Enter and View Report

Adult Inpatient, Ward 14 Queen Elizabeth Hospital

healthwatch Greenwich

Contents

Executive Summary

Ward 14 is a 39-bed unit operating with three additional corridor beds. Many of their patients are frail or have complex neurological and cognitive conditions, including delirium and dementia. Patients often require coordinated care from specialist teams such as neurology and neurorehabilitation. The ward primarily admits patients from Ward 2 or other hospital units, including the Emergency Department (ED).

Patients and families frequently described respectful, compassionate care from staff. Communication was often highlighted as a strength, with patients saying they felt well-informed about their treatment and supported emotionally. Staff were observed engaging warmly with patients and providing help in a kind and timely manner. Patients described the ward environment as clean and comfortable. Staff reported a strong culture of teamwork, mutual respect, and support for one another, even when working under pressure. They expressed confidence in ward leadership and appreciated access to training and development opportunities.

Despite these strengths, several challenges were identified. Communication with families was not always consistent, particularly during care transitions. One patient described difficulty raising concerns and was fearful of doing so.

Operational pressures, particularly around discharge coordination, equipment availability, and corridor care, were also evident. Staff described delays in accessing essential equipment, the absence of a medication tracking system, and difficulties coordinating with external services such as social care or equipment providers. The use of corridor beds, while understood as a response to capacity pressures, was viewed by staff as compromising privacy, dignity, and care quality. Staff consistently reported doing their best in difficult circumstances but expressed discomfort at the conditions under which some care had to be delivered.

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 April 2025, we conducted three unannounced visits to Ward 14 at Queen Elizabeth Hospital. While the hospital was informed in advance, the specific dates were not disclosed. Each visit lasted between three to five hours and involved five authorised representatives.

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

[1] Our Staff | Healthwatch Greenwich

Who We Spoke To

We spoke to ten patients, eight family members, and five 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	1	0	16	0	0
18					

Gender			
Woman	Man	Non-binary	Prefer not to say
14	4	0	0
18			

Disability/long term condition (LTC)		
Living with disability/ LTC	Not living with disability/ LTC	Prefer not to say
7	10	1
18		

	Age			
25-49	50-64	65-79	80+	90+
1	4	6	4	3
18				

Carer		
Carer	Not a carer	Prefer not to say
4	14	0
18		

Observations

Staff Interactions and Ward Environment

The ward environment is clean and well-maintained, with minimal signs of wear and tear. Signage from the hospital entrance to the ward is clear and easy to follow. Inside the ward, there is information on how to raise concerns, including a poster about Martha's Rule[2]. Noticeboards provided useful information for patients, visitors, and staff. However, a few appeared cluttered and would benefit from better organisation. No information is displayed on hearing loop availability or how to request a translator or communication support for patients with additional needs. All three corridor beds were in use during our visits, one partially blocking access to a staff information board. Noticeboards support staff communication, and when access is obstructed, it increases the risk of missed information

Interactions between staff and patients are warm, respectful, and attentive. We observed staff engaging with patients in a kind and considerate manner, taking time to explain what they were doing and offering reassurance when needed. Staff respond promptly to patient needs, not only when called but also proactively. For instance, we saw a member of staff supporting a patient preparing for discharge, gently helping her pack her belongings while speaking with patience and empathy, an interaction that reflected both professionalism and genuine care.

Staff spoke thoughtfully about the values that underpin care, sharing examples of how they strive to meet individual needs, such as listening carefully to patients' personal preferences and meeting those needs. These efforts, while sometimes constrained by staffing levels and operational pressures, reflect a commitment to upholding patients' rights and creating a respectful environment.

Toilets and bathrooms were clean. However, we noticed that some bins were full and would benefit from being emptied more regularly to prevent unpleasant

[2] Martha's Rule | Lewisham and Greenwich

smells. The relatives' room offered a quiet space for visitors and patients to use. That said, leftover food items had not been cleared away, suggesting the area may not be checked frequently enough.

The three corridor beds offered limited privacy and raised concerns for patient dignity and safety. These beds are in open areas, and patients are exposed to constant foot traffic from staff, other patients, and visitors. One of the beds had a three-panel folding screen, which failed to provide full coverage, leaving the patient partially visible and without adequate personal space. In the same area, a visitor chair had been placed nearby, further restricting movement around the bed. These cramped conditions undoubtedly create a challenging environment for staff to deliver care and for patients to receive it. Movement of essential equipment may also be hindered. In an emergency, this lack of space could delay care or obstruct evacuation routes. This level of overcrowding reflects the wider pressures on hospital capacity.

Service Strengths

Patient, Family, and Staff Perspectives

Communication

Most patients and families we spoke to describe their experiences in the hospital positively, highlighting good communication and respectful treatment from staff. Many felt well-informed about their care and treatment decisions, with staff taking time to explain procedures and provide updates clearly and reassuringly. One patient shared:

"Hospital staff communicate clearly. They keep me well informed."

Another told us:

"Nurses and staff are all helpful. They keep my son updated."

Many patients reported that when they needed assistance, staff responded quickly and attentively, helping them feel safe and supported. These interactions created a warm and caring atmosphere. This sense of responsiveness was paired with observations about the physical environment, with most patients describing the ward as clean and comfortable. One patient summed up this overall sense of reassurance and satisfaction by saying:

"I find everything generally efficient; staff and doctors are very friendly—doing a good job."

Families frequently used words like "polite," "good," and "helpful" when talking about staff, pointing to examples of everyday kindness in shaping their overall

impression of Ward 14. Some families told us they felt included and acknowledged, with staff making a proactive effort to involve them in discussions or simply taking the time to check in. For relatives managing their loved one's care from a distance, this helped reduce anxiety and built confidence and trust in the care their loved one received.

Patients shared mixed views about the food served on the ward, with some describing their experience positively while others felt there was room for improvement. Those who were satisfied with the food highlighted both the quality and the range of choices available. They spoke about enjoying the meals and appreciated the variety offered, which made mealtimes something to look forward to during their hospital stay. As one patient shared:

“The food is quite good and nicely prepared”

While another noted:

“On the whole, not bad, there is variety”

For patients who enjoyed the meals, being able to eat something they liked helped them feel more at ease and contributed to a sense of comfort.

Leadership and staff described a positive and supportive workplace culture, underpinned by strong teamwork and a shared focus on staff wellbeing, learning, and development. Staff spoke warmly about the team dynamic, highlighting the mutual respect and practical support they receive from each other. One staff member noted:

“Despite frequent short staffing, the team manages well due to strong teamwork”

This sense of solidarity was echoed across roles, with a culture driven not only by formal structures but by the attitudes and behaviours of frontline staff.

Staff expressed confidence in the leadership team, describing them as approachable, responsive, and invested in staff wellbeing. There was recognition of efforts to encourage professional growth through training and development opportunities, which staff said helped them feel valued and motivated. While challenges such as short staffing and high demand were openly acknowledged, staff emphasised their commitment to maintaining high standards of care, even under pressure.

Opportunities for Improvement

Patient, Family, and Staff Perspectives

While many families told us they felt well-informed and included in their loved one's care, others described communication gaps that led to confusion and frustration. In some cases, families felt they had to take the lead in asking for updates, rather than receiving regular or proactive information from staff. As one relative explained:

> "Staff do not inform us. We have to chase"

This placed an added burden on families who were already coping with the emotional strain of having a loved one in hospital.

A few patients reported difficulty understanding their care plans or getting clear answers to their questions. While they expressed empathy for how busy the ward was, the lack of consistent and transparent communication left some feeling uncertain and overlooked. One patient said they weren't sure what the next steps in their care were, which contributed to a sense of anxiety and lack of control. Families echoed similar concerns, particularly when changes to care were not communicated or explained. One relative shared:

> "No one informed me that my mum's bed was moved to the corridor"

Another said:

“He’s been prescribed medication without my knowledge. I’ve not had any explanation about why this medication was given”

Another relative described a lack of communication:

“She was put in an isolation room when it wasn’t needed. Nobody told me why. I had to chase to get updates”

These experiences left the families feeling excluded and unsure whether appropriate decisions were being made.

One older patient, in her 90s, with limited English (who we communicated with in her first language) shared her poor experience at night in ward 14:

The doctors and day nurses are okay, but the night nurses are rude. I needed to go to the bathroom in the night. I cannot walk so I asked the night nurse for help. She just stared at me and didn’t respond. I was left wet throughout the night”

This experience was not only physically uncomfortable and undignified, but also emotionally upsetting (she cried while telling us how humiliated she felt). The patient told us she had not made a complaint—partly because it would have been difficult for her to do so in English, but mainly because she feared it might lead to worse treatment from staff. Her account suggests current mechanisms for raising concerns do not feel accessible or safe for all patients. When patients feel that speaking up could result in negative consequences or that language barriers will prevent them from being heard, the system is failing to support them. As a result, issues may go unreported, and opportunities to improve care and take accountability are lost. This experience points to the need for

reassurance mechanisms that allow patients to voice concerns safely, particularly those who are fearful or who may feel at greater risk of being dismissed or ignored.

Some patients and families felt that staff were, at times, inattentive or dismissive. One relative described being ignored at the ward reception desk, saying that despite standing and waiting, staff did not acknowledge her presence or help. This made her feel unwelcome and unsure of how to get the information she needed about her loved one's care. One patient expressed frustration more broadly, stating:

"Staff are not attentive towards patients. They need to be more responsive and listen to what patients say"

Another patient, who had initially been placed in a single room, described being moved to a corridor bed over the weekend:

"I was in the room for some time. It was clean and comfortable but during the weekend I was moved to a corridor bed for a few days. No idea why. Unusual experience"

The feedback we heard suggests that, at times, patients and families feel communication is one-sided or that their concerns are not taken seriously. It also highlights the importance of making sure every patient and family interaction, whether at the bedside, in passing, or at the reception desk, reinforces a culture of respect, listening, and patient-centred care.

Many patients offered feedback on the quality of hospital food. While portion sizes were generally considered adequate, some felt that meals lacked flavour, variety, and visual appeal. Some described the food as repetitive or bland. One patient described their experience bluntly:

“The food is lousy—everything: the taste, consistency, and variety”

Another remarked:

“I am old-fashioned. Didn’t like the food. Salmon—leave it as salmon”

This suggests that even simple, familiar dishes were not always prepared in a way that felt appetising or recognisable.

Staff shared several key challenges impacting care delivery. One of the most frequently raised concerns was the absence of a reliable, end-to-end medication tracking system in relation to discharge medication. Staff described a fragmented process in which medication is prescribed, but there is no simple system to monitor its status—whether it has been received by the pharmacy, prepared, delivered to the ward, or handed over to the patient. Staff suggested this lack of visibility creates a gap in workflow coordination. As one staff member put it:

“There is no system in place to track the medication journey from request to delivery to administration. This leads to delays in patient discharge, as patients often cannot leave until they receive their medication. This also leads to staff frustration and increased costs due to reordering of lost medications”

Without a way to reliably monitor progress or identify where the process has stalled, staff are left chasing updates manually—often contacting multiple departments by phone or in person, which takes time away from direct patient care. Moreover, the lack of tracking leads to practical inefficiencies, such as

duplicate ordering of medications. This not only adds to NHS costs but creates avoidable work for pharmacy and ward teams.

Staff spoke of difficulties coordinating the next steps in a patient's care outside the hospital and securing appropriate care home placements (for those who cannot return home) or getting equipment in place (for those able to return home).

> "Delays often arise due to issues securing care home placements, obtaining social care packages, or arranging delivery of specialist equipment through community services such as NRS. These delays can lead to patients remaining in hospital longer than medically necessary"

For patients with complex health needs, the availability of suitable care home beds is often limited. Even when a placement is identified, the process of completing assessments, gaining funding approval, and coordinating the transfer can take time, creating a bottleneck in patient flow. In other cases, patients cannot return home without a care package in place to support them with daily living activities. These packages are arranged through local authority social care teams, which often face high demand. The delivery and installation of specialist equipment in the home, such as hospital beds, hoists, or walking aids, also takes time. These items are typically provided through external services like NRS, which may experience delays in processing requests, sourcing stock, or scheduling home deliveries. As a result of difficulties in finding care home places, or arranging care packages, or getting suitable equipment in place, it can take several days, or even longer, to discharge a patient, despite them being clinically ready for discharge.

In addition to operational pressures, staff described the emotional toll of these delays. Not being able to discharge a patient, when the clinical team has done everything possible, can be demoralising. Staff also noted that patients and families become frustrated or anxious when discharge is delayed. In some cases, patients and families wrongly assume the delay is due to clinical indecision

when in fact it stems from logistical issues around medication, placements, or equipment.

Discharge delays have direct consequences for patient experience, flow, and hospital efficiency. In a high-pressure setting, where bed space is limited and demand is high, timely discharge is essential to maintain capacity. When patients cannot be discharged for non-clinical reasons, it creates a backlog that affects admissions from other departments and delays care. This can also contribute to corridor care, as a last resort to manage patient flow.

Staff spoke about a lack of essential equipment on the ward, such as feeding pumps and infusion pumps, as a recurring challenge that affects their ability to deliver timely care. These items are not always readily available when needed, requiring staff to leave the ward and go to other parts of the hospital to collect them. As one staff member explained:

> "We must leave the bay and go down to the ground floor to pick up equipment, which is not ideal, especially when supervising high-risk patients"

While the core issue is the unavailability of equipment at ward level, staff explained how staff shortages make the situation more difficult. When staffing levels are low, leaving the ward to collect equipment can be risky as there may not be another member of staff to take over, keeping an eye on an additional number of patients during their absence.

> "This is a good and busy ward. There is staffing issue. Sometimes, patients are left by themselves- increasing staffing would help."

The combination of equipment gaps and workforce pressures creates additional strain for staff and could affect the consistency and safety of patient care.

The use of corridor beds was highlighted by staff as a challenge. Introduced as a short-term measure to facilitate patient flow, corridor beds have become a

routine feature during busy periods. Staff acknowledged the difficulty of working within an overstretched system but were clear that corridor-based care is far from ideal. One staff member explained:

"When patients are in corridors, it's uncomfortable for everyone. It's crowded and not ideal for staff or patients. Though temporary, we are just trying to manage the A&E flow."

Staff described how corridor placements create cramped, high-traffic environments that are not designed for clinical care. Corridor beds do not always offer the basic infrastructure needed, such as call bells, sufficient space for screens or adequate bedside equipment, and clear visual access for monitoring. As a result, staff reported difficulties in maintaining the same standard of care as in designated bays or rooms. Routine tasks such as taking observations, administering medication, or discussing care plans become more challenging and more exposed.

The ethical discomfort of caring for patients in these conditions was evident in staff reflections. They spoke about how difficult it was to uphold core values of dignity, confidentiality, and respect when caring for individuals in full view of passing staff, patients, and visitors. Even when efforts were made to provide privacy, for example, through folding screens, staff acknowledged that these measures were not always adequate. The inability to provide support discreetly, have sensitive conversations, or allow for family visits in a private setting left both patients and staff feeling vulnerable.

Corridor care also affects workflow and morale. Staff described how navigating between patients in crowded spaces can increase stress, lead to delays, and create additional risks. Moreover, knowing that patients were receiving care in less-than-ideal conditions contributed to a sense of professional unease. Staff repeatedly emphasised that while they did their best under difficult circumstances, corridor care felt like a compromise—one that neither they nor their patients felt comfortable with:

“We have challenging patients and families — some understand, some don’t. We try our best, guided by ethics. But it's not always easy.”

Staff raised concerns about the current processes for managing patients' dietary needs, particularly concerning their medical conditions. Staff suggested that food provision is not always aligned with clinical requirements, especially for patients with complex health conditions or specific nutritional needs. One staff member explained:

“There is a need for better education and communication between dietary services and clinical staff to ensure food is appropriate for individual medical needs”

In some cases, staff reported that patients were being served meals that conflicted with their medical or dietary requirements, for example, those with diabetes receiving high-sugar options, or patients with swallowing difficulties receiving food textures they could not manage safely.

Conclusion

Our visit to Ward 14 highlighted a number of strengths, most notably the respectful, compassionate care delivered by staff and the strong culture of teamwork that underpins daily practice. Patients and families frequently described positive experiences, particularly with communication, staff responsiveness, and the emotional support they received. Staff were observed engaging warmly with patients, showing genuine care and attentiveness, even during periods of high demand. The ward environment was clean and welcoming, and staff spoke positively about the leadership and their commitment to learning, development, and wellbeing.

However, observations and feedback also revealed challenges that impact both patient experience and working conditions for staff. Issues such as inconsistent communication with patients and families, inaccessible complaint mechanisms for some patients, and concerns about corridor care suggest areas for improvement. Operational pressures, particularly around discharge delays, lack of readily available equipment, and the absence of a reliable medication tracking system, further contribute to inefficiencies and stress for staff. The use of corridor beds, though recognised as a last resort, illustrates the scale of capacity pressures and their impact on both the quality of care and the high standards staff strive to maintain. The commitment and professionalism of staff were evident in both what we observed and what was shared with us during our visit.

Recommendations

1. Communication and information sharing

- Provide clear and timely information to all patients and families about changes to care plans, bed moves, and discharge arrangements.
- Display clear, accessible information on how to request translation, communication or hearing loop support.
- Provide safe ways for patients to give real-time feedback (e.g., feedback cards, QR codes at the bedside and an option for anonymous submissions).

2. Care environment

- Strengthen coordination between catering and clinical teams to better match patients' dietary and medical needs.
- Review availability of essential equipment, like infusion and feeding pumps, to reduce potentially unsafe staff absences.
- Minimise the use of corridor beds, and when unavoidable, prioritise patient dignity, privacy, and safety.

3. Discharge coordination

- Review the medication tracking system to reduce delays, prevent medication loss, and support timely and safe patient discharges.
- Strengthen coordination with external providers (e.g., social care, community rehab, NRS) to reduce discharge delays.
- Involve families in discharge planning as soon as possible.

Limitations

The findings in this report are based on observations and interviews conducted over three visits. While this provides insights into patient and visitor experiences in Ward 14, it represents a snapshot in time. Experiences may vary during different shifts, at weekends, or during busier or quieter periods.

While we spoke to 18 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 14 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 14, Queen Elizabeth Hospital, ground floor, Stadium Road, Woolwich, London, SE18 4QH
Service Provider	Lewisham and Greenwich NHS Trust
Service Manager	Sammie Kelly, Head of Nursing for Medicine Doris Wright, Ward Matron
Admission Information	Admission is based on frailty scoring conducted by clinicians at the A&E.

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:	Sammie Kelly, Head of Nursing for Medicine Doris Wright, Ward Matron, Michelle Acquah Patient Experience Manager
Date sent:	17.06.25
Title of Report:	Adult Inpatient, Ward 14 Queen Elizabeth Hospital
Response	If there is no response, please provide an explanation for this within the statutory 20 days (by 15th of July 2025). Please note: This form and its contents will be published by Healthwatch Greenwich.

Date response given	16th July 2025
Healthwatch Greenwich Recommendations	**1. Communication and information sharing** • Provide clear and timely information to all patients and families about changes to care plans, bed moves, and discharge arrangements. • Display clear, accessible information on how to request translation, communication or hearing loop support. • Provide safe ways for patients to give real-time feedback (e.g., feedback cards, QR codes at the bedside and an option for anonymous submissions). **2. Care environment**

	• Strengthen coordination between catering and clinical teams to better match patients' dietary and medical needs. • Review availability of essential equipment, like infusion and feeding pumps, to reduce potentially unsafe staff absences. • Minimise the use of corridor beds, and when unavoidable, prioritise patient dignity, privacy, and safety. **3. Discharge coordination** • Review the medication tracking system to reduce delays, prevent medication loss, and support timely and safe patient discharges. • Strengthen coordination with external providers (e.g., social care, community rehab, NRS) to reduce discharge delays. • Involve families in discharge planning as soon as possible.
General response[3]	Thank you for your detailed feedback regarding communication, the care environment, and discharge coordination. We appreciate the clear suggestions and recognise their importance in enhancing patient care and experience. **Communication and Information Sharing:** Thank you for your feedback. In response, we are taking several steps to improve communication and support on Ward 14. We understand how important it is for patients and families to receive timely, consistent, and accessible information, particularly regarding changes to care plans, bed moves, and discharge arrangements. To address this, we are reviewing and strengthening our communication processes, improving the visibility of

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

	support services such as translation, communication aids, and hearing loop systems through clearer signage and increased staff awareness. We are also encouraging staff to routinely offer the Friends and Family Test to gather honest feedback. These improvements reflect our ongoing commitment to delivering high-quality, person-centred care and ensuring that everyone feels informed, supported, and listened to throughout their stay. **Care Environment:** Ward 14 staff are working hard to improve the coordination between catering and clinical teams to ensure that individual dietary and medical needs are consistently met. We are also undertaking a review of essential equipment availability, such as infusion and feeding pumps, to help minimise any disruption to care that may occur during staff absences. While we continue to work towards eliminating the use of corridor beds, we acknowledge that their use may occasionally be unavoidable; in such instances, we remain fully committed to maintaining patient dignity, privacy, and safety. These actions reflect our ongoing commitment to improving the quality of care and the overall patient experience on the ward **Discharge Coordination:** We recognise the critical importance of timely and safe discharges. A review of the medication tracking system is planned to address delays and reduce the risk of medication loss. Furthermore, we aim to enhance coordination with external providers, including social care and community rehabilitation services, to streamline discharge processes. Early involvement of families in discharge planning will be emphasised to ensure a smooth transition and clear communication. We appreciate this constructive feedback and will use it to inform ongoing improvements in Ward 14. Your input

	helps us deliver the highest standard of care for our patients and their families.
Response to recommendation 1: Provide clear and timely information to all patients and families about changes to care plans, bed moves, and discharge arrangements.	Ward 14 recognises the need to improve how we communicate important updates throughout the care journey. We are enhancing our communication protocols to ensure that any changes to care plans, bed moves, or discharge arrangements are shared in a timely, clear, and transparent manner. To support this, staff are receiving additional training to enhance their communication skills, and we are exploring the use of digital tools, including electronic bed management systems, multidisciplinary team review of patient's current status and care planning, and regular briefings. We are also piloting a communication quality improvement (QI) project, to learn from this initiative and apply successful approaches more broadly across the Trust.
Response to recommendation 2: Display clear, accessible information on how to request translation, communication or hearing loop support.	We recognise the need to improve awareness and accessibility of support services such as translation, communication aids, and hearing loop systems. To address this, we are committed to providing clear and visible information via signage (which includes pictures where necessary to support those with cognitive impairments) and adjusted print on leaflets on how to access services. We also ensure that staff are well-informed to guide patients and families appropriately. Additionally, Ward 14 is undertaking a quality improvement (QI) project focused on hearing aids, aimed at equipping all staff with the knowledge and confidence to support patients in using them effectively. These actions reflect our ongoing commitment to creating a more inclusive and supportive care environment for all.

Response to recommendation 3: Provide safe ways for patients to give real-time feedback (e.g., feedback cards, QR codes at the bedside and an option for anonymous submissions).	The Ward 14 team are strengthening how we collect and act on patient experiences to drive meaningful improvements in care. We are introducing a range of accessible feedback options, including bedside feedback cards, QR codes for digital submissions, and anonymous feedback mechanisms to ensure all patients feel comfortable sharing their views. Senior nurse quality rounds are also being conducted, enabling staff to speak directly with patients and their families at the bedside to address any concerns in real-time. In addition, we hold monthly meetings with the Patient Experience Team, during which anonymous feedback from the Friends and Family Test survey is reviewed and used to develop targeted action plans for improvement. These approaches are regularly reviewed to ensure they remain effective, inclusive, and responsive to the needs of all patients.
Response to recommendation 4: Strengthen coordination between catering and clinical teams to better match patients' dietary and medical needs.	In response to patient feedback, we are working to improve the coordination and quality of mealtime services on Ward 14. The ward team liaises daily with our ISS colleagues (catering provider) to ensure that food preferences are accurately updated and reflected in meal offerings. Dietitians and nurses collaborate closely to maintain up-to-date food charts, which are reviewed and revised after each meal to support informed communication with catering staff. Preferred food options, including snacks, are offered wherever possible, and regular feedback is shared with ISS to support ongoing improvements in the mealtime experience. These efforts are part of our commitment to delivering patient-centred care that responds to individual needs and preferences.
Response to recommendation 5: Review availability of essential equipment, like infusion and feeding pumps, to reduce potentially unsafe staff absences.	We recognise the critical need to ensure the consistent availability of essential equipment such as infusion and feeding pumps to support safe patient care. We are conducting a thorough review of current equipment stock and maintenance schedules to identify any gaps. The Trust maintains an equipment library to ensure a steady supply of all required stock. This will be re-communicated to the teams. Additionally, we are working to improve contingency planning and staff training to minimise the impact of any equipment shortages or staff absences,

	thereby maintaining a safe and effective care environment.
Response to recommendation 6: Minimise the use of corridor beds, and when unavoidable, prioritise patient dignity, privacy, and safety.	The Trust remains committed to minimising the use of corridor beds to ensure that all patients receive care in environments that are appropriate, safe, and comfortable. When the use of corridor beds is unavoidable, we prioritise patient dignity, privacy, and safety by implementing supportive measures such as privacy screens, wireless call bells, bedside tables, lockers, and by ensuring that patients are not left in these spaces for extended periods. We continue to explore long-term solutions to reduce bed pressures and improve overall ward capacity, as part of our ongoing efforts to enhance the quality of care and patient experience.
Response to recommendation 7: Review the medication tracking system to reduce delays, prevent medication loss, and support timely and safe patient discharges.	The Trust is undertaking a comprehensive review of our current medication management processes to identify and address any factors that contribute to delays or the risk of medication loss. To support this, we are strengthening communication between the ward team and the pharmacy department by utilising board rounds to promptly raise medication-related queries, particularly in the lead-up to a patient's discharge and ensuring that we follow admission and discharge processes accurately. This includes ensuring that medications are prepared the day before discharge, wherever possible, to support a smooth and efficient discharge process. As a ward, we are committed to implementing all relevant Trust-wide initiatives, including enhanced digital tracking systems, staff training, and regular audits, to improve the safe and timely management of medications and discharge.
Response to recommendation 8: Strengthen coordination with external providers (e.g., social care, community rehab, NRS) to reduce discharge delays.	We conduct daily meetings with external providers such as social care, community rehabilitation, and NRS to support prompt patient discharges. To improve this process, we are strengthening communication channels and professional relationships with these partners, aiming to streamline discharge planning and minimise delays. This teamwork is designed to facilitate smooth care transitions and enhance the patient experience.

Response to recommendation 9: Involve families in discharge planning as soon as possible.	We strongly endorse involving families early in discharge planning to facilitate a smooth and informed transition from hospital to home. Our nurses, doctors, therapists, and discharge coordinators are emphasising protocols that promote family engagement from the outset, ensuring clear communication and active participation in decision-making before discharge is coordinated. This strategy helps address concerns, coordinate care needs, and enhance patient safety as they move towards their discharge destination.
Signed:	Neenu
Name:	Neenu Thankam Saji
Position:	Ward Manager – Ward 14

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