition (LTC)		
Living with disability/ LTC	Not living with disability/ LTC	Prefer not to say
7	14	1
22		

Age			
Under 24	25-49	50+	Prefer not to say
1	5	15	1
22			

Carer		
Carer	Not a carer	Prefer not to say
6	15	1
22		

Observations

Staff Interactions and Ward Environment

We found Ward 16 to be clean, calm, and well-organised throughout our visits. Both patient rooms/bays and communal areas were tidy, with a good standard of maintenance evident across the ward. Notice boards were clearly presented and contained helpful information for patients, families, and staff, though we noted there was no information relating to Martha's Rule[2] or guidance on how patients or families could raise concerns.

During our visits, we noted that no corridor beds were in use, however, an additional bed had been placed within an existing bay area. While not part of the standard layout, this arrangement provided a greater degree of privacy and comfort compared to corridor placement, as the patient remained within a designated clinical space.

Certain occupied rooms were identified to us by staff as posing infection risks. However, one such room remained open during our visits without clear signage or physical barriers to restrict entry.

The overall atmosphere on the ward was calm and orderly. However, we did see some patients waiting a while for a response after requesting assistance.

Ward 16 does not have a dedicated family visiting room, but staff can arrange access to a nearby space on Ward 17 when needed.

[2] Martha's Rule | Lewisham and Greenwich

Service Strengths

Patient, Family, and Staff Perspectives

Ward Environment

Patients and families frequently described Ward 16 as clean and welcoming. There was a strong sense from those we spoke to that staff went out of their way to create a calm and reassuring environment, with small, thoughtful actions making a lasting impression:

"Everyone made me feel welcome, one of the nurses even brought me a cup of tea. It's those little things that make a big difference."

This kind of attentiveness, while seemingly minor, was consistently highlighted as helping reduce anxiety and building trust in the care being delivered.

Families valued the ward's flexibility and the sensitivity shown by staff to emotionally charged or stressful moments:

"When I came early [to visit], they didn't make a fuss. I was anxious, and they just let me in. That meant a lot."

Cleanliness was also mentioned, with the ward described as maintained to a very high standard:

"The ward is very clean, they can't do any better."

Staff Interactions

Across multiple conversations, staff on Ward 16 were consistently described as kind, approachable, and attentive to the needs of both patients and families. Those we spoke to shared examples of staff taking the time to build rapport, listen carefully, and respond with empathy:

"Some of the nurses are truly compassionate. They explain things clearly and take time to listen. You can tell they care."

Patients and families noted that staff did not just meet their medical needs, but also acknowledged their emotions, fears, preferences and overall wellbeing.

"They've looked after my mum's feelings as much as her body. It's not just clinical care, they treat her like a person."

These reflections demonstrate a commitment to person-centred care, where staff aim to understand the person behind the patient. The respectful and discreet manner in which staff handled intimate or potentially embarrassing situations was also noted and appreciated:

"When my relative had an accident, the nurses just sorted it, no drama, no embarrassment. That kind of dignity really matters."

"They help with everything, even showers, without making you feel awkward."

These observations reflect a ward culture where compassion, empathy, and respect are part of everyday practice. As a result, patients and their families

reported feeling seen, valued, and safe, which in turn fosters confidence in the care provided and contributes to a more positive overall hospital experience.

Communication

Some families shared that when they were present on the ward, staff made efforts to involve them in discussions about their loved one's care, even if this wasn't always initiated routinely.

> "They communicate with my relative mostly, but if I'm around, they try to include me too."

> "To a degree, I've been involved when it counts. They talk to me if I'm there, which helps."

These comments suggest that staff include families when opportunities arise, but this appears to be dependent on the family being present at that moment or on families confidence to ask questions. For those who felt able to ask questions or request information, the response from staff was described as consistently positive. Families highlighted that staff were not only willing to explain things, but did so in a way that was respectful, patient, and reassuring:

> "Whenever I've asked questions, they've always taken the time to help me understand. I feel supported when I speak up."

While staff are receptive and kind when approached, the overall pattern of communication could be characterised as reactive rather than proactive, relying on family members to initiate questions or be present in order to be included.

Food

Most patients were satisfied with the food provided on Ward 16, with praise for the variety, portion sizes, and overall quality. Mealtimes were generally seen as a positive part of their hospital experience:

“Quite nice as a fussy eater, love the jacket potato. Portions are good.”

One patient was particularly enthusiastic about the food, describing it as something to look forward to each day and even hoped to recreate some of the dishes at home:

“Can’t complain, taking home their recipes! No faults at all.”

Opportunities for Improvement

Patient, Family, and Staff Perspectives

Communication

One of the most raised concerns related to communication between staff and patients and their families, particularly interactions about treatment and care plans. Families often described communication from nursing and medical staff as infrequent, unstructured, and largely reactive.

Families told us they had difficulty accessing timely updates about their relative's condition, progress, or treatment. Communication was often described as dependent on family members being physically present on the ward, and even then, opportunities to speak with staff were limited.

"I only find out what's happening if I come in and ask, it's never volunteered."

"Doctors only come once a day, so if you miss them, that's it, you wait until tomorrow."

"We're only allowed in from 3 PM, and by then the doctors are long gone."

"We try to get involved, but often it's hard to find someone available to talk to us."

Some families had taken it upon themselves to adapt their routines around staff availability, arriving early or lingering outside visiting hours in the hope of speaking with someone:

"I had one phone call from the occupational therapist. I had to keep arriving early just to catch someone outside visiting hours. I felt I had no other choice."

"No one really spoke to me directly. I think they assumed she [the patient] was updating me, but she's elderly and not in the best state to explain everything."

This sense of having to chase information placed an additional burden on families, many of whom were already dealing with the distress of a loved one's hospital stay. The process of seeking updates was often described as exhausting, frustrating, or demoralising. Not all patients felt they were given sufficient information either:

"It's frustrating to be prepped for surgery and then left waiting without updates. I'd just like to know what's next."

While some staff were praised for their openness, others were described as more reserved or harder to approach:

"Some of the staff are brilliant – clear and compassionate. But with others, it feels like pulling teeth to get information."

And one patient said:

“You can tell who’s having a good day, because it makes a big difference to how they communicate with you”

In addition to frequency, patients and families also raised concerns about the clarity and tone of communication. While many acknowledged that staff were polite and responsive when approached, the actual content of conversations was sometimes difficult to follow:

“They use a lot of medical terms. It’s confusing, especially when my mum’s been moved between wards and had multiple tests, we’re left guessing what’s going on.”

And one patient said:

“Sometimes they talk at you, not with you. It's hard to understand what’s being said, let alone feel reassured.”

These experiences suggest that while families were often willing to be involved in care, the responsibility was placed on them to push for inclusion. In several cases, this left them feeling excluded from their relative’s treatment, despite their potential to support communication, recovery, and continuity of care.

Comments from patients and families suggest that communication is not always accessible or inclusive. The use of jargon or hurried explanations, particularly without written follow-up or summarised next steps, left some feeling more confused than reassured. For patients and families with limited medical knowledge or those under emotional strain, this created barriers to understanding and contributed to a sense of disempowerment.

Translation Services

We spoke to one patient that had been given access to the hospital's interpretation services. The patient did not feel the interpreter translated the clinical information accurately or clearly. As a result, the patient felt confused and unprepared for the procedure, and unsure how to raise concerns afterward:

"She didn't really translate properly. After the surgery, I still didn't know exactly what had been done. I didn't know how to say something or who to speak to about it."

Interestingly, the patient only became aware of how to raise concerns because a staff member, overhearing our conversation, immediately approached and explained how concerns could be raised with the clinical team and with PALS. While this intervention was appreciated, we did reflect on whether or how the patient would have received this information if the conversation had not taken place or had not been overheard. The reliance on chance for this information to be shared raises concerns about the consistency and visibility of communication pathways for patients, especially those with additional language needs.

Raising Concerns

While a small number of families were aware of PALS, this knowledge was based on prior experience or personal confidence, rather than any clear or consistent information provided on Ward 16.

"I know about PALS, but only because I've been through this before. It's not mentioned on the ward."

"I'm confident enough to ask, but not everyone is. If it was explained early on, more people would feel comfortable speaking up."

“I’m not shy, so I ask, but not everyone would. They should make it clearer.”

When patients and families are unaware of the avenues available to them, they may hesitate to raise concerns, even when something is unclear or they are unhappy with an aspect of care. This can have a direct impact on the overall quality of the patient experience, and in some cases, on patient safety.

Food

While feedback was broadly positive, some patients suggested that meals could be more flavourful. Others mentioned that meals were sometimes cold by the time they reached them and that cultural preferences were not well catered for.

Delayed Discharges

Staff explained that while the average length of stay for most patients on Ward 16 is between 3 to 5 days, this varies greatly depending on the complexity of the patient’s medical condition or social circumstances. For patients who need additional rehabilitation, support with mobility, or ongoing care at home, discharge can be substantially delayed.

Staff shared that delays are often linked to challenges in arranging appropriate care packages or community-based support, such as home carers, district nursing, or equipment provision. These difficulties are often more common for older patients, those living alone, or those with limited informal support networks. Delays result in patients remaining in hospital longer than medically necessary, potentially increasing the risk of deconditioning, emotional distress, and reducing independence. Staff described how prolonged hospital stays also impact bed availability and flow and put additional strain on ward staff. From the staff perspective, delayed discharges increase operational pressures and are professionally frustrating when all clinical goals have been met but the patient cannot be discharged.

Conclusion

When someone is in hospital, whether for a few days or a longer stay, it's often a time of uncertainty. For many, it's also a time of worry, confusion, or vulnerability. In those moments, what matters isn't just the treatment itself, but how care feels: being treated with kindness, spoken to with respect, and included in conversations about what's happening. On Ward 16, we saw many of the things that make a real difference to patients and families. Those we spoke to spoke warmly about staff. They described moments of thoughtfulness and quiet reassurance that helped them feel calmer and more at ease.

Alongside these strengths, we also heard where things can be improved. Not everyone felt fully informed about their care. Some patients and families didn't know who to talk to when they had questions or only found out by chance how to raise a concern. Others told us they had to make an effort, sometimes a big effort, to chase updates or be in the right place at the right time to get information. This worked well for those who felt confident, had support, or knew how the system worked. But not everyone has that advantage.

Hospitals are complex places. Staff are often stretched, and systems don't always make it easy to keep everyone in the loop. But clear, proactive communication should be part of what care means. When families understand what's happening, when patients feel able to ask questions, and when information is offered without being chased for, care becomes more equal and more inclusive. When communication works well, it doesn't just improve patient and family experience by building trust and reducing worry, it gives people a greater sense of control at a time when they need it most.

Recommendations

These recommendations are offered in the spirit of partnership and shared learning. Ward 16 demonstrates strong values of compassion and professionalism, and we hope these suggestions support the team to build on what's already working well, supporting every patient and family to have an experience of care that is not only kind but also inclusive, clear, and empowering.

Communication

- Offer regular updates to families, especially about care plans or discharge.
- Help families know when and how to speak to staff, this could be a leaflet or poster on the ward.
- Where possible, offer phone or video updates for those who can't visit.
- Check that patients and families have understood and offer written notes or next steps when needed.

Clarify Feedback and Complaints Processes

- Share clear information about how to raise a concern or get support, including from the PALS team.
- Talk about PALS at admission and place leaflets or posters in patient areas.
- Include information about Martha's Rule so families know how to escalate concerns.

Infection Control

- Audit use of infection signage and protocol adherence.

Translation and Communication Support

- After using an interpreter, check the patient has understood the key points.
- Offer information on how to raise concerns in different languages.
- Ask for feedback on how well interpreter services are working.

Limitations

This report is based on three unannounced Enter and View visits, as such, it reflects a snapshot of ward activity and patient experience at specific points in time. It is possible that what was observed or reported may not fully capture day-to-day variation, such as differences between weekdays and weekends, or the impact of shift changes and seasonal pressures.

Feedback was obtained from 22 patients and family members and from ward staff. Although these interactions provided rich insights, the sample size is small. Additionally, patients and families self-selected to take part. This could result in a bias toward those with stronger views, both positive or negative.

The findings presented in this report are based on the views and observations of trained Healthwatch lay representatives, rather than clinicians or inspectors. The report does not make judgments about the clinical appropriateness of treatment, adherence to clinical guidelines, or clinical decision-making. It should therefore be read as complementary to, but distinct from, regulatory inspections such as those conducted by the Care Quality Commission (CQC).

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 16, Queen Elizabeth Hospital, Stadium Road, Woolwich, London, SE18 4QH
Service Provider	Lewisham and Greenwich NHS Trust
Service Manager	Ugochi Agbasimelo, Head of Nursing (Surgery), Michelle Silva Reis, Ward Matron
Admission Information	Patients are primarily admitted via A&E or the fracture clinic.

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:	08.07.25
Title of Report:	Enter and View Report, Trauma and Orthopaedics, Ward 16 Queen Elizabeth Hospital
Response	If there is no response, please provide an explanation for this within the statutory 20 days (by 5th of August 2025). Please note: This form and its contents will be published by Healthwatch Greenwich.

Date of response provided	25 July 2025
Healthwatch Greenwich Recommendations	**Communication** • Offer regular updates to families, especially about care plans or discharge. • Help families know when and how to speak to staff, this could be a leaflet or poster on the ward. • Where possible, offer phone or video updates for those who can't visit. • Check that patients and families have understood and offer written notes or next steps when needed. **Clarify Feedback and Complaints Processes**

	• Share clear information about how to raise a concern or get support, including from the PALS team. • Talk about PALS at admission and place leaflets or posters in patient areas. • Include information about Martha's Rule so families know how to escalate concerns. **Infection Control** • Audit use of infection signage and protocol adherence. **Translation and Communication Support** • After using an interpreter, check the patient has understood the key points. • Offer information on how to raise concerns in different languages. • Ask for feedback on how well interpreter services are working.
General response[1]	
Response to Recommendation 1: Offer regular updates to families, especially about care plans or discharge.	Introduce a regular nurse-in-charge (NIC) update to ensure that all patients and relatives are aware that they are available to clarify the updates that they receive. Matrons and Ward Managers will work with the NIC and ensure that as part of a twice daily round patients have been seen and understand the plan in place.
Response to recommendation 2: Help families know when and how to speak to staff, this could be a leaflet or poster on the ward.	Patients and their relatives should have easy access to the NIC and ward manager as a matter of routine. The introduction of the twice daily update rounds should address this, in the short to medium term. The need for posters and leaflets will be reviewed once the twice daily NIC updates have been implemented and embedded.
Response to recommendation 3: Where possible, offer phone or video	The expectation is that patients who have capacity and means will update family about their care. For patients, especially elderly patients and those who specifically ask that their family be updated, this update will

updates for those who can't visit.	take place at least once a day after the board round by the NIC. The NIC will be encouraged to offer twice daily updates if the families requiring updates are 7 or less.
Response to recommendation 4: Check that patients and families have understood and offer written notes or next steps when needed.	The NIC conducting the twice daily update will ascertain that the patients and their families have understood the updates given. Where there is need to give a written update, this will be discussed and arranged for with the admitting team. Please note that the discharge summary given to the patient/carer on discharge has detailed information of the admission and next steps.
Response to recommendation 5: Share clear information about how to raise a concern or get support, including from the PALS team.	The ward manager will ensure that the PALS posters and leaflets are visible on the ward and easily accessible to patients and or their relatives
Response to recommendation 6: Talk about PALS at admission and place leaflets or posters in patient areas.	PALS leaflets are available on the ward and may be included in the Ward's 'Welcome pack' for patients admitted into the ward. The ward manager will explore how this information can be disseminated during the nursing assessments carried out when patients are admitted.
Response to Recommendation 7: Include information about Martha's Rule so families know how to escalate concerns.	The Matron and Ward Manager will make posters and leaflets about Martha's Rule available to patients and their relatives. This will also be mentioned during the nursing assessments completed during admission.
Response to Recommendation 8: Audit use of infection signage and protocol adherence.	There are ongoing infection prevention and control audits which incorporate the signage and adherence. Results are shared with the team. Matron will ensure that staff have been informed of the results and are aware and involved with any action plans identified to address non-compliance.

Response to recommendation 9: After using an interpreter, check the patient has understood the key points.	Patients going for surgery will require the use of the interpreting service at various points of their admission – namely consent and in theatre, to confirm consent and understanding. These are most times outside the remit of the ward staff. However, this will be fed back to the interpreting service via the patient experience team, as it will be difficult to know what the interpreter has said to ascertain if it was given in context and what the challenges with understanding are.
Response to Recommendation 10: Offer information on how to raise concerns in different languages.	The PALS leaflets and posters have this information and this will be handed over to patients as part of the admission assessment process and will be available on the ward
Response to recommendation 11: Ask for feedback on how well interpreter services are working.	The Trust has commissioned a new interpreting service – DALS interpreting service and the process and access is still being embedded. The ward will feedback into any evaluation when requested by the procurement team. The ward will also feedback any concerns and difficulty to the Patient Experience team.
Signed:	
Name:	
Position:	

healthwatch Greenwich

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