

Welcome to

Lewisham & Greenwich **NHS**
NHS Trust

Ward 20

BLUE - MEDICAL

RED - FRACTURES - NECK OF FEMUR
- DISTAL, PROXIMAL
- PERI-PROXIMAL

RESPIRATORY: N/C

1-3, 1-4, SB8

Ward Dashboard

Dashboard Descriptions

Welcome to Ward 20

Ward Manager is **Florence Kaetu-Smith**
Matron is **Lucie Kabatesi**

Please do not hesitate to contact them should you have any concerns.

Telephone numbers
020 8836 5320/5321

To be exceptional

Date: Pls. refer to the Staffing map (Right side of the board)

		Planned Staff	Actual Staff
Day	RN	4	4
	HCA	4	4
Night	RN	4	4
	HCA	4	4

Your Feedback Matters
Friends and Family Test
Patient Feedback
1st October 2024 to 31st December 2024

Ward 20

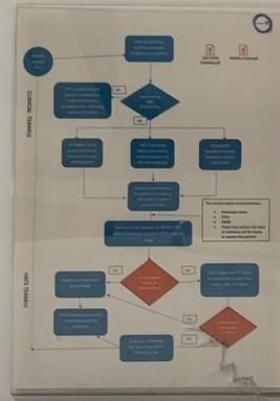
55

friendly good communication competence respect dignity professional communication skills 'pull together' caring staff

After Action Review

An After Action Review (AAR) allows us to learn from both positive and negative experiences. It is a facilitated discussion of an event that enabled the process to learn what happened, what it happened, what went well, what needs improvement and the lessons learnt. AARs are facilitated by trained conductors.

Who to contact



Executive Team

Non-Emergency Patient Complaint (NEPC) Eligibility Assessment
NHS England Guidance

Basic Assessment

Are the conditions met for a 'good' result?

If they are not, the Trust must ensure that quality of care is improved. This should be done by the Trust and the patient should be informed of the reasons for this.

A patient can only be assessed for NEPC if they have an alternative method of transport to get to and from hospital. This should be discussed with the patient and the Trust should ensure that the patient is not left in a vulnerable position.

Medical Assessment

If the patient is eligible for NEPC, then the patient is eligible to be assessed.

Assessment

The patient should be assessed by a trained assessor. The assessor should ensure that the patient is not left in a vulnerable position. The assessor should also ensure that the patient is not left in a vulnerable position.

Results

If the patient is eligible for NEPC, then the patient is eligible to be assessed with them.

Enter and View Report

Ward 20, Queen Elizabeth Hospital

Contents

Executive Summary	3
Introduction.....	5
Who We Spoke To	6
Observations.....	7
Service Strengths	9
Opportunities for Improvement.....	11
Conclusion	16
Recommendations	18
Limitations	19
Acknowledgements and Key Details	20
Provider Response	21

Executive Summary

In April 2025, Healthwatch Greenwich carried out two unannounced Enter and View visits to Ward 20 at Queen Elizabeth Hospital. Ward 20 is a 26-bed unit specialising in orthopaedic care for older adults. The ward also supports patients with significant cognitive or mobility impairments. We spoke with patients, family members, and staff, and observed care being delivered on the ward.

Overall, we saw many examples of kind, respectful, and compassionate care. Most patients spoke positively about their experience, describing staff as attentive, warm, and kind. Most families also told us they felt welcomed and supported. Staff themselves described a strong sense of teamwork and collaboration, which we observed in action. The ward environment was generally calm and clean, and staff were flexible in responding to challenges.

However, some concerns were raised. Staffing levels were the most common issue shared with us. Patients and families often assumed the ward was short-staffed, and staff confirmed this was the case. These pressures meant some patients experienced delays in receiving help, and staff said this was particularly difficult when caring for patients living with dementia, who need close supervision and intensive support. Staff also told us that delays in accessing mental health input placed additional strain on the team, especially when managing patients who were distressed or experiencing behavioural challenges.

While communication with families was mostly good, some relatives said they had to ask for updates rather than being kept regularly informed, especially in relation to discharge planning. Some told us they felt unsure about what support would be in place when their loved one left hospital. Feedback on hospital meals was mixed, while some patients were satisfied, others said the food did not meet their needs.

We also observed issues with signage and accessibility. New visitors sometimes found it difficult to navigate to the ward, and information about communication support, such as hearing loops or translation services, was not displayed. Although these services were available on request, patients would need to know about them in order to ask.

Ward 20 is staffed by a dedicated and compassionate team, working hard to provide safe and person-centred care despite significant pressure. While the overall experience for most patients and families was positive, there are areas where improvements could help ensure that all patients consistently receive the care they need and deserve.

Introduction

Purpose of Our Visit

Healthwatch has the legal power to visit and assess health and social care services. Enter & view is not an inspection – this is the role of the CQC. Our role is to offer a lay perspective. Our focus is on whether a service works for those using it. Our authorised representatives, responsible for carrying out these visits, are DBS checked and have received training on conducting Enter & View visits. A list of authorised representatives is available on our website¹.

Method

In April 2025, we carried out two unannounced visits to Ward 20 at Queen Elizabeth Hospital. While the hospital was informed in advance of our plans, the specific dates were not disclosed. Each visit lasted between two to five hours and involved four authorised representatives.

Before speaking with patients, we liaised 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 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 eight patients, five 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
0	1	0	12	0	0
13					

Gender			
Woman	Man	Non-binary	Prefer not to say
9	4	0	0
13			

Disability/long-term condition (LTC)		
Living with disability/ LTC	Not living with disability/ LTC	Prefer not to say
4	7	2
13		

Age			
Under 24	25-49	50+	Prefer not to say
1	1	11	0
13			

Carer		
Carer	Not a carer	Prefer not to say
3	5	5
13		

Observations

Staff Interactions and Ward Environment

Staff respond to patient calls promptly and with courtesy, with attentiveness to individual needs. Interactions between staff and patients are respectful, with staff taking time to listen, explain, and reassure. Care is delivered with kindness and patience, even when staff are under pressure. We observed a calm and compassionate approach to supporting patients with personal care, mobility, and emotional reassurance.

We observed strong teamwork and a flexible, collaborative approach among staff. For example, when there was a delay in a porter arriving, a doctor stepped in to assist a nurse in escorting a patient to an appointment in another department. This willingness to support one another across roles demonstrated a shared commitment to patient care and a positive team culture, particularly in the face of staffing pressures.

The ward environment is calm and well-maintained. Minor cleanliness issues were observed, such as litter on the floor in one toilet and used hand towels on top, rather than in, a bin in another. Despite these minor issues, we observed cleaning staff on the ward, and patients generally described the environment as clean and comfortable.

Signage from the hospital entrance is inconsistent with new visitors sometimes needing to confirm directions with reception and again with staff on the ward to confirm they had arrived at the correct destination.

A poster explaining "Martha's Rule"² and another encouraging patient and family feedback were prominently displayed. We did not find any information available on how to access a hearing loop, or translation or communication support for patients that might need it. Staff explained that translation support is available via an iPad or the "CardMedic" communication tool, but given no information was displayed on this, patients would need to know this facility was available to

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

request it. Similarly, a hearing loop was available on request. However, neither was freely available on the ward and required 'borrowing' from other departments or specialties when needed.

Corridors remained clear and accessible throughout our visits except for a large empty trolley that appeared to have been abandoned adjacent to a fire exit. While it did not completely block the exit, it narrowed the walkway and could pose a potential risk in an emergency.

Service Strengths

Patient, Family, and Staff Perspectives

Patients described their experience of care in positive terms. They spoke about staff being kind and respectful. Patients told us they not only felt medically supported but also emotionally reassured through the everyday interactions they had with staff. One patient commented:

“The nurses and doctors are very much attentive, right from food to toilet needs.”

This attentiveness made patients feel that they were being treated as a whole person, not just as medical cases. Another patient simply said:

“Yes, can’t fault them.”

This suggests a high satisfaction with the care received. Patients noted that staff took the time to explain things clearly, check on their comfort, and ask about their preferences, actions that helped them feel respected, heard, and cared for.

Families shared similarly positive views about the care and support provided on the ward. Some spoke about how comfortable and at ease they felt when visiting the ward. One said,

“I have always felt welcomed and supported whenever I visited.”

This suggest that ward 20 provided a caring environment not only for patients, but also for their families.

Other families also shared that staff were sensitive to how families were feeling. One family member described their experience:

“They do communicate with the highest amount of compassion and understand the emotional needs of patients as well as family members.”

Families appreciated being kept informed about their loved one’s care and treatment, and said they felt comfortable seeking updates or information. As one relative put it:

“The staff are extremely friendly, and I am not afraid to ask questions.”

Families felt included in the care process and confident in the support their loved ones received. Most families experienced the ward as a caring, inclusive space, where staff recognised the importance of keeping relatives informed and involved, and treated them with the same kindness and respect as patients.

Staff spoke positively about their team culture on the ward, describing it as supportive and collaborative. There was a strong sense of mutual respect and shared responsibility, with colleagues happy to step in to support one another, particularly during busy periods or challenging situations. A staff member said:

“There’s always someone to help – [We have] senior staff with great knowledge.”

This highlights both the accessibility of support and the strength of leadership on the ward. Senior colleagues were described as approachable, patient, and generous with their time, creating a psychologically safe environment where learning and professional development were encouraged. Staff told us they felt confident asking for help when needed, and that senior colleagues were always willing to share their expertise. The ward culture not only benefits staff wellbeing but also contributes to better care for patients. Staff who feel valued and supported are better equipped to meet patients' needs effectively and compassionately, even under pressure.

Opportunities for Improvement

Patient, Family, and Staff Perspectives

The most common concern raised across patients, families, and staff related to staffing levels on Ward 20. Patients and families often assumed the ward was short-staffed, based on delays in responding to requests for help, and the visible pressures they could see staff were under. This concern was confirmed by staff themselves, who told us that current staffing levels were not sufficient to meet the needs of elderly, post-operative patients, particularly those living with dementia, who often require higher levels of supervision, reassurance, and personal care.

Staff explained that porter shortages further increase pressure, requiring staff to leave the ward to escort patients elsewhere in the hospital. A staff member said:

“ There aren’t enough porters, and I have to push the beds myself or else the patient would be left in the corridor.”

During our visit, we observed ward staff personally escorting a patient due to the lack of available porters. We were told that waiting until a porter was available was not possible, as the patient risked missing their scheduled appointment. While necessary, this places additional strain on the team and reduces the support available for other patients. Staff pointed out that patients recovering from surgery and/or living with dementia are especially at risk:

“Dementia patients need one-to-one care. Sometimes they are climbing on the bed, they’re just going to fall.”

Patients' experiences of how quickly staff responded to their needs varied. While some patients expressed understanding of the demands on staff, others described moments when they felt overlooked or had to wait longer for help than they felt was appropriate. These variations appeared to reflect pressures on staffing levels and capacity, rather than a lack of willingness or care on the part of staff. One patient said:

“Sometimes they don’t respond and help when I need to go to the toilet.”

For older patients or those with limited mobility, delays in getting help with personal care can lead to a loss of dignity and, in some cases, distress or risk of harm. Another patient shared:

“They are very busy, sometimes I can’t find them.”

This reflects a perception that staff were stretched thin, not always visible or easily accessible when needed.

Despite these challenges, most patients recognised the effort staff were making under difficult circumstances. As one patient put it:

“I can see that the staff are doing their best, but that’s not enough.”

For some patients there is a tension between compassion for staff and frustration with unmet needs. It also points to a broader issue: when staff are under pressure, even high levels of individual effort may not be enough to deliver timely, person-centred care that patients expect and deserve.

One patient told us about a difficult experience when they were moved back to the ward after an operation. They felt that the porter who helped them did not take enough care.

“Porter threw me on the bed after my operation. He was a clown! Should have been two people.”

This feedback suggests that there may not have been enough staff to help with the transfer, and links to wider concerns raised by staff about porter shortages.

Emotional wellbeing was raised by some of the patients we spoke to. One said:

“I don’t feel well or myself in the ward. I feel extremely lonely, and no one speaks to me much.”

Another patient repeatedly expressed similar feelings to us underlining the importance of social interaction and stimulation.

Staff also shared that some patients on the ward experience low mood, anxiety, or symptoms of depression, often linked to the emotional toll of hospitalisation, uncertainty about their recovery, and the loss of independence that can follow surgery or illness. This can be particularly difficult for patients who are also living with cognitive decline or dementia. Although mental health support is available through Oxleas and the hospital’s psychiatric liaison team, staff reported that access to this support can be inconsistent and sometimes delayed. In practice, this means that patients experiencing psychological distress may not receive timely assessment or intervention, which can lead to further deterioration in mood or behaviour.

Staff stressed the importance of early mental health input – not only for the patient's wellbeing but also to support and protect staff. One staff member shared a difficult experience:

“Aggression from patients is something we face daily. We had a patient who had a psychiatric episode and was throwing poo at us. Mental health team did not come because they were in a meeting.”

This example illustrates the strain placed on staff when mental health support is not available to respond to crises. Delays in mental health support can also have a wider impact on the ward environment, contributing to distress for other patients, particularly in shared bays.

While most families we spoke to praised staff for their approachability and willingness to answer questions, a few expressed frustrations about the lack of proactive communication and regular updates. For some, it felt as though they had to take the lead in seeking information, rather than being kept routinely informed. One family member explained:

“No, I don’t feel in the loop, I only get feedback if I ask.”

This suggests a disconnect between the care being delivered and communication with relatives. In a busy ward environment, where staff are under pressure, proactive updates can be difficult to maintain, but for families, these updates reduce anxiety and can help them support their loved one’s care.

We also heard about gaps in communication with families on preparations for discharge. One family told us that, despite discharge being imminent, no one had discussed with them or clarified what would happen when their loved one left hospital. As a result, they were confused about who would be responsible for providing support, or what services were available. They pointed out that even though care on the ward had been good, uncertainty about what comes next left them feeling vulnerable.

Patients had mixed views about the hospital food. Some were happy with the meals, but others were less satisfied. One patient told us:

“I don’t like the food at all, it’s very heavy.”

This suggest that meals didn't feel suitable or easy to eat. Another shared:

"The food is lousy. I have acid reflux, so with a restrictive menu, I'm mostly eating jacket potatoes."

This shows how limited food choices can make mealtimes difficult or unappetising. We also heard concerns about the cutlery provided. One relative said:

"It's extremely inconvenient to eat with wooden fork and spoon... if that can be changed to stainless steel that would help."

She explained how her loved one had limited strength and coordination and found using light or disposable cutlery difficult and uncomfortable.

Conclusion

Ward 20 at Queen Elizabeth Hospital is characterised by a committed and compassionate workforce delivering person-centred care in a challenging context. Patients and families reported largely positive experiences, highlighting respectful interactions, attentiveness from staff, and a calm and well-managed ward environment. The strength of the ward's team culture was evident in both our observations and the reflections of staff, who described a supportive and collaborative atmosphere where leadership was supportive and accessible.

However, it is equally clear that these strengths are being delivered in the face of workforce pressures. Staff, patients, and families consistently raised concerns about staffing levels, which have a direct impact on the ward's ability to respond consistently and promptly to patient needs, particularly for those requiring high levels of support, including patients living with dementia. These pressures, while not unique to this ward, raise important questions about workforce resilience and service capacity in acute care settings.

Equally notable were the emotional and psychological needs of patients, particularly those who felt isolated or low in mood. Staff highlighted the challenges of accessing timely mental health support, which can affect both the patient experience and the broader ward environment. The emotional toll on staff managing these situations without sufficient specialist input should not be underestimated.

While many families felt informed, others described the need to seek out updates or reported gaps in communication, particularly around discharge. This variability reflects a wider challenge: ensuring consistency of communication in the context of stretched resources.

Patient feedback on food and eating arrangements, including concerns around menu suitability and cutlery, further shows how practical and environmental factors shape the experience of care. Similarly, gaps in accessible communication support point to the need for better signposting and equity in access.

What we observed and heard from patients, families, and staff on Ward 20 reflects many of the wider dynamics present across the health and care system: dedicated staff delivering high-quality care within a context of constraint. Supporting this team to sustain and build on its strengths will require attention to staffing, mental health support, communication, and the daily practicalities that affect patient experience.

Recommendations

1. Staffing and Patient Support

- Review staffing levels on the ward to make sure there are enough staff to support patients who need a high level of care.
- Ensure porters are available when needed.

2. Mental Health and Emotional Wellbeing

- Improve access to mental health support for patients who are feeling distressed, confused, or showing signs of emotional or behavioural difficulties.
- Consider ways to reduce loneliness, such as involving trained volunteers to provide company for patients who feel isolated.

3. Communication with Families

- Support consistent and proactive communication with families, so that all families feel informed and involved in their loved one's care, especially around discharge planning.

4. Food and Mealtimes

- Explore whether current food options meet the needs of all patients.
- Consider alternatives to wooden or disposable cutlery for patients who may struggle to use them.

5. Navigation and Accessibility

- Review signage to help visitors find the ward more easily.
- Make it easier for patients to find out about communication support (like hearing loops or translation services), by displaying clear information on the ward.

Limitations

The findings in this report are based on two Enter and View visits to Ward 20. The visits involved observations and conversations with a small number of patients, family members, and staff who were present at the time and felt able to share their views. As such, the feedback we received represents a snapshot in time and reflects the experiences of a small number of individuals. These accounts should not be assumed to reflect the views of all patients, families, or staff on the ward.

The findings in this report should be seen as a contribution to wider ongoing conversations about service improvement.

Those who chose to speak with us may have held particularly strong views, whether positive or negative, compared to those who did not take part. This introduces a potential element of bias, meaning that the feedback we received may not fully represent the views of everyone on the ward. Patients or family members who were especially satisfied, or especially dissatisfied, may have been more motivated to share their experiences, while those with more neutral or moderate views may have chosen not to engage.

Additionally, some patients may have been unable or unwilling to take part in conversations due to factors such as fatigue, discomfort, communication difficulties, or privacy concerns. As a result, certain perspectives, particularly from more vulnerable patients, may be underrepresented in the report.

Although our team observed care delivery and spoke with staff members, the report primarily reflects the voices of patients and families. Staff perspectives are included where relevant, but further engagement with the wider ward team and leadership would be needed to provide a more comprehensive picture.

Finally, while every effort was made to observe discreetly, the presence of Healthwatch representatives may have influenced behaviour. For example, staff might have been more attentive, knowing our presence, or patients and family members may have chosen their words more carefully when speaking with us. We understand that our presence on the ward may have made some people act differently than they normally would. This means that what we saw and heard may not fully reflect everyday routines or interactions when we are not present.

Acknowledgements and Key Details

Healthwatch Greenwich would like to thank the patients, families, and staff of Ward 20 for generously sharing their time, experiences, and insights as part of this Enter and View visit.

Key detail	
Premises Name and Address	Ward 20, Queen Elizabeth Hospital, ground floor, Stadium Road, Woolwich, London, SE18 4QH
Service Provider	Lewisham and Greenwich NHS Trust
Service Manager	Florence Katu, Ward Manager, Samantha Kelly, Head of Nursing for Medicine, Lucie Kabateci, Ward Matron
Date	8 April 2025 and 16 April 2025

Provider Response

Healthwatch was established in 2013 in accordance with the Health and Social Care Act 2012. Within this legislation Healthwatch has a right to a reply within 20 working days to Reports and Recommendations submitted by local Healthwatch to a service provider/commissioner.

Report & Recommendation Response Form

Report sent to:	Samantha Kelly, Head of Nursing for Medicine, Lucie Kabatesi, Ward Matron, Michelle Acquah Patient Experience Manager
Date sent:	26/6/25
Title of Report:	Enter and View Report, Ward 20, Queen Elizabeth Hospital
Response	<p>If there is no response, please provide an explanation for this within the statutory 20 days (by 24th of July 2025).</p> <p>Please note: This form and its contents will be published by Healthwatch Greenwich.</p>

Date of response provided	17/07/2025
Healthwatch Greenwich Recommendations	<p>1. Staffing and Patient Support</p> <ul style="list-style-type: none">• Review staffing levels on the ward to make sure there are enough staff to support patients who need a high level of care.• Ensure porters are available when needed. <p>2. Mental Health and Emotional Wellbeing</p> <ul style="list-style-type: none">• Improve access to mental health support for patients who are feeling distressed, confused, or showing signs of emotional or behavioural difficulties.• Consider ways to reduce loneliness, such as involving trained volunteers to

provide company for patients who feel isolated.

3. Communication with Families

- Support consistent and proactive communication with families, so that all families feel informed and involved in their loved one's care, especially around discharge planning.

4. Food and Mealtimes

- Explore whether current food options meet the needs of all patients.
- Consider alternatives to wooden or disposable cutlery for patients who may struggle to use them.

5. Navigation and Accessibility

- Review signage to help visitors find the ward more easily.
- Make it easier for patients to find out about communication support (like hearing loops or translation services), by displaying clear information on the ward.

General response³

Thank you for taking the time to share your valuable feedback. The Ward 20 team is committed to continuously improving the quality of care and patient experience, and your insights play a vital role in guiding that process.

We recognise the importance of clear communication, a supportive care environment, and well-coordinated discharge planning. In response, we are reviewing our current practices and identifying opportunities to enhance how we share information with patients and their families, particularly regarding care updates, bed transfers, and discharge arrangements.

We are also working to improve the visibility and accessibility of support services, including translation tools, communication aids, and hearing support systems. Staff are being encouraged to routinely offer the Friends and Family Test to ensure we capture

³ Please expand boxes as needed for your response.

	<p>honest, real-time feedback that helps us grow.</p> <p>These actions reflect our ongoing commitment to delivering compassionate, person-centred care where every patient feels informed, respected, and supported throughout their stay.</p>
<p>Response to recommendation 1: Review staffing levels on the ward to make sure there are enough staff to support patients who need a high level of care.</p>	<p>Following a safer staffing review, staffing levels have been reviewed, resulting in an increase in the ward establishment from three to four healthcare assistants during both day and night shifts.</p> <p>Additionally, the ward now has a nurse coordinator who assists with the day-to-day management of the ward, facilitates safe discharges, supports junior staff, supports to prepare patients going to theatres to ensure all safety checks are completed and continues to focus on maintaining the quality and safety of patient care in collaboration with the Ward Manager.</p> <p>Furthermore, the nurse in charge attends the daily assurance meeting, chaired by a Matron or Senior Matron, where any concerns about ward acuity or staffing shortages are promptly discussed and escalated.</p>
<p>Response to recommendation 2: Ensure porters are available when needed.</p>	<p>The hospital maintains a pool of porters who can be requested through the help desk by any member of staff. To monitor porter availability and response times, the ward has introduced a logbook where all porter requests and job completions are recorded. If there are any delays in porter service delivery, these will be escalated to the head of the department and reviewed during the monthly ISS meeting.</p>
<p>Response to recommendation 3: Improve access to mental health support for patients who are feeling distressed, confused, or showing signs of emotional or behavioural difficulties.</p>	<p>Ward 20 permits open visiting for families of patients with dementia, and this option will continue to be clearly communicated at the time of admission to ensure families are aware and offered carers passport.</p> <p>Additionally, the Trust has a dedicated dementia team that supports all patients with dementia, and the senior nursing team will maintain oversight to ensure timely</p>

	<p>referrals to the dementia team are made upon admission.</p> <p>The Trust also offers chaplain services, and patients will be given information about this support. With their consent, referrals to the chaplaincy team can be arranged to provide emotional and spiritual care as needed. This information is included in a leaflet given to patients on admission “your stay in hospital”. However, to raise awareness, we will also place posters on the ward to inform patients and their families about the chaplaincy services and the support they can offer.</p>
<p>Response to recommendation 4 : Consider ways to reduce loneliness, such as involving trained volunteers to provide company for patients who feel isolated.</p>	<p>The Trust has a volunteer service. Ward 20 already utilises volunteers regularly and maintains an ongoing relationship with our volunteer services. The ward will work closely with this team to increase the number of volunteers available to sit with and engage patients in conversation. To raise awareness, we will also place posters on the ward to inform patients and their families about the presence of volunteers and the support they can offer.</p>
<p>Response to recommendation 5 : Support consistent and proactive communication with families, so that all families feel informed and involved in their loved one’s care, especially around discharge planning.</p>	<p>As a part of the Compassion in Care Trust initiative, we will enhance communication with both patients and families by incorporating regular updates into the daily assurance checks carried out by the ward sister or nurse in charge, as well as during the Matron’s quality walkabouts and weekly assurance checks.</p> <p>Additionally, concerns raised by patients or their families regarding communication will be addressed during daily safety huddles and board rounds, utilising a multidisciplinary approach.</p> <p>The nursing team will be encouraged, where appropriate, to make early referrals to the discharge coordinators to ensure any discharge-related queries or concerns are managed promptly and effectively.</p>
<p>Response to recommendation 6 :</p>	<p>The ISS (food provider) helpdesk offers an all-day menu with a wide variety of food options for patients, available 24 hours a</p>

Explore whether current food options meet the needs of all patients.	<p>day. Nurses can request this service at any time.</p> <p>Additionally, a finger food menu is available, which is often suitable for those with cognitive impairments. This information is also included in a leaflet given to patients on admission, "Your Stay in Hospital"</p>
<p>Response to recommendation 7:</p> <p>Consider alternatives to wooden or disposable cutlery for patients who may struggle to use them.</p>	<p>The use of wooden and disposable cutlery is a temporary measure while the dishwasher is out of service. This issue has been escalated to the catering manager to ensure alternative cutlery options are provided for patients who have difficulty using wooden cutlery until the dishwasher is repaired.</p>
<p>Response to recommendation 8:</p> <p>Review signage to help visitors find the ward more easily.</p>	<p>The issue with signage has been escalated to the Vinci team, the facilities provider, to support the redesign of clear and effective ward signage, ensuring visitors can find the ward with greater ease. There is an ongoing project to improve the signage and ensure it is suitable for patients with dementia.</p>
<p>Response to recommendation 9:</p> <p>Make it easier for patients to find out about communication support (like hearing loops or translation services), by displaying clear information on the ward.</p>	<p>Ward 20 will request the Reprographics team to print a poster on accessing an interpreter in the ward, and they will also ensure this is advocated when the patient is discussed at board rounds.</p> <p>Ward 20 utilises the Dals interpreting system on the Ward 20 iPad for patients facing a language barrier. Utilising this interpreting service ensures the timely continuity of care.</p>
Signed:	F.Kaetu-Smith
Name:	Florence Kaetu-Smith
Position:	Ward Manager

healthwatch Greenwich

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