Enter and View Report

Surgical Ward 12, Queen Elizabeth Hospital

healthwatch Greenwich

Contents

Executive Summary

Overall, patient and family experiences on Ward 12 are positive. The ward is clean, calm, and well-run. Staff were praised for their professionalism, warmth, and responsiveness. Patients reported feeling safe, listened to, and treated with dignity and respect. Staff introduced themselves to patients and families, responded promptly to requests for help, and communicated in a way that reassured and involved patients. Families felt welcomed and appreciated being kept informed and included in care discussions.

Feedback from staff suggested a strong team culture. Staff described a supportive environment in which colleagues worked collaboratively, helped each other during busy periods, and shared a commitment to providing high-quality care despite challenges. Morale was reported to be good, and staff spoke positively about their relationships with one another and their sense of purpose in delivering patient-centred care.

However, the ward is not without its challenges. Five areas for improvement were identified from our conversations with patients, families, and staff:

Communication and Inclusion: Not all patients' communication needs were identified or met. Some patients and families struggled to understand information due to the use of jargon, absence of written materials, or lack of reasonable adjustments being offered or made.

Facilities and Accessibility: Ward infrastructure could be improved to better support the needs of patients, staff, and families. Toilet facilities are shared between patients, staff, and visitors, and, as a result, are sometimes insufficient, and staff lack access to a dedicated staff room.

Food Quality: Patient views on food were mixed, with some reporting dissatisfaction with the taste, limited choice, and lack of accommodation for personal preferences.

Staffing Pressures: Redeployment of staff to other wards caused difficulties, especially in situations requiring more than one member of staff for patient

handling or when senior sign-offs are required (e.g., administering controlled drugs).

Delayed Discharges: Staff described delays in discharging patients who were clinically fit but emotionally or socially unready to return home. This placed additional strain on bed availability and staff resources.

Many of the challenges identified in this report are not unique to Ward 12. They reflect wider issues that affect hospitals across the country. The leadership team of Ward 12 is aware of how the service can be enhanced and discussed positively and honestly their commitment to making these improvements.

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 March 2025, we conducted an unannounced visit to Ward 12 at Queen Elizabeth Hospital. While the hospital was aware we would be visiting at some point, the specific date of our visit was not disclosed. The visit lasted two hours and involved two authorised representatives.

Before approaching patients, we spoke with staff to identify those who were well enough to take part, if they wished to do so. We used a mixed-method approach that combined interviews and direct observations to gain an understanding of the experiences and perspectives of patients, families, and staff.

[1] Our Staff | Healthwatch Greenwich

Who We Spoke To

We spoke to four patients, two 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	0	0	4	0	0
6					

Gender			
Woman	Man	Non-binary	Prefer not to say
4	2	0	0
6			

Disability/long term condition (LTC)		
Living with disability/ LTC	Not living with disability/ LTC	Prefer not to say
1	5	0
6		

Age			
Under 24	25-49	50+	Prefer not to say
2	0	4	0
6			

Carer		
Carer	Not a carer	Prefer not to say
1	5	0
6		

Ward Overview

Ward 12 is an elective surgical ward supporting patients recovering from planned surgeries. The ward has 11 beds, including two monitored beds for patients in a more critical recovery phase requiring closer observation. At the time of our visit, 8 beds were in use. Most patients stay for approximately three days, though longer stays do happen, depending on clinical needs or due to delays in discharge.

The ward was originally part of the critical care unit and was repurposed post-COVID as a temporary solution for elective recovery. As such, facilities remain limited with only two toilets used by patients, staff, and visitors, no family/visitor room, or staff room.

The ward is clean and orderly. Teamwork and morale are described as strong by patients, families, and staff. However, staff shared that frequent redeployment of nurses and healthcare assistants to other wards created challenges, especially when caring for patients needing two staff members or when issuing controlled medications requiring a signature.

While most patients and families were positive about their experience of Ward 12, a minority reported concerns with regards to communication, food, and the available facilities.

Observations

Staff Interactions and Ward Environment

Ward 12 is small and well-maintained and has a calm and welcoming environment. During our visit, the ward felt clean and fresh, with hand sanitiser available throughout. Staff moved around confidently and calmly, giving the impression of a well-run service.

Signage was mostly clear but could be improved for patients with visual or cognitive impairment with the addition of pictorial or large-print signs. In one bathroom, the shower lacked a curtain, limiting privacy. Although two shower chairs were available at the time of our visit, patients said they weren't always offered one when needed, which affected their comfort and dignity.

Staff interactions stood out for their warmth and professionalism. Nurses introduced themselves by name, regularly checked in on patients, and made time to answer questions without rushing. Patients described staff as kind, attentive, and respectful. One person told us they felt "at ease" because staff explained things clearly and treated them with care. This supportive approach created a positive atmosphere where patients felt safe, listened to, and respected.

Service Strengths

Patient, Family, and Staff Perspectives

Compassionate Care

Feedback from patients and their families showed strong appreciation for the quality of care received. Three overarching themes emerged:

- Staff Attitude and Compassionate Care
- Responsiveness to Patient Needs
- Dignity and Respect in Everyday Interactions

Patients and families spoke of how each of these contributed to their experience on Ward 12 and the importance not only of clinical competence but interpersonal and emotional support.

Staff Attitude and Compassionate Care

Patients spoke with warmth and enthusiasm about the attitude of staff, particularly nursing staff. There was a clear sense that kindness, professionalism, and compassion were central to how care was delivered. Patients described staff as helpful, consistently present, and emotionally supportive - qualities that shaped their overall sense of being well cared for.

"The nurses are excellent. I'm waiting to go home this afternoon, and I've been treated very well."

Beyond individual interactions, patients noticed the culture of care on the ward, with staff being visibly proactive and attentive to others' needs as well:

"I can see staff going around constantly offering help and giving support."

This sense of consistency contributed to an environment of trust and safety. Most patients also reported feeling well-informed about their treatment and confident about what would happen during and after discharge:

“I can go home finally; everything was explained to me clearly, and I feel very confident to take care of myself.”

Comments from patients reflect a holistic experience of care that includes emotional reassurance as well as physical treatment. Patients felt involved, respected, and supported.

Families also highlighted positive staff behaviour. Small but meaningful actions—such as staff introducing themselves, contributed to a personal and respectful environment.

“I like that nurses introduce themselves when I arrive, it makes it more personal.”

For some families, the quality of welcome on arrival shaped their perception of the care environment:

“When I arrived, everyone was very attentive and supportive—I was very surprised.”

Families appreciated being included, acknowledged, and reassured, particularly at what can be an emotional or stressful time.

Responsiveness to Patient Needs

Patients described staff as prompt and attentive when support was requested. Our observations of practice supported these claims, with staff responding quickly to call buttons.

“Nurses come quickly when I call.”

For patients, being attended to promptly helped them feel secure and reinforced that their needs were taken seriously.

Dignity and Respect in Everyday Interactions

Patients spoke about how they were treated in ways that preserved their dignity and respected their privacy. Key behaviours—such as drawing curtains before providing care and using clear, polite communication—were recognised and valued.

“They always pull the curtains—they respect my privacy. That makes me trust them.”

Patients were clear that dignity is not just about how care is delivered, but how they are made to feel during it. Families felt welcomed, patients felt heard, and trust was developed through small, everyday actions that signalled empathy and professionalism. Patient and family experience of compassion, responsiveness, and respect reflects a strong culture of high-quality patient-centred care on Ward 12.

Team Culture

Staff described a positive team culture with mutual support, shared values, and a strong sense of commitment to patient care. Despite challenges such as infrastructure constraints and staffing shortages, staff supported one another not only in the day-to-day demands of clinical work, but also emotionally and professionally. Staff described a work environment where they felt valued and able to perform effectively, even under pressure.

“I believe all staff are very supportive and caring.”

Staff spoke positively about working collaboratively, often stepping in to help each other when the ward was busy or when colleagues were managing complex patient needs.

While staff acknowledged the presence of pressures—including gaps in staffing levels, physical space limitations, and increased workload—they did not report a decline in morale. Instead, they spoke about informal problem-solving, flexibility in roles, and strong peer communication as key enablers of the team's effectiveness.

Opportunities for Improvement

This section draws on what we were told by patients, family members, and staff as potential areas for improvement on Ward 12. Five themes emerged:

- Communication and Inclusion,
- Facilities and Accessibility,
- Food Quality,
- Staffing Pressures, and
- Delayed Discharges.

Communication and Inclusion

Patients and families were not routinely asked about their communication needs or preferences. As a result, some struggled to understand the information being shared about care plans, treatment updates, and discharge arrangements. For some, this was due to the use of medical jargon, or a lack of written information, or not considering individual patient communication needs.

"I have memory problems and sometimes I find it hard to understand what's being said."

Patients and families said they were not offered additional support, such as - assistive technology devices, simple written communication, or interpreters, which meant family members had to step in to bridge the gap.

"I had to bring my son to help me understand what's being said."

These patients and families suggested the use of plain English, visual aids, written summaries, assistive technologies, and checking that the information has been understood, in addition to routinely checking for communication needs or preferences, could make a difference in supporting them to understand the information being shared.

Facilities and Accessibility

A recurring concern was the number of toilets available – shared between patients, staff, and visitors.

"There are only two toilets in the ward for everyone."

“Sometimes, we have to dedicate one toilet just for one patient due to infection control, and then there’s only one left for everyone else.”

Some patients also commented on the poor condition of the facilities.

"The toilet is disgusting, no shower chair, curtain doesn’t work, there are no hooks."

Staff, too, face challenges. There are no dedicated toilets, lockers, or staff room in the ward:

"Staff have to go to other wards or the restaurant to use the toilet."

Staff explained how this reduces their break time and contributes to greater fatigue. Senior staff acknowledged these concerns, with the ward matron stating:

“We know there are areas we still need to work on—especially around space, staff facilities, and making sure patients consistently get the right discharge information. We're not where we want to be yet, but we're very aware and committed to improving.”

Food Quality

Food is an important part of the ward experience and can affect patients’ recovery, mood, and overall satisfaction. On Ward 12, opinions were divided. While some patients were content, others voiced strong concerns about the taste and variety of meals.

"The food is horrible—I can’t eat it."

"They don’t ask if you want the food seasoned or not. Very limited options."

Staffing Pressures

Staff described situations where nurses or healthcare assistants are temporarily moved to other wards, leaving gaps in staffing that can compromise care delivery.

"When we have double-handed patients [two people needed for patient handling] or need double signatures, and we’re short, we have to go to other wards to find someone—it’s hard."

This has direct implications for safety, particularly when administering controlled drugs or delivering manual care tasks that require more than one person.

Delayed Discharges

Delayed discharges were raised by staff as a persistent problem. Even after being declared medically fit, some patients remain on the ward for extended periods.

> "Sometimes patients stay extra days, sometimes even extra weeks. They might say they're dizzy or unwell just to stay because they don't feel confident to return home. It's stressful for staff and affects bed availability."

Staff spoke about a gap between clinical readiness and personal readiness for discharge and how fear, loneliness, or a lack of support at home can lead patients to underreport their true condition or exaggerate symptoms in order to avoid discharge.

Conclusion

Ward 12 is characterised by a strong culture of compassion, professionalism, and teamwork. Patients and families described staff as kind, responsive, and respectful, and felt confident in the care provided. Staff, in turn, expressed pride in their work and their team, suggesting high morale despite operating under difficult conditions.

The care we observed on Ward 12 reflects the principles of person-centred care in practice: patients were involved in their treatment, families felt welcome and reassured, and dignity was protected in daily interactions. The ward environment, while limited in facilities, was clean and calm, creating a feeling of order and reassurance for those receiving care.

However, we noted a series of limitations. The small number of toilets (shared by patients, staff, and visitors), lack of a staff room, not identifying or meeting patient and family communication needs, mixed views on hospital food, and regular staff redeployment to other wards, all affect patient and family experiences of care on Ward 12. The issue of delayed discharges also suggests a broader challenge that sits at the intersection of health and social care, requiring a coordinated, whole-system response. These limitations are all areas where additional support and investment could unlock further improvements to improve outcomes and experiences for patients, families, and staff.

Recommendations

1. Communication and Inclusion

- Explore ways to routinely ask patients and families about communication preferences during admission or early interactions.
- Encourage staff to use clear, jargon-free language and consider offering written summaries or visual aids to patients and families.
- Consider greater use of assistive tools for patients and families who need additional communication support.
- Offer staff development 'refresher' sessions on inclusive communication to support best practice across the team.

2. Food and Mealtime Experience

- Consider reviewing how patient food preferences are recorded and accommodated.

3. Facilities and Accessibility

- Assess the condition and functionality of patient bathroom and shower areas to improve comfort and dignity—small adjustments such as working curtains, hooks, or routinely offering shower chairs could make a difference.
- Explore options to ease the pressure on toilet access for both patients and staff.
- Consider identifying a space for a staff room to promote staff wellbeing.

4. Staffing Pressures

- Where possible, limit redeployment of ward staff to reduce interruptions to care delivery and minimise staff pressure.

5. Delayed Discharges

- Encourage early conversations about discharge, ideally from the point of admission, to help identify any social, emotional, or practical concerns well in advance.
- Ensure patients and families are aware of what support is available after discharge to help build confidence and reduce readmission risk.
- Accelerate system-wide collaboration to address the wider factors contributing to discharge delays to develop more seamless pathways, particularly for patients with complex needs or limited support at home.

Limitations

The findings in this report are based on observations and interviews conducted in one visit. While this provides insights into patient and visitor experiences in Ward 12, it represents a snapshot in time. Experiences may vary during different shifts, at weekends, or during busier or quieter periods.

While we spoke to a diverse group of 6 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 12 at the time of our review. Additionally, those who chose to participate may have had stronger opinions—either positive or negative—compared to those who did not speak to us, introducing potential selection bias.

There is also the possibility of an observer effect, where staff and patients may have adjusted their behaviour in response to being observed, leading to a more cautious or positive presentation of care than would typically be the case.

Furthermore, while some staff views were captured, this report primarily focuses on patient and family feedback. A more in-depth engagement with staff would provide additional insight into operational challenges, workload pressures, and areas for improvement.

Acknowledgements and Key Details

Healthwatch Greenwich would like to thank the service provider, staff members and visitors for their contribution to the Enter and View Programme.

Key detail	
Premises Name and Address	Ward 12, Queen Elizabeth Hospital, first floor, Stadium Road, Woolwich, London, SE18 4QH
Service Provider	Lewisham and Greenwich NHS Trust
Service Manager	Ama Gyamfua, Ward Manager, Ugochi Agbasimelo, Head of Nursing for Medicine, Louise Horan, Ward Matron
Date	31 March 2025
Admission Information	Patients are booked in for elective surgery

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
Date sent:	07.05.25
Title of Report:	Surgical Ward 12, Queen Elizabeth Hospital
Response	If there is no response, please provide an explanation for this within the statutory 20 days (by 4th of June 2025). Please note: This form and its contents will be published by Healthwatch Greenwich.

Date of response provided	20th May 2025
Healthwatch Greenwich Recommendations	1. Communication and Inclusion Explore ways to routinely ask patients and families about communication preferences during admission or early interactions. Encourage staff to use clear, jargon-free language and consider offering written summaries or visual aids to patients and families. Consider greater use of assistive tools for patients and families who need additional communication support. Offer staff development 'refresher' sessions on inclusive communication to support best practice across the team. 2. Food and Mealtime Experience

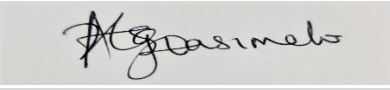
	Consider reviewing how patient food preferences are recorded and accommodated. 3. Facilities and Accessibility Assess the condition and functionality of patient bathroom and shower areas to improve comfort and dignity—small adjustments such as working curtains, hooks, or routinely offering shower chairs could make a difference. Explore options to ease the pressure on toilet access for both patients and staff. Consider identifying a space for a staff room to promote staff wellbeing. 4. Staffing Pressures Where possible, limit redeployment of ward staff to reduce interruptions to care delivery and minimise staff pressure. Healthwatch Greenwich Enter and View Report 19 5. Delayed Discharges Encourage early conversations about discharge, ideally from the point of admission, to help identify any social, emotional, or practical concerns well in advance. Ensure patients and families are aware of what support is available after discharge to help build confidence and reduce readmission risk. Accelerate system-wide collaboration to address the wider factors contributing to discharge delays to develop more seamless pathways, particularly for patients with complex needs or limited support at home.

General response[2]	Thank you for a very positive report. We welcome the feedback and are working through the recommendations as detailed below
Response to recommendation 1 : Explore ways to routinely ask patients and families about communication preferences during admission or early interactions.	Ward 12 is an elective surgical ward. Patients would have gone via Pre-assessment, at which point all necessary information should have been given to the patient. However, there are a significant number of patients who are admitted via the emergency route. We do have leaflets and information regarding care post-surgery and the ward manager will be encouraged to develop an action plan to ensure that patients' needs are identified prior their admission (elective patients) and within 24hours of admission for patients on the non-elective pathway
Response to recommendation 2 : Encourage staff to use clear, jargon-free language and consider offering written summaries or visual aids to patients and families.	As above – action plan on how these needs are identified by staff and utilising the services the Trust provides – such as DALs interpreting services will be drafted by the Ward Manager
Response to recommendation 3 : Consider greater use of assistive tools for patients and families who need additional	The Ward has an iPad that enables the team access any assistive tools necessary. Utilising this resource will help once the needs are identified as highlighted above

[2] Please expand boxes as needed for your response.

communication support.	
Response to recommendation 4 : Offer staff development 'refresher' sessions on inclusive communication to support best practice across the team.	Ward 12 staff all have access to a variety of free Trust development programmes that include communication. The Band 7 and Band 6 leads have bespoke communication courses and modules as part of a wider leadership development programme. Matron and Ward manager will ensure that staff have access to these courses and help those who need additional support identify this in their PDR reviews.
Response to recommendation 5 : Consider reviewing how patient food preferences are recorded and accommodated.	This is a Trust wide issue and the menu and food is being reviewed by the Trust. In the meantime, the Trust provides 24hr hot food availability for patients who have missed a meal due to being off the ward for interventions such as an operation or scan.
Response to recommendation 6 : Assess the condition and functionality of patient bathroom and shower areas to improve comfort and dignity—small adjustments such as working curtains, hooks, or routinely offering shower	As your report highlights, this is a small ward, that was originally part of Critical Care. The infrastructure is on the Ward's risk register, and we are always evaluating the risk with the mitigations in place. Following your visit, we will add this to the Divisional risk register to ensure senior oversight of the risk. There is currently no room for infrastructure expansion. Curtains will be regularly replaced and shower chairs will now be always available.

chairs could make a difference.	
Response to recommendation 7 : Explore options to ease the pressure on toilet access for both patients and staff.	As per 6A above
Response to recommendation 8 : Consider identifying a space for a staff room to promote staff wellbeing.	As per 6A above
Response to recommendation 9 : Where possible, limit redeployment of ward staff to reduce interruptions to care delivery and minimise staff pressure.	The ask to move staff to other areas happens on very limited occasions. The ward is never left unsafe – with regards to staffing numbers. There are limited occasions when another surgical ward is potentially unsafe due to unplanned, short-notice staffing shortage. On this occasion, the ward that can best afford to support their colleagues asked to release staff to ensure that staffing across the surgical ward are as safe as possible. Ward 12 often has empty beds and safe staffing is never compromised.
Response to recommendation 10 : Encourage early conversations about discharge, ideally from the point of admission, to help identify any social, emotional, or	This is a Business as Usual (BAU) assessment. This is discussed during pre-assessment by the pre-assessment team. However, patients' conditions can change and when this happens, the nursing team work with doctors and therapists to support optimising the patient and ensuring that the discharge is safe – clinically and socially. Delayed discharges are reviewed every week by the Matrons to ensure that patients who

practical concerns well in advance.	still need intervention are identified. Any delays (anticipated and actual) are escalated to the appropriate service. Ward 12 has a very good discharge profile and no elective patient has been cancelled for lack of beds.
Response to recommendation 11 : Ensure patients and families are aware of what support is available after discharge to help build confidence and reduce readmission risk	Readmission of elective patients is very rare. Patients who are keen to go home are safe-netted to the surgical assessment unit. They are only ever readmitted if it is clinically expedient to do so.
Response to recommendation 12 : Accelerate system-wide collaboration to address the wider factors contributing to discharge delays to develop more seamless pathways, particularly for patients with complex needs or limited support at home.	Ward 12 is an elective ward. The needs (clinical and social) of the patients are identified at pre-assessment and followed through on the ward. A very few patients develop some complications that mean that they may need more support at home than previously identified. These patients are very quickly referred to the Therapists and discharge team. They are very few of these patients on Ward 12 and they have not impacted on the flow of elective patients into the ward.
Signed:	
Name:	Ugochi Agbasimelo
Position:	Head of Nursing - Surgery

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